CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

CG

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
NESBITT KEITH A.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY of AUBURN

Division, Board, Department, District, if applicable

Your Position
MAYOR

CITY COUNCIL / APPOINTEE TO COMMISSIONS OR COMMITTEES LISTED BELOW

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*
PLACER COUNTY TRANSPORTATION PLANNING AGENCY - BOARD MEMBER
Agency: AIR POLLUTION CONTROL DISTRICT - ALTERNATE Position: CAPITAL CORRIDOR JPA - ALTERNATE

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☒ Multi-County CAPITAL CORRIDOR JPA AIR POLLUTION CONTROL DISTRICT
☒ City of AUBURN - CITY COUNCIL
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ County of PLACER - P.C.T.P.A.
☐ Other

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FAIR POLITICAL PRACTICES COMMISSION

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ___/___/___, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*
○ The period covered is January 1, 2014, through the date leaving office.
○ The period covered is ___/___/___, through the date of leaving office.

☐ **Candidate:** Election year ___ and office sought, if different than Part 1: ___

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: ___

☒ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☒ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 3/24/2015
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: KEITH A. NESBITT

► NAME OF BUSINESS ENTITY: COMMUNITY 1ST BANK

GENERAL DESCRIPTION OF THIS BUSINESS: BANKING

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
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- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
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___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
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- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: KEITH A. NESBITT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: KMSensors LLC

ADDRESS *(Business Address Acceptable)*: 12740 Earhart Ave - Auburn 95602

BUSINESS ACTIVITY, IF ANY, OF SOURCE: INSTRUMENTATION SALES & MFG.

YOUR BUSINESS POSITION: VP OPERATIONS

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [x] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years): _____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*

_____ *City*

- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
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Name: KEITH A. NESBITT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: CITY OF AUBURN/CHAMBER of COMMERCE
ADDRESS *(Business Address Acceptable)*: 601 LINCOLN WAY - AUBURN 95603
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CHAMBER OF COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/09/2014	$ 45.00	TICKET TO STATE OF COMMUNITY DINNER
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: CITY OF AUBURN AS SPONSOR
ADDRESS *(Business Address Acceptable)*: 1225 LINCOLN WAY - AUBURN 95603
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/22/2014	$ 165.00	GOLF CLASSIC
9/4/2014	$ 150.00	LETS NEVER FORGET SERIES RECEPTION & DINNER
9/5/2014	$ ↓	↓

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: FIRE FIGHTERS
ADDRESS *(Business Address Acceptable)*: CITY OF AUBURN
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/ /2014	$ 40.00 +/-	X-MAS GIFT
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: ALL TICKETS DISTRIBUTED THROUGH CITY of AUBURN AS SPONSORS OF THESE EVENTS