

STATEMENT OF ECONOMIC INTERESTS

FILED  
Date Initial Filing  
MAR 13 2015  
RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION

TULARE COUNTY  
REGISTRAR OF VOTERS



COVER PAGE

2015 MAR 13 PM 3:28

Please type or print in ink.

NAME OF FILER (LAST) Phillip (FIRST) A. (MIDDLE) Cox

1. Office, Agency, or Court

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

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

Agency: See Attached Position: See Attached

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Tulare
- 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: 6

- 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 Signature Area]

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

Date Signed 2/26/15 (month, day, year)

Additional agencies and positions:

Name: In-Home Supportive Services Public Authority  
Position: Governing Board Member  
Jurisdiction of Office: County of Tulare

Name: San Joaquin Valley Insurance Authority  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: Tulare County Public Finance Authority  
Position: Governing Board Member  
Jurisdiction of Office: County of Tulare



Name: Terra Bella Sewer Maintenance District  
Position: Governing Board Member  
Jurisdiction of Office: County of Tulare

Name: Tulare County Flood Control District  
Position: Governing Board Member  
Jurisdiction of Office: County of Tulare

Name: City of Visalia Redevelopment Successor Agency Oversight Board  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: Consolidated Waste Management Authority  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: County of Tulare Redevelopment Successor Agency Oversight Board  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: First 5 Commission (Prop. 10)  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: Tulare County Association of Governments  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: Tulare County Employees Retirement Association  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: Tulare County Transportation Authority (Measure R)  
Position: Board Member  
Jurisdiction of Office: County of Tulare

Name: Downtown Visalia PBID  
Position: Board Member  
Jurisdiction of Office: County of Tulare







**SCHEDULE D**  
**Income – Gifts**

Name  
Phillip Cox

▶ NAME OF SOURCE (Not an Acronym)  
Chevron Energy Solutions Company  
 ADDRESS (Business Address Acceptable)  
23 Nevada, Irvine, CA 92606  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy & Gas Company

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>11 / 18 / 14</u> | <u>\$ 148.00</u> | <u>Dinner</u>          |
| <u> / / </u>        | <u>\$</u>        | <u></u>                |
| <u> / / </u>        | <u>\$</u>        | <u></u>                |

▶ NAME OF SOURCE (Not an Acronym)  
California State Association of Counties  
 ADDRESS (Business Address Acceptable)  
1100 K Street, Suite 101, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government Leadership

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>11 / 19 / 14</u> | <u>\$ 143.17</u> | <u>Dinner</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>                |

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|-----------------|-----------|------------------------|
| <u> / / </u>    | <u>\$</u> | <u></u>                |
| <u> / / </u>    | <u>\$</u> | <u></u>                |
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Comments: \_\_\_\_\_