

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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HEATHER FOSTER
DEPUTY

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BEARD JAMES ELVIN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COUNTY OF SIERRA

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

DISTRICT 4 SUPERVISOR

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

Agency: SEE EXPANDED STATEMENT

Position:

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
15 MAR 19 AM 10:35

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of SIERRA
- City of 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 ____/____/____ (Check one)
- Assuming Office: Date assumed ____/____/____ The period covered is January 1, 2014, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____ 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: 4

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
- None - No reportable interests on any schedule

5. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge this.

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

Date Signed 3-13-15 (month, day, year)

(File the originally signed statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name JIM BEARD

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
EASTERN PLUMAS HEALTH CARE

ADDRESS *(Business Address Acceptable)*
500 1ST ST., PORTOLA, CA 96122

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SKILLED NURSING FACILITY

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)

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: _____

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

Name
 JIM BEARD

- 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)
 SEDCORP

ADDRESS (Business Address Acceptable)
 560 WALL ST.

CITY AND STATE
 AUBURN, CA 95603

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 BOARD OF DIRECTORS (TRAVEL EXPENSE)

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 4 - Supervisor

Sierra County Board of Equalization – District #4

Sierra County Local Transportation Commission – BOS Alternate

Lassen Plumas Sierra Community Action Agency – BOS Alternate

Area 4 Agency on Aging – BOS Alternate

2260 Park Towne Circle, Ste. 100

Sacramento, CA 95825

First Five Commission – BOS Representative

P.O. Box 556

Loyalton, CA 96118

Sierra Valley Groundwater Management District – Director #2 Alternate

P.O. Box 312

Sierraville, CA 96126

NoRTEC, (Northern Rural Training and Employment Consortium) – BOS Alternate

7420 Skyway

Paradise, CA 95969

SEDCorp - BOS Representative

560 Wall Street, Suite F

Auburn, CA 95603

