

Please type or print in ink.

NAME OF FILER (LAST) CHAPMAN (FIRST) JULIE BUSTAMANTE
LASSEN COUNTY CLERK
By *[Signature]* Deputy

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
LASSEN COUNTY BOARD OF SUPERVISORS
Division, Board, Department, District, if applicable DISTRICT 2
Your Position BOARD MEMBER
By _____

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

Agency: see attached list from County Clerk's office Position: _____

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

- State
- Multi-County see attached list from County Clerk's office
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of LASSEN
- Other see attached list from County Clerk's office

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 ____/____/____
- 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: 8
- 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. [Redacted]

I have used all reasonable diligence in preparing this statement. I have verified that the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/30/2015
(month, day, year)

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

2014 BOARD APPOINTMENTS

SUPERVISOR CHAPMAN

California State Association of Counties (CSAC) Board of Directors

Lassen County Local Agency Formation Commission (LAFCo)

Northern Rural Training and Employment Consortium (NoRTEC) Joint Powers Authority (JPA) Governing Board

Planning and Service Area – Area Agency on Aging (PSA AAA) JPA Executive Board

Regional Council Representatives of California (RCRC) Board of Directors – as alternate

Lassen-Plumas-Sierra Community Action Agency JPA Board

Lassen Regional Solid Waste Management Authority Board

Behavioral Health Advisory Board

Lassen County Transportation Commission

Lassen Transit Service Agency

Susanville Veterans Memorial Building Task Force

Lassen County Children and Families Commission

Indian Gaming Local Community Benefit Committee

Honey Lake Valley Recreation Authority (HLVRA) JPA Board

Lassen Addressing ~ Revenue Detail by Customer for Jan-Dec 2014			
File	CLIENT		TOTAL INVOICES
01-42	Lassen High Alumni Association		\$4,790.40
02-11	Billington Ace Hardware		\$2,994.46
02-73	Bustamante for Clerk-Recorder 2014		\$522.10
03-11	Carol Curry CPA		\$2,663.12
03-43	CRTA Division #76		\$848.10
03-71	Friends of Jim Chapman Auditor 2014		\$1,848.25
03-72	Cardenas for Treasurer/Tax Collector 2014		\$622.57
04-11	D & L Distrubuting		\$1,520.90
05-41	Susanville Elks #1487 BPOE		\$837.01
08-41	Lassen Historical Society		\$1,117.23
10-71	Skip Jones for Lassen High Board		\$3,014.52
12-11	LP Gas		\$635.24
12-31	Lahontan Images		\$1,428.05
12-43	Lassen County Chamber of Commerce		\$7,045.44
13-11	Morning Glory Dairy		\$733.35
14-11	New Image Racquetball Club		\$1,236.71
19-31	Susanville Supermarket IGA		\$2,711.88
19-37	Susanville Dental Care		\$1,043.82
19-45	Susanville Symphony		\$6,476.75
		Accounts Over \$500.00	\$42,089.90
		Accounts Under \$500.00	\$6,214.48
		BUSINESS REVENUE for January 1, 2014-December 31, 2014	\$48,304.38

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name JIM CHAPMAN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
LASSEN ADDRESSING

ADDRESS (Business Address Acceptable)
203 MAPLE ST., SUSANVILLE, CA 96130

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MAILING & COPYING SERVICES

YOUR BUSINESS POSITION
OWNER

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 **Draws**

 (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 CHAPMAN

- 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)
NoRTEC

ADDRESS (Business Address Acceptable)
525 WALL ST

CITY AND STATE
CHICO, CA 95928

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
11-county JPA for Job Training Programs

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 238.56
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel expenses for attending meetings of the
Governing Board/WIB. (see attached)

▶ NAME OF SOURCE (Not an Acronym)
RCRC

ADDRESS (Business Address Acceptable)
1215 K St, Ste 1650

CITY AND STATE
Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
32-member Rural Counties Association

DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 21.76
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
RCRC Annual Meeting expense. (see attached)

▶ 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: _____

NoRTEC
Vendor Activity
From 1/1/2014 Through 12/31/2014

J Chapman - Jim Chapman

<u>GL Code</u>	<u>GL Short Title</u>	<u>Expenses</u>
5910	WIB/GB - Travel	<u>238.56</u>
	Total J Chapman - Jim Chapman	<u>238.56</u>

2014 RCRC EXPENSES

County: Lassen
 Individual: Chapman, Jim

Schedule E* (Income) Schedule D** (Gift)

Prior Year Expenses Paid in 2014: - -

Board/Executive Meetings:

RCRC Board Meeting: 1/22/2014	-	-
Executive Committee Meeting: 2/19/2014	-	-
RCRC Board Meeting: 3/26/2014	-	-
RCRC Board Meeting: 4/23/2014	-	-
Executive Committee Meeting: 5/7/2014	-	-
RCRC Board Meeting: 6/12/2014	-	-
Executive Committee Meeting: 7/23/2014	-	-
RCRC Board Meeting: 8/13/2014	-	-
RCRC Board Meeting: 9/26/2014	-	-
Executive Committee Meeting: 11/12/2014	-	-
RCRC Board Meeting: 12/10/2014	-	-

Other Expenses paid by RCRC:

RCRC Installation Reception	-	-
NACo Legislative Conference	-	-
CSAC Legislative Conference	-	-
RCRC Board Meeting in County of Chair	-	-
NACo Annual Conference	-	-
CSAC Annual Meeting	-	-
RCRC Annual Meeting	21.76	-
Meetings with Staff	-	-
Other RCRC Business-Related Travel Expenses	-	-
Miscellaneous	-	-
Total Expenses:	\$ 21.76	\$ -

* = Schedule E (Travel Payments, Advances, and Reimbursements):

This amount includes travel expenses paid for by RCRC for RCRC-related business including attendance at Board Meetings, Executive Committee meetings and other RCRC-related travel expenses.

** = Schedule D (Gifts):

This amount includes payments made upon your behalf that may be reportable as a Gift to the FPPC.