

STATEMENT OF ECONOMIC INTERESTS

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RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

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Please type or print in ink.

NAME OF FILER (LAST) Hames (FIRST) Ron (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Alpine County

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Supervisor District 2

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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of

Other see attached

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed / /

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 C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of C

Date Signed 3-11-2015

(month, day, year)

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700
2014/2015



RON HAMES

ALPINE COUNTY SUPERVISOR
DISTRICT 2

Golden Sierra Job Training Agency
Jurisdiction: Alpine, El Dorado, Nevada, Placer, Sierra
Alternate Board Member

Great Basin Unified Air Pollution Control Board
Jurisdiction: Alpine, Inyo, Mono
Board Member

Local Agency Formation Commission
Jurisdiction : Alpine
Commissioner

STPUD Contract Commission
Jurisdiction: Alpine
Commissioner

First 5 Alpine – Children and Families Commission
Jurisdiction: Alpine
Alternate Commissioner

Sierra Nevada Conservancy
Jurisdiction: Alpine, Inyo, Mono
Alpine County Representative on Eastern Sub-Region

Upper Mokelumne River Watershed Authority (Annual/ Leaving Office 1-7-2014)
Jurisdiction: JPA: Alpine County, Alpine County Water Agency, Amador County,
Amador Water Agency, Calaveras County, Calaveras County Water District,
Calaveras Public Utility District, East Bay Municipal Utility District, Jackson Valley
Irrigation District
Alternate Board Member

FPPC

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Ron Hames

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Great Basin Unified Air Pollution Control District

ADDRESS (Business Address Acceptable)
 157 Short Street, Bishop, CA 93519

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Air Pollution Control District

YOUR BUSINESS POSITION
 Governing Board Member

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 per diem

 (Describe)

▶ 1. INCOME RECEIVED

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 D
Income – Gifts

Name

Ron Hames

▶ NAME OF SOURCE (Not an Acronym)

First 5 Alpine

ADDRESS (Business Address Acceptable)

100 Foothill Rd, Markleeville, CA 96120

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy for Children and Families

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 50.00	drawing-2 movie ticket
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

California Association of Clerks and Election Officials

ADDRESS (Business Address Acceptable)

1300-C South Grand Ave., Santa Ana, CA 92705

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Clerks and Election Officials Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 125.25	contest-county 2nd pl
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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

California County Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 50.00	drawing-gift card
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	monthly editorial
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____