

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing
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FAIR POLITICAL
PRACTICES COMMISSION

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MADERA COUNTY

COVER PAGE
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Please type or print in ink.

NAME OF FILER (LAST) FRAZIER (FIRST) BRETT (MIDDLE) REBECCA MAR FORREST
COUNTY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

MADERA COUNTY

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

SUPERVISOR, DISTRICT 1

► 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 MADERA
- 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.

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.

Assuming Office: Date assumed 1/06/2015

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. I certify that the information furnished on this form and in any attached schedules is true and complete. I acknowledge that I am providing this information voluntarily and that my disclosure is subject to the sanctions for perjury and false statements. I understand that this information is being made available to the public.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/29/2015
(month, day, year)

EXPANDED STATEMENT OF ECONOMIC INTERESTS
Committees/Commissions/Boards

BRETT FRAZIER

California Women's Facility Citizens Advisory Committee	Alternate
Community Corrections Partnership Committee	Alternate
California State Association of Counties Policy Committees	Housing/Land Use/Transportation
Economic Development Commission	Alternate
Flood Control & Water Conservation Agency	Member
Fresno-Madera-Area Agency on Aging	Member
Fresno-Kings-Madera Regional Health Authority Commission	Alternate
In Home Support Services	Member
LAFCO	Alternate
Madera County Industrial Development Authority	Member
Madera County Public Financing Authority	Member
Madera County Transportation Commission	2 nd Alternate
Madera County Workforce Investment Board	Member
Madera County Workforce Investment Corporation	Member
Madera Groundwater Authority County Representatives	2 nd Alternate
National Association of Counties	Public Lands Steering Committee
San Joaquin Valley Rail Commission	Member
San Joaquin River Conservancy	Member
San Joaquin River Task Force	Member
Yosemite Area Regional Transportation Strategy (YARTS)	Alternate
Yosemite Sierra Visitors Bureau	Alternate

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*
OpTerra Energy Services/Chevron Energy Solutions
 ADDRESS *(Business Address Acceptable)*
150 E. Colorado Blvd. Sgte 360 Pasadena, CA 9110
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy solutions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 04 / 20</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)*

 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>

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Comments: _____