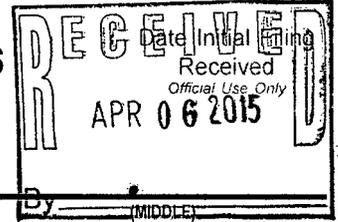


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG



Please type or print in ink.

NAME OF FILER (LAST) HORN (FIRST) WILLIAM (MIDDLE) G

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

DISTRICT 5

Your Position

SUPERVISOR

2015 APR 1 PM 3 40
CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF SAN DIEGO

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 SAN DIEGO
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
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: 9

- 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
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 3/27/2015 (month, day, year)

2014 Form 700 – William G. Horn

Additional Agencies:

- California State Association of Counties (CSAC) - **Alternate**
- Local Agency Formation Commission (LAFCO)
- National Association of Counties (NACO)
- North County Multiple Species Conservation Program
- North County Transit District (NCTD)
- Rincon Shared Benefit Fund Selection Committee
- San Diego Abandoned Vehicle Abatement Service Authority (AVA)
- San Diego Association of Governments (SANDAG)
- San Diego County Water Authority - **Alternate**
- Santa Margarita River Watershed Management Program Policies Committee
- SDG&E/Stakeholders Fire Safety Collaborative Process – **Alternate**
- Tobacco Securitization JPA – Sacramento
- Tobacco Securitization JPA – San Diego
- Urban County Caucus - **Alternate**

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 HORN, WILLIAM G

▶ 1. BUSINESS ENTITY OR TRUST

HORN TRUST
 Name
 P.O. BOX 1075, VALLEY CENTER, CA 92082
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/14 _____/_____/14
 \$2,000 - \$10,000 _____/_____/14 _____/_____/14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

MISSION PRODUCE

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

APN 129-030-81-00 (AVOCADO GROVE)
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 VALLEY CENTER, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/14 _____/_____/14
 \$10,001 - \$100,000 _____/_____/14 _____/_____/14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

HORN TRUST
 Name
 P.O. BOX 1075, VALLEY CENTER, CA 92082
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/14 _____/_____/14
 \$2,000 - \$10,000 _____/_____/14 _____/_____/14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

SUNDANCE NATURAL FOODS

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

APN 129-270-37-00 (TANGELO GROVE)
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 VALLEY CENTER, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/14 _____/_____/14
 \$10,001 - \$100,000 _____/_____/14 _____/_____/14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 HORN, WILLIAM G

▶ 1. BUSINESS ENTITY OR TRUST

HORN TRUST
 Name
 P.O. BOX 1075, VALLEY CENTER, CA 92082
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 ____/____/14 ____/____/14
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below
 SEE ATTACHED LIST

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

APN 230-052-12-00 (APARTMENT BUILDING)
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 ESCONDIDO, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 ____/____/14 ____/____/14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

HORN TRUST
 Name
 P.O. BOX 1075, VALLEY CENTER, CA 92082
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 ____/____/14 ____/____/14
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below
 SEE ATTACHED LIST

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

APN 230-052-21-00
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 ESCONDIDO, CA
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 ____/____/14 ____/____/14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 HORN, WILLIAM G

▶ 1. BUSINESS ENTITY OR TRUST

HORN TRUST
 Name
 P.O. BOX 1075, VALLEY CENTER, CA 92082
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/14 _____/_____/14

\$2,000 - \$10,000 _____/_____/14 _____/_____/14

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

SEE ATTACHED LIST

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

APN 230-052-12-00 (APARTMENT BUILDING)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 ESCONDIDO, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/14 _____/_____/14

\$10,001 - \$100,000 _____/_____/14 _____/_____/14

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

HORN TRUST
 Name
 P.O. BOX 1075, VALLEY CENTER, CA 92082
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/14 _____/_____/14

\$2,000 - \$10,000 _____/_____/14 _____/_____/14

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

SEE ATTACHED LIST

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

INVESTMENT REAL PROPERTY

APN 230-052-21-00 (APARTMENT BUILDING)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 ESCONDIDO, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/14 _____/_____/14

\$10,001 - \$100,000 _____/_____/14 _____/_____/14

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

2014 Form 700 – HORN, WILLIAM G.

Tenant List > \$10,000.00 yearly

TENANT
Aguas
Agulara
Alejandro
Aparicio
Arellano
Artenga
Augstacio
Bahena
Baza
Beceml
Bonilla
Casiano
Ceron
Chanu
Chavez
Cortez
Cruse
DeRouis
Duran
Estrada
Farjas
Filares
Flores
Francis
Gallegos
Garcia
Gill
Gomez
Gomez
Gomez
Gonzalez
Gonzalez
Haney

TENANT
Hernandez
Hernandez
Hernandez
Hernandez
Hinojosa
Iglesias
Jimenez
Ledesma
Leon
Leon
Lopez
Lopez
Luviano
Maga
Magallan
Magallan
Martinez
Martinez
Minjares
Nava
Noyola
Ochoa
Olvaris
Oregon
Osorio
Pachuca
Palos
Pena
Prado
Rabago
Ramirez
Reynoso
Rivas

TENANT
Robinson
Robinson
Romero
Ruiz
Salinas
Sanchez
Sanchez
Sanchez
Silva
Silva
Sotelo
Soto
Tecuapa
Teran
Torres
Torres
Torres
Vallego
Vargas
Vargus
Ventura
Vilaysadi
Wharton
Zea

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 HORN, WILLIAM G

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 3212 AVENIDA LA CIMA

CITY
 CARLSBAD, CA - jointly owned w/ Joan Wonsley

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 14 05 / 01 / 14
 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 APN 416-431-19-00

CITY
 SAN DIEGO, CA - jointly owned w/ Alice Hatten

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 14 / / 14
 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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 _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
HORN, WILLIAM G

▶ NAME OF SOURCE *(Not an Acronym)*
FARM BUREAU

ADDRESS *(Business Address Acceptable)*
1670 E VALLEY PKWY, ESCONDIDO 92027

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 14	\$ 100.00	100 YEARS DINNER
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
HERZOG

ADDRESS *(Business Address Acceptable)*
PO BOX 1089, ST. JOSEPH, MO 64502

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 14	\$ 55.00	LINCOLN REAGAN DIN
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
SCRIPPS HEALTH

ADDRESS *(Business Address Acceptable)*
11025 N TORREY PINES RD., SAN DIEGO 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 14	\$ 80.00	SDEDC DINNER
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
NEWLAND COMMUNITIES

ADDRESS *(Business Address Acceptable)*
9820 TOWNE CENTER DRIVE, SAN DIEGO 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 14	\$ 70.00	TAXPAYERS DINNER
09 / 27 / 15	\$ 300.00	GALA/DINNER x2
__ / __ / __	\$ _____	_____

▶ 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)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

Comments: _____