KERN COUNTY ELECTIONS
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**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
**A PUBLIC DOCUMENT**

# STATEMENT OF ECONOMIC INTERESTS

GP

## COVER PAGE

*Please type or print in ink.*

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| COUCH | DAVID | RAY |

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 FEB -9 PM 4:44

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
COUNTY OF KERN

Division, Board, Department, District, if applicable: BOARD OF SUPERVISORS

Your Position: SUPERVISOR, DISTRICT #4

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

Agency: SEE ATTACHED  Position: ____

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

- ☐ State
- ☐ Multi-County ____
- ☐ City of ____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of KERN
- ☐ 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:*** 4

- ☑ **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

[redacted]

**I certify under penalty of perjury under the laws of the State of** [redacted]

**Date Signed** 2/4/15 *(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
DAVID RAY COUCH

---

▶ NAME OF BUSINESS ENTITY
CITIGROUP

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL SERVICES

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:
08 / / ~~14~~ 95 ACQUIRED / / 14 DISPOSED

---

▶ NAME OF BUSINESS ENTITY
MORGAN STANLEY

GENERAL DESCRIPTION OF THIS BUSINESS
INVESTMENT SERVICES

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:
08 / / ~~14~~ 95 ACQUIRED / / 14 DISPOSED

---

▶ NAME OF BUSINESS ENTITY
ALTRIA

GENERAL DESCRIPTION OF THIS BUSINESS
TOBACCO / GROCERY

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:
03 / / ~~14~~ 98 ACQUIRED / / 14 DISPOSED

---

▶ NAME OF BUSINESS ENTITY
PHILIP MORRIS

GENERAL DESCRIPTION OF THIS BUSINESS
TOBACCO

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:
03 / / ~~14~~ 98 ACQUIRED / / 14 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

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IF APPLICABLE, LIST DATE:
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
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IF APPLICABLE, LIST DATE:
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**Comments:** _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
DAVID RAY COUCH

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

- **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)*
ROLL GLOBAL, LLC
ADDRESS *(Business Address Acceptable)*
114444 WEST OLYMPIC BLVD
CITY AND STATE
LOS ANGELES, CA 90064
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 12/05/14 - ___/___/___ *(If gift)* AMT: $274.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
HOLIDAY BASKET

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

**Comments:**

**DAVID COUCH**
**Fourth District Supervisor**

# 2014 Committees Listing

and Statement of Economic Interests Filing Requirements

| Board, Commission, or Committee | Type of Statement | File with: | File by: |
|---|---|---|---|
| Board of Supervisors | Annual | County Clerk - Elections | April 1, 2014 |
| Kern Sanitation Authority | Annual | Clerk of the Board | April 1, 2014 |
| Ford City-Taft Heights Sanitation District | Annual | Clerk of the Board | April 1, 2014 |
| Industrial Development Authority | Annual | Clerk of the Board | April 1, 2014 |
| Animal Control Commission (Alternate) | Annual | Clerk of the Board | April 1, 2014 |
| Kern Council of Governments | Annual | Clerk of the Board | April 1, 2014 |
| Local Agency Formation Commission | Annual | Clerk of the Board | April 1, 2014 |
| Retirement Board | Annual | Gloria Dominguez, KCERA<br>11125 River Run Blvd<br>Bakersfield, CA 93311 | April 1, 2014 |
| San Joaquin Valley APCD | Annual | SJVAPCD<br>1990 E. Gettysburg Avenue<br>Fresno, CA 93726 | April 1, 2014 |

+ Tobacco Funding Corp A|O 1-6-15 CAO - Nancy Lawson 2-5-15

***For internal use only; do not file with Form 700.***