

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

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TEHAMA COUNTY CLERK OF THE SUPERIOR COURT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carlson Kathlene M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Tehama County
Division, Board, Department, District, if applicable
Board of Supervisors District 2
Your Position
Supervisor District 2

► 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 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Tehama
 City of _____ Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is _____, through December 31, 2013.
 Assuming Office: Date assumed 12 / 02 / 2014
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2013, 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: _____**
 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
-or-
 None - No reportable interests on any schedule

5 [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed 01/02/2014
(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 Kathlene M Carlson

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▶ NAME OF BUSINESS ENTITY
PERS

GENERAL DESCRIPTION OF THIS BUSINESS
Public Employees Retirement

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 Retirement
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 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:
 _____/_____/13 _____/_____/13
 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:
 _____/_____/13 _____/_____/13
 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:
 _____/_____/13 _____/_____/13
 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:
 _____/_____/13 _____/_____/13
 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:
 _____/_____/13 _____/_____/13
 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
Kathlene M Carlson

▶ 1. BUSINESS ENTITY OR TRUST

New Castle Unlimited
Name
332 Pine Street Suite J Red Bluff CA 96080
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Marketing and Processing Co.

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Owner - Inactive 2/13/14-present

▶ 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

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

Check one box:
 INVESTMENT REAL PROPERTY

All Furniture and equipment, book value < \$1000
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
332 Pine Street Suite J Red Bluff Ca 96080
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Other Owned
Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

New Castle Mortgage (Changed to Employee)
Name
332 Pine Street Suite J Red Bluff CA 96080
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 Company Branch

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship dba PFFI, SFI, MWF
 Other

YOUR BUSINESS POSITION Owner then Mgr, MLO

▶ 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

First Priority Financial, Inc 2006-6/2013
Summit Funding Inc, 2013-2014
Mountain West Financial Inc 6/2014 present

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

Check one box:
 INVESTMENT REAL PROPERTY

All furniture and equipment same as New Castle Unlimit
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
same as New Castle Unlimited
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 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: Regarding the Name: New Castle Mortgage. I intend to go back into mtg lending as soon as possible.
KM Carlson

Kathlene Carlson

Tehama Together
a California 501c3

- **Tehama Together is a fiscal agent for several organizations:**
 - **Community Action Agency's Dorothy Lindauer Capacity Building Academy** (*I was a participant and graduate of this program prior to running for elected office, I am a Volunteer; I do not receive income. As the Board Chair of Tehama Together per contract, I signed the contract on behalf of Tehama Together, I created invoices, the Treasurer received checks and distributed funds to agencies per the contract, Tehama Together does receive an Administrative Fee for this service. Once elected, I removed myself from this function. The Executive Director and Treasurer now handle all aspects of this contract.*)
 - **Home Again K9's for Veterans** (*I am co-founder and trainer, Volunteer; I do not receive income*)
 - **Food from the Heart Fund Raising** This organization provides money to local food organizations that help to feed the homeless and the poor (It conducts an annual fund drive conducted in August) (*I am a Volunteer; I do not receive income*)
 - **Tehama County Veterans Collaborative** (*I am one of several founders of this organization, I am a Volunteer and I do not receive income.*)

- **Tehama Together is responsible for:**
 - **Tehama 2-1-1** Steering Committee, Fundraising, Content, Reporting along with United Way NorCal. (*I am a Volunteer; I do not receive income*)
 - **T.A.L.L.** (Tehama Adult Lifelong Learning) (*I am a co-founder and volunteer, this program is currently not active.*)
 - **Community Food Alliance** I serve as a Volunteer of this program and I do not receive income

- **Tehama Together participates in many events throughout the year.** I participate in many of these events, (*I am a Volunteer at these events, and I do I receive income.*)

- **I did not list all names of programs in which Tehama Together is involved.** However, I do not receive income from any events or programs related to Tehama Together.

- **I am a member or volunteer participant of other non-profit organizations:** BPW, Toastmasters, PETS, and several others: *I am a volunteer and do not receive income.*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Kathlene Carlson

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mountain West Financial, Inc

ADDRESS (Business Address Acceptable)
1175 Idaho St Ste 201, Redlands, CA 92374

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mortgage Lending

YOUR BUSINESS POSITION
Br Mgr/Employee/MLO

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
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)

Commission or Rental Income, list each source of \$10,000 or more
Either Unforgivable draw or commission start 6/2014

Other hrly pay is unforgivable draw.
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Summit Funding Incorporated

ADDRESS (Business Address Acceptable)
2241 Harvard St, Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mortgage Lending

YOUR BUSINESS POSITION
Sr MLO Employee/Sat. Branch

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
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)

Commission or Rental Income, list each source of \$10,000 or more
Either Unforgivable draw or commission

Other hrly rate of pay ended 6/2014
(Describe)

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FAIR POLITICAL PRACTICES COMMISSION
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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*
Self for Campaign-KM Carlson

ADDRESS (Business Address Acceptable)
19580 Balis Road Red Bluff CA 96080

BUSINESS ACTIVITY, IF ANY, OF LENDER
Candidate for Supervisor-loan out of personal funds

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)
NA

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address

_____ City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Kathlene Carlson

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 PRACTICES COMMISSION
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▶ NAME OF SOURCE (Not an Acronym)
CA United Healthcare Workers

ADDRESS (Business Address Acceptable)
2484 Natomas Park Dr Ste 101, Sacramento, CA 958

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 14</u>	<u>\$ 1,500.00</u>	<u>Candidate donation</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: All gifts already reported on candidate required financial documents, including the California United Healthcare Workers noted above.

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

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 FAIR POLITICAL
 PRACTICES COMMISSION
 2015 JAN 12 PM 3 47

- 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)
Tehama County
 ADDRESS (Business Address Acceptable)
727 Oak Street
 CITY AND STATE
Red Bluff, CA 96080
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
County of Tehama Board of Supervisors
 DATE(S): 11 / 16 / 14 - 11 / 21 / 14 AMT: \$ 3,500.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
CSAC Conf./New Supr. training, travel, & expenses pd
by county administration office, inc. \$366 reimbursed

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

 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

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

 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

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

 DATE(S): _____ - _____ AMT: \$ _____
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: The CSAC Conference and Training were prior to taking office and approved by the current sitting Board of supervisors. This gift is also included on my candidates financial documents.

2014 Assuming Office - Comm/Comm List - K. Candy Carlson

Committee/Commission/Special District	Position		
CaWORKs	Member	Assuming Office 12/2/14	
Sanitation District #1	Member	Assuming Office 12/2/14	
LAFCO	Member	Assuming Office 12/2/14	
Children & Families Commission First 5	Commissioner	Assuming Office 12/2/14	
T.C./RB Lanfill Management Agency	Member	Assuming Office 12/2/14	
Interagency Coordinating Council	Member	Assuming Office 12/2/14	
Sierra Sacramento Valley Basin Wide	Alternate		