

Please type or print in ink.

2015 MAR -9 PM 2:37

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jardine Donald M.

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 1

► 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: 7

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 MARCH 3 2015
(month, day, year)

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700
2014/2015

DONALD M. JARDINE

ALPINE COUNTY SUPERVISOR
DISTRICT 1

Local Agency Formation Commission
Jurisdiction: Alpine
Commissioner

State Water Resources Control Board - Lahontan Region
Jurisdiction: Modoc (East), Lassen (East side and Eagle Lake), Sierra, Nevada,
Placer, El Dorado, Alpine, Mono, Inyo, Kern (East), San Bernardino, Los Angeles
(N/E corner)

STPUD Contract Commission
Jurisdiction: Alpine
Commissioner

*California Rural Home Mortgage Finance Authority (RCRC) **CG**
Alternate Delegate

*Environmental Services Joint Powers Agency (RCRC)
Alternate Delegate

* Regional Council of Rural Counties Board of Directors **CG**
Alternate Delegate

**This is one filing, expanded statement, on an RCRC provided form, mailed to RCRC, but is not an RCRC filing – they are not a government agency for FPPC)*
Jurisdiction: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Napa, Nevada, Placer, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo

Central Sierra Economic Development District (Sonora)
Jurisdiction: Alpine, Amador, Calaveras
Alternate Board Member

CG Upper Mokelumne River Watershed Authority
Jurisdiction: Alpine, Amador, Calaveras
Alternate Board Member (Representing Board of Supervisors and Water Agency)

FPPC

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Donald M. Jardine

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Carson Water Subconservancy

ADDRESS (Business Address Acceptable)
777 East Williams Street, Carson City, NV

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
District 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 _____
(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 TERM (Months/Years)
_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address
_____ City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Donald M. Jardine

▶ NAME OF SOURCE *(Not an Acronym)*
 Alpine Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
 PO Box 265, Markleeville, CA 96120

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 200.00	Belt buckle
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Woodfords Community Council

ADDRESS *(Business Address Acceptable)*
 96A Washoe Blvd, Markleeville, CA 96120

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 30.00	Lanyard
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

▶ 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: _____