



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

SHASTA COUNTY CLERK

1049645

Please type or print in ink.

CG

NAME OF FILER (LAST) (FIRST) (MIDDLE) Baugh, Les

1. Office, Agency, or Court

Agency Name (Do not use acronyms) County of Shasta Division, Board, Department, District, if applicable Board of Supervisors Your Position Supervisor District 5 Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 15 APR -6 PM 3:26

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

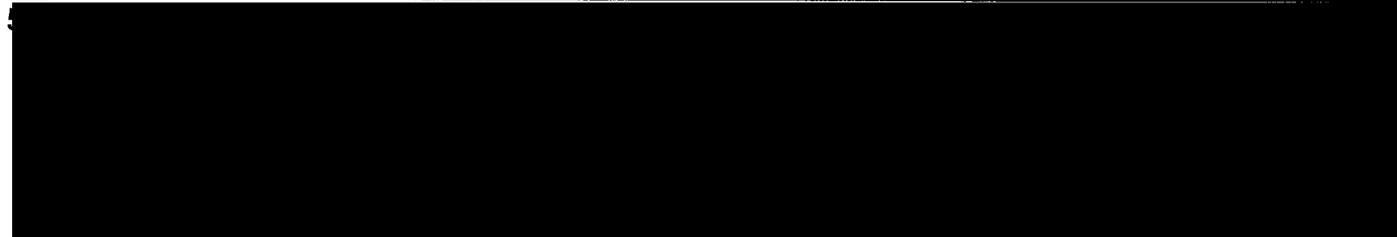
[X] State [] Multi-County [] City of [] Judge or Court Commissioner (Statewide Jurisdiction) [X] County of Shasta [] Other

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

[X] 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 [] Candidate: Election Year and office sought, if different than Part 1: [] Leaving Office: Date Left (Check one) [] The period covered is January 1, 2014, through the date of leaving office. [] The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 7 [] Schedule A-1 - Investments - schedule attached [X] Schedule A-2 - Investments - schedule attached [X] Schedule B - Real Property - schedule attached [X] Schedule C - Income, Loans, & Business Positions - schedule attached [X] Schedule D - Income - Gifts - schedule attached [X] Schedule E - Income - Gifts - Travel Payments - schedule attached -or- [] None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/31/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Les Baugh

Agency	Division/Board/Dept/District	Position	Type of Statement
Sacramento Valley Basinwide Air Pollution Control Council	Sacramento Valley Basinwide Air Pollution Control Council	Member	Annual 1/1/2014 - 12/31/2014
Airport Land Use Commission	Airport Land Use Commission (ALUC)	County Representative	Annual 1/1/2014 - 12/31/2014
Shasta Regional Transportation Agency	Shasta Regional Transportation Agency (SRTA)	District 5 Supervisor	Annual 1/1/2014 - 12/31/2014
Area Agency of Aging	Area Agency on Aging	Executive Board Member	Annual 1/1/2014 - 12/31/2014
COUNTY OF SHASTA	Air Pollution Control Board	Member	Annual 1/1/2014 - 12/31/2014
Rural County Representatives of	Rural County Representatives of California (RCRC)	Member	Annual 1/1/2014 - 12/31/2014
Oversight Board of the Successor Agency to the Anderson Redevelopment Agency	Oversight Board of the Successor Agency to the Anderson Redevelopment Agency	Member	Annual 1/1/2014 - 12/31/2014
Northern Rural Training and Employment Consortium Governing Board (NoRTEC)	Northern Rural Training and Employment Consortium Government Board (NoRTEC)	Member	Annual 1/1/2014 - 12/31/2014
Redding Area Bus Authority (RABA)	Redding Area Bus Authority (RABA)	Member	Annual 1/1/2014 - 12/31/2014
Local Agency Formation Commission (LAFCO)	Local Agency Formation Commission (LAFCO)	Member	Annual 1/1/2014 - 12/31/2014
CRHMFA Homebuyers Fund (CHF)	CRHMFA Homebuyers Fund (CHF)	Member	Annual 1/1/2014 - 12/31/2014

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 _____

Baugh, Les

▶ 1. BUSINESS ENTITY OR TRUST

Les & Susan Baugh

Name
1871 North Street
Anderson, CA 96007

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Design

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____ ____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner

▶ 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

Lori Minden & Associates

▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____ ____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

Les & Susan Baugh

Name
1871 North Street
Anderson, CA 96007

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Mortgage Holder

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____ ____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner

▶ 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

Patrick & Andy Wallner, Wallner Family Trust

▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____ ____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1655 Hartnell Avenue
 CITY
Redding, CA 96003
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 _____ / ____ / ____ ACQUIRED _____ / ____ / ____ DISPOSED
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1556 Hartnell Avenue
 CITY
Redding, CA 96003
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 _____ / ____ / ____ ACQUIRED _____ / ____ / ____ DISPOSED
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
John Chandler, Farmers Insur

Linda Schroeder

* You are not required to report loans from commercial lending institutions 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

 INTEREST RATE TERM (Months/Years)
 _____ % None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*
Charles & Mary Hoisington
 ADDRESS (Business Address Acceptable)
9015 Quail Valley Drive
Redding, CA 96002
 BUSINESS ACTIVITY, IF ANY, OF LENDER
Investor
 INTEREST RATE TERM (Months/Years)
7.00 % None 240
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Redding Rodeo Association
 ADDRESS (Business Address Acceptable)
715 Auditorium Drive
Redding,, CA 96001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 24 / 14</u>	<u>\$ 100.00</u>	<u>Entry Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____
Baugh, Les _____

- 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.

<p>▶ NAME OF SOURCE (Not an Acronym) _____</p> <p><u>Rural County Representatives of California</u> <small>ADDRESS (Business Address Acceptable)</small></p> <p><u>1215 K Street</u> <small>CITY AND STATE</small></p> <p><u>Sacramento, CA 95814</u></p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Rural Advocacy</u></p> <p>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ <u>2,533.31</u> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Delegate Reimbursement Paid</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____</p> <p><u>Rorthern Rural Training and Employment Consortium</u> <small>ADDRESS (Business Address Acceptable)</small></p> <p><u>525 Wall Street</u> <small>CITY AND STATE</small></p> <p><u>Chico, CA 95928</u></p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Employment Training</u></p> <p>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ <u>534.82</u> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Stipend and Travel</u> <u>Reimbursement</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) _____</p> <p>_____ <small>ADDRESS (Business Address Acceptable)</small></p> <p>_____ <small>CITY AND STATE</small></p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____ <small>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ _____</small> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p>	<p>▶ NAME OF SOURCE (Not an Acronym) _____</p> <p>_____ <small>ADDRESS (Business Address Acceptable)</small></p> <p>_____ <small>CITY AND STATE</small></p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>_____ <small>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ _____</small> <small>(If gift)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description _____</p>

Comments: _____