

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

60c
Date Initial Filing
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MAR 18 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Holmes James W
CLERK ADMINISTRATION

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Placer County - Board Of Supervisors

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

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

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 MAR 20 PM 4:03

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County See Attached List

County of Placer

City of _____

Other _____

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: 5

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. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge this.

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

Date Signed 3/13/15
(month, day, year)

(File the originally signed statement with your filing official.)



**LIST OF BOARDS AND COMMISSIONS AND POSTIONS FOR
Jim Holmes 2014
700 Forms**



- | | | | |
|---|--|-----------------------------------|----------------------------------|
| Air Pollution Control Dist. - Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Area 4 Agency on Aging Advisory/
Governing/JPA Boards – Alternate | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Auburn Dam Council – Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Capitol Corridor Joint Powers
Authority Board (PCTPA)– Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| County Audit Committee – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| CSAC/Board of Directors – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| First Five Children and Families
Commission – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| CRHMFA Homebuyers Fund/First Time
Homebuyer Mortgage Revenue Bond
Program JPA- (RCRC) Golden State Finance
Authority (GSFA) - Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Golden Sierra Job Training Agency
Governing Board – Alternate | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Local Agency Formation –
Commssion (LAFCO) – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Local (RAN) Remote Access Network
Advisory Board (Re-instated 08-23-2011) | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Mental Health Alcohol & Drug
Advisory Board – Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Middle Fork Project Finance Authority
Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |
| Mountain Counties Air Basin (MCAB) –
Board Member | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Assuming | <input type="checkbox"/> Leaving |



- Mountain Counties Water Resources Council – Alternate** Annual Assuming Leaving
- Older Adult Advisory Commission – Board Member** Annual Assuming Leaving
- Oversight Board of the Successor Agency of the former Redevelopment Agency of the City of Rocklin** Annual Assuming Leaving
- Placer County Indian Gaming Local Community Benefit Committee – Board Member** Annual Assuming Leaving
- Placer County Transportation Planning Agency (PCTPA) – Board Member** Annual Assuming Leaving
- Placer Nevada Wastewater Authority JPA Alternate (As of December 31, 2014)** Annual Assuming Leaving
- Rural County Representatives of California (RCRC) - Board Member**
Formerly - Regional Council of Rural Counties Annual Assuming Leaving
- Remote Access Network (RAN) Advisory Board** Annual Assuming Leaving
- Sacramento Area Council of Governments (S.A.C.O.G.)** Annual Assuming Leaving
- Sacramento Area Council of Governments Capitol Valley Regional Service Authority Board Member** Annual Assuming Leaving
- Sierra- Sacramento Valley Emergency Medical Services Agency (EMS) – Board Member** Annual Assuming Leaving
- Veterans Memorial Hall Board (Loomis) – Board Member** Annual Assuming Leaving
- Water Resources & Energy Committee (Placer County/PCWA) – Board Member** Annual Assuming Leaving

Please Note: Some committees listed above may include multi-jurisdictional participation.

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
James Holmes

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Placer County Office of Education</u></p> <p>ADDRESS (Business Address Acceptable) <u>360 Nevada Street, Auburn, CA 95603</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Employee</u></p> <p>YOUR BUSINESS POSITION <u>Records Management Technician</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small> _____ <small style="margin-left: 150px;">City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small></p>
---	--

Comments: _____

**SCHEDULE D
Income – Gifts**

Name

James Holmes

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p><u>Westpark</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p><u>1420 Rocky Ridge Road #265 - Roseville, CA 95661</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>Development Company</u></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">DATE (mm/dd/yy)</th> <th style="width:15%;">VALUE</th> <th style="width:65%;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>12 / 10 / 14</u></td> <td style="text-align: right;"><u>\$ 80.00</u></td> <td><u>Christmas Gift Basket</u></td> </tr> <tr> <td><u> / / </u></td> <td style="text-align: right;"><u>\$ _____</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td style="text-align: right;"><u>\$ _____</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>12 / 10 / 14</u>	<u>\$ 80.00</u>	<u>Christmas Gift Basket</u>	<u> / / </u>	<u>\$ _____</u>	<u> </u>	<u> / / </u>	<u>\$ _____</u>	<u> </u>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p><u>University Development Trust - Warwick Leadership</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p><u>1415 L Street #900 Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><u>University Development</u></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">DATE (mm/dd/yy)</th> <th style="width:15%;">VALUE</th> <th style="width:65%;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>10 / 09 / 14</u></td> <td style="text-align: right;"><u>\$ 151.43</u></td> <td><u>Dinner Meeting</u></td> </tr> <tr> <td><u> / / </u></td> <td style="text-align: right;"><u>\$ _____</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td style="text-align: right;"><u>\$ _____</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>10 / 09 / 14</u>	<u>\$ 151.43</u>	<u>Dinner Meeting</u>	<u> / / </u>	<u>\$ _____</u>	<u> </u>	<u> / / </u>	<u>\$ _____</u>	<u> </u>
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Comments: _____

University Development Trust
1415 L Street, Suite 900
Sacramento, CA 95814

3/4/15

The Honorable Jim Holmes
175 Fulweiler Ave
Auburn, CA, 95603

Re: University Development Trust Dinner – October 9, 2014

Dear Supervisor Holmes:

This letter is sent to provide with you the details you may need for your Form 700 reporting purposes:

Donor:	University Development Trust
Date:	October 9, 2014
Description:	Meeting with Warwick Leadership
Amount:	\$151.43

While the University Development Trust certainly does not request reimbursement for the gift, if you would like to send a payment, please send it to the University Development Trust at 1415 L Street, Suite 900 Sacramento, CA 95814.

If you have any questions, please contact Michael Faust at 916-335-5626.

Sincerely,



Michael Faust
Consultant to the University Development Trust

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

Name

James Holmes

- 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)
Regional Council of Rural Counties
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650
 CITY AND STATE
Sacramento, CA 95814
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 390.87
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Travel and Meal Expenses related to Volunteer
Services on the RCRC Board of Directors

▶ NAME OF SOURCE (Not an Acronym)
California State Association of Counties
 ADDRESS (Business Address Acceptable)
1100 K Street Suite 101
 CITY AND STATE
Sacramento, CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 85.03
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Meal Expenses related to the Board of Directors
Meetings on 2/20/14 and 9/04/14

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)
 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): ____/____/____ - ____/____/____ AMT: \$ _____
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: _____

2014 RCRC EXPENSES

County: Placer
 Individual: Holmes, Jim

	Schedule E* <u>(Income)</u>	Schedule D** <u>(Gift)</u>
Prior Year Expenses Paid in 2014:	-	-

Board/Executive Meetings:

RCRC Board Meeting: 1/22/2014	-	-
Executive Committee Meeting: 2/19/2014	-	-
RCRC Board Meeting: 3/26/2014	29.42	-
RCRC Board Meeting: 4/23/2014	28.88	-
Executive Committee Meeting: 5/7/2014	-	-
RCRC Board Meeting: 6/12/2014	172.47	-
Executive Committee Meeting: 7/23/2014	-	-
RCRC Board Meeting: 8/13/2014	29.42	-
RCRC Board Meeting: 9/26/2014	-	-
Executive Committee Meeting: 11/12/2014	-	-
RCRC Board Meeting: 12/10/2014	39.12	-

Other Expenses paid by RCRC:

RCRC Installation Reception	58.16	-
NACo Legislative Conference	-	-
CSAC Legislative Conference	-	-
RCRC Board Meeting in County of Chair	33.40	-
NACo Annual Conference	-	-
CSAC Annual Meeting	-	-
RCRC Annual Meeting	-	-
Meetings with Staff	-	-
Other RCRC Business-Related Travel Expenses	-	-
Miscellaneous	-	-
Total Expenses:	\$ 390.87	\$ -

* = Schedule E (Travel Payments, Advances, and Reimbursements):

This amount includes travel expenses paid for by RCRC for RCRC-related business including attendance at Board Meetings, Executive Committee meetings and other RCRC-related travel expenses.

** = Schedule D (Gifts):

This amount includes payments made upon your behalf that may be reportable as a Gift to the FPPC.

✓

California State Association of Counties

February 24, 2014



Jim Holmes
District 3 County Supervisor
175 Fulweiler Avenue
Auburn, CA 95603

1100 K Street
Suite 101
Sacramento
California
95814

Dear Supervisor Holmes:

RECEIVED
BOARD OF SUPERVISORS
5 BOS Rec'd COB CoCo
TSI CEO Other

FEB 25 2014

Sup D1 Sup D4 Aide D1 Aide D4
Sup D2 Sup D5 Aide D2 Aide D5
Sup D3 Aide D3 * ✓ JK
✓ SP

Telephone
916.327.7500
Facsimile
916.441.5507

Thank you for your recent participation in the Board of Directors Meeting February 20, 2014. For purposes of complying with your reporting obligations under the Political Reform Act, here is the value of what you received from CSAC as part of the event:

Income:

Lunch 2/20/14	\$58.82
Total Income	<u>\$58.82</u>

Additional information about your reporting requirements under the Political Reform Act is available on the Fair Political Practices Commission website at: <http://www.fppc.ca.gov/>. You may also wish to consult with counsel if you have specific questions about your reporting obligations. If you have questions about the dollar values provided in this letter, please do not hesitate to contact me at 916-327-7500 ext.544 or korozeza@counties.org.

Thank you again for your continued support and involvement.

Sincerely,



Kelli Oropeza
Chief of Financial Operations

September 23, 2014



Jim Holmes
District 3 County Supervisor
175 Fulweiler Avenue
Auburn, CA 95603

1100 K Street
Suite 101
Sacramento
California
95814

Telephone
916.327.7500
Facsimile
916.441.5507

Dear Supervisor Holmes:

Thank you for your recent participation in the CSAC Board of Directors meeting, September 4, 2014. For purposes of complying with your reporting obligations under the Political Reform Act, here is the value of what you received from CSAC as part of the event:

Income:

Meals \$26.21

Total Income \$26.21

It is the responsibility of each individual public official to report applicable gifts and income to the Fair Political Practices Commission (FPPC). This information is provided to assist you in tracking the income and gifts you have received from CSAC in the event you are required to report them. CSAC does not report this information to the FPPC. As a reminder, gifts from a single source aggregating \$50 or more in a calendar year must be reported. For 2013-2014, the gift limit is \$440 from a single source for a calendar year. However, travel related to giving a speech or participating on a panel, while still a gift, is not subject to the \$440 gift limit. Income of \$500 or more from a single source must also be reported. Some locally-adopted county conflict of interest codes may have additional requirements.

If you have specific questions about your reporting obligations, you may contact the FPPC Hotline at 1-866-ASK-FPPC, or may wish to consult with counsel. If you have questions about the dollar values provided in this letter, please do not hesitate to contact me at 916-327-7500 ext.544 or korojeza@counties.org.

Thank you again for your continued support and involvement.

Sincerely,



Kelli Oropeza
Director of Finance

Though CSAC staff believes that the services you provided to CSAC in exchange for these expenses makes them income rather a gift, that decision will ultimately be made by the FPPC. It is incumbent upon each public official to prove that the payments or benefits received were equal to or less than the value of the services provided.

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