



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Farr Doreen Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Board of Supervisors (87200)
Division, Board, Department, District, if applicable Your Position
3rd District Supervisor

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

Agency: SEE ATTACHED LIST Position:

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

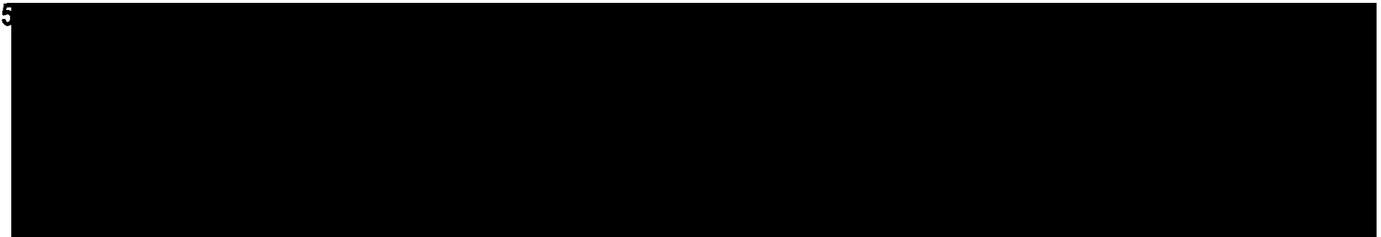
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Santa Barbara
- City of _____ Other _____

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: 3
- 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



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 03/17/2015 04:34 PM
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE
 EXPANDED STATEMENT LIST

CALIFORNIA FORM	700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Doreen Farr	

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
Association of Governments - own code	Board Member	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Air Pollution Control Dist - own code	Governing Board Member	County of Santa Barbara	Annual	01/01/14 - 12/31/14
In-Home Care Network-Public Authority (C-24)	Members of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Flood Control & Water Conservation Dist. (C-18)	Members of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Water Agency (C-37)	Member of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Indian Gaming Local Community Benefit Committee (C-23)	Regular Member of Committee	County of Santa Barbara	Annual	01/01/14 - 12/31/14
LAFCO - own code	Commissioner	County of Santa Barbara	Annual	01/01/14 - 12/31/14

**SCHEDULE D
 Income – Gifts**

Name
Doreen Farr

▶ NAME OF SOURCE (Not an Acronym)
Deputy Sheriff's Association
 ADDRESS (Business Address Acceptable)
PO Box 30012 Santa Barbara, CA 93001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 14</u>	<u>\$ 50.00</u>	<u>Awards Event Ticket</u>
<u>03 / 22 / 14</u>	<u>\$ 50.00</u>	<u>Awards Event Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
International Organization of Fire Fighters Local 2046
 ADDRESS (Business Address Acceptable)
PO Box 517 Goleta, CA 93116
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 14</u>	<u>\$ 75.00</u>	<u>Event ticket</u>
<u>12 / 05 / 14</u>	<u>\$ 75.00</u>	<u>Event ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Steve Lyon's Investments
 ADDRESS (Business Address Acceptable)
3015 State Street D, Santa Barbara, CA 93105
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 15 / 14</u>	<u>\$ 40.00</u>	<u>Cattleman's Association Event Ticket</u>
<u>02 / 15 / 14</u>	<u>\$ 40.00</u>	<u>Cattleman's Association Event Ticket</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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Comments: _____