



Please type or print in ink.

NAME OF FILER (LAST) Wharton (FIRST) Donald (MIDDLE) Lee

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Brawley

Division, Board, Department, District, if applicable

City of Brawley

Your Position

Councilmember

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Position:

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

- State, Multi-County, City of Brawley, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- Schedule A-1, A-2, B, C, D, E

None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-23-15

(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

Donald Wharton

NAME OF BUSINESS ENTITY
REACH AIR Medical Services, LLC

GENERAL DESCRIPTION OF THIS BUSINESS
MASS MUTUAL 401(K) Profit Sharing Plan

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 _____/_____/14
 ACQUIRED 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)
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GENERAL DESCRIPTION OF THIS BUSINESS

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 \$100,001 - \$1,000,000 Over \$1,000,000

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IF APPLICABLE, LIST DATE:
 _____/_____/14 _____/_____/14
 ACQUIRED 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 _____/_____/14
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Donald L. Wharton

▶ 1. BUSINESS ENTITY OR TRUST

Name Consolidated Ag Services, LLC
 Address (Business Address Acceptable) 3390 Dogwood Rd., Imperial CA 92251
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / / 14 / / / 14
 \$2,000 - \$10,000 / / / 14 / / / 14
 \$10,001 - \$100,000 / / / 14 / / / 14
 \$100,001 - \$1,000,000 / / / 14 / / / 14
 Over \$1,000,000 / / / 14 / / / 14

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Private Stock Other

YOUR BUSINESS POSITION Partner/member

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / / 14 / / / 14
 \$10,001 - \$100,000 / / / 14 / / / 14
 \$100,001 - \$1,000,000 / / / 14 / / / 14
 Over \$1,000,000 / / / 14 / / / 14

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name TAC FLITE, LLC
 Address (Business Address Acceptable) 1134 LA Valencia CT Brawley, CA 92227
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / / 14 / / / 14
 \$2,000 - \$10,000 / / / 14 / / / 14
 \$10,001 - \$100,000 / / / 14 / / / 14
 \$100,001 - \$1,000,000 / / / 14 / / / 14
 Over \$1,000,000 / / / 14 / / / 14

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

Imperial County Narcotics Task Force

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / / 14 / / / 14
 \$10,001 - \$100,000 / / / 14 / / / 14
 \$100,001 - \$1,000,000 / / / 14 / / / 14
 Over \$1,000,000 / / / 14 / / / 14

ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____
Donald Wharton

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
X Imperial County Narcotics Task Force
 ADDRESS (Business Address Acceptable)
2471 La Brucherie Rd., Imperial, CA
92251
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Narcotics Enforcement
 YOUR BUSINESS POSITION
Chief Pilot

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 Contract Aviation Services
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
AIR Med CARE NETWORK / Rio Vista
 ADDRESS (Business Address Acceptable)
457 Aviation Blvd Ste 101, Santa Rosa, CA 92251
Realty
 BUSINESS ACTIVITY, IF ANY, OF SOURCE -
MARKETING REACH membership / RE Sales
 YOUR BUSINESS POSITION
Membership Sales Manager / Realtor

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
 (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: _____