

COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION
2015 APR -3 PM 2:07

NAME OF FILER (LAST) Byrne (FIRST) Geri (MIDDLE) Lynn DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Modoc County
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
County Supervisor

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

Agency: see attached list Position: Delegate

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

- State See attached list
- Multi-County Modoc
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Modoc
- Other _____

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 of 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

I certify under penalty of perjury under the laws of the State of California that the information and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, and I understand that I may be subject to criminal and civil penalties for providing false information.

Date Signed 3/24/15
(month, day, year)

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

Name
Ceri L Byrne

▶ 1. BUSINESS ENTITY OR TRUST

Dan Byrne Disclaimer Trust

Name
3701 County Road 114, Tulelake, CA 96134

Address (Business Address Acceptable)

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:

| | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$0 - \$1,999 | | | |
| <input type="checkbox"/> \$2,000 - \$10,000 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <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 INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Border Collie Training Center

Name
3701 County Road 114, Tulelake, CA 96134

Address (Business Address Acceptable)

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:

| | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$0 - \$1,999 | | | |
| <input type="checkbox"/> \$2,000 - \$10,000 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input checked="" 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 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

▶ 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

▶ 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:

| | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | | | |
| <input type="checkbox"/> \$10,001 - \$100,000 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | ACQUIRED | DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | | | |

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

▶ 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 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | ACQUIRED | DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | | | |

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
Gerri L Byrne

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Robert A Byrne Co

ADDRESS (Business Address Acceptable)
35350 Hwy 50, Malin, OR 97632

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cattle Ranch

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

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Geri L Byrne |
|---|

- 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 California

ADDRESS (Business Address Acceptable)
 1215 K St

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 4026.24
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Travel and meal expenses related to volunteer service on the RCRC Board

▶ 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 Interests for Calendar Year 2014

List of Agencies and Member Counties

Geri Byrne



Agency

Position

California Home Finance Authority (CHF)

Delegate

Environmental Services Joint Powers Authority (ESJPA)

Delegate

List of Member Counties

| | |
|--------------------|-------------------|
| Alpine County | Modoc County |
| Amador County | Mono County |
| Butte County | Napa County** |
| Calaveras County | Nevada County |
| Colusa County | Placer County** |
| Del Norte County | Plumas County |
| El Dorado County | San Benito County |
| Glenn County | Shasta County** |
| Imperial County | Sierra County |
| Inyo County | Siskiyou County |
| Lake County** | Sutter County** |
| Lassen County | Tehama County |
| Madera County | Trinity County |
| Mariposa County | Tuolumne County |
| Mendocino County** | Yolo County** |
| Merced County** | Yuba County** |

**CHF Member Only