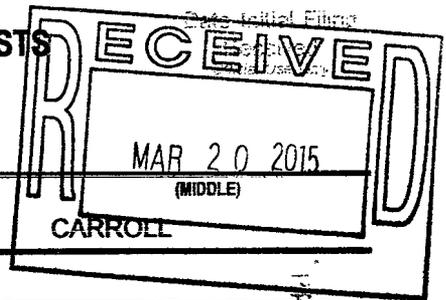


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ADAMS, III LELAND 'LEE' CARROLL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
SIERRA COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
COUNTY SUPERVISOR, DISTRICT ONE

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

Agency: SEE ATTACHED LIST Position:

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

- State
Multi-County SEE ATTACHED LIST
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of SIERRA
Other

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

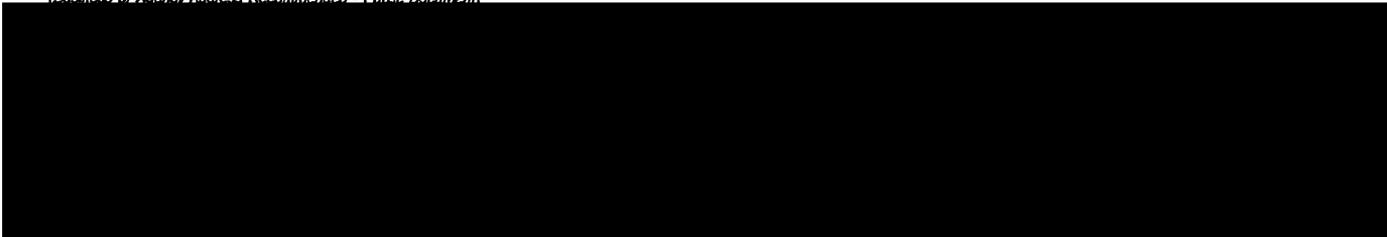
- Annual: The period covered is January 1, 2014, through December 31, 2014.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

- Check applicable schedules or "None."
Total number of pages including this cover page: 4
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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)



Date Signed 3/14/2015
(month, day, year)

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
15 MAR 23 PM 5:15

5)
6)
7)

AGENCY/POSITION LIST



COUNTY OF SIERRA
COUNTY OF SIERRA
COUNTY OF SIERRA
COUNTY OF SIERRA
REGIONAL COUNCIL OF RURAL COUNTIES
CRHMFA, HOMEBUYERS FUND
CALIF RURAL HOME MORTGAGE FIN CORP
RURAL HEALTH JPA
ENVIRONMENTAL SERVICES JPA
PAC FOREST STEWARDSHIP COUNCIL
NORTHERN SIERRA AIR QUAL MGMT DIST
CALIFORNIA STATE ASSOCIATION OF COUNTIES
NOR CAL EMERGENCY MEDICAL SERVICES, INC.
MOUNTAIN COUNTIES AIR BASIN

COUNTY SUPERVISOR, DISTRICT ONE
DIRECTOR, SERVICE AREA NO. ONE
DIRECTOR, BOARD OF EQUALIZATION DIST ONE
LAFCO, ALTERNATE MEMBER
BOARD OF DIRECTORS, MEMBER & ~~FRST~~ VICE CHAIR
DELEGATE
DELEGATE
DELEGATE
DELEGATE
DELEGATE, REPRESENTING RCRC
ALTERNATE MEMBER
BOARD OF DIRECTORS, MEMBER
BOARD OF DIRECTORS, MEMBER
DELEGATE, CHAIR

SCHEDULE D
Income – Gifts

Name
L.C. 'Lee' Adams III

▶ NAME OF SOURCE *(Not an Acronym)*
Rural County Representatives of California

ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local government joint powers agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 14	\$ 415.07	Reception/conference
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Hewlett Packard Corporation

ADDRESS *(Business Address Acceptable)*
300 Hanover Street, Palo Alto, CA 94304

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	\$ 20.00	Mini summit lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Carriage House Inn

ADDRESS *(Business Address Acceptable)*
PO Box 514, Downieville, CA 95936

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Resort motel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 01 / 14	\$ 125.00	Raffle gift donation
/ /	\$	
/ /	\$	

▶ 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)*
California State Association of Counties

ADDRESS *(Business Address Acceptable)*
1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local government joint powers agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	\$ 58.82	Lunch
03 / 01 / 14	\$ 58.57	DC Cong'l breakfast
/ /	\$	

▶ 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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
L.C. 'LEE' ADAMS III

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
RURAL COUNTY REPRESENTATIVES OF CALIF
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650
CITY AND STATE
SACRAMENTO, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL GOVERNMENT JOINT POWERS AGENCY

DATE(S): 01 / 31 / 14 - 12 / 31 / 14 AMT: \$ 10,456.18
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, MEAL, & LODGING REIMB RELATED TO
VOLUNTEER SERVICE ON RCRC BOARD.

▶ NAME OF SOURCE (Not an Acronym)
PACIFIC FOREST STEWARDSHIP COUNCIL
ADDRESS (Business Address Acceptable)
155 BOVET ROAD, SUITE 405
CITY AND STATE
SAN MATEO, CA 94402

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAND CONSERVATION NON-PROFIT

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 300.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
MEALS PROVIDED RELATED TO VOLUNTEER
SERVICE ON PFSC BOARD

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA STATE ASSOCIATION OF COUNTIES
ADDRESS (Business Address Acceptable)
1100 K STREET, SUITE 101
CITY AND STATE
SACRAMENTO, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL GOVERNMENT JOINT POWERS AGENCY

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 980.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, MEAL, & LODGING REIMB RELATED TO
VOLUNTEER SERVICE ON CSAC BOARD.

▶ NAME OF SOURCE (Not an Acronym)
NOR CAL EMERGENCY MED SERVICES AGENCY
ADDRESS (Business Address Acceptable)
457 KNOLLCREST DRIVE, SUITE 120
CITY AND STATE
REDDING, CA 96001

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
REGIONAL LOCAL EMS AGENCY

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 200.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL, MEAL, & LODGING REIMB RELATED TO
VOLUNTEER SERVICE ON NOR CAL EMS BOARD

Comments: _____