



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lavagnino Steve J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Board of Supervisors (87200)

Division, Board, Department, District, if applicable

Your Position

5th District Supervisor

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

Agency: SEE ATTACHED LIST

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Santa Barbara

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. Verification
[Redacted Signature]

herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 03/26/2015 09:20 AM
(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
EXPANDED STATEMENT LIST**

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Steve Lavagnino	

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
In-Home Care Network-Public Authority (C-24)	Members of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Indian Gaming Local Community Benefit Committee (C-23)	Regular Member of Committee	County of Santa Barbara	Annual	01/01/14 - 12/31/14
LAFCO - own code	Commissioner	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Association of Governments - own code	Board Member	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Air Pollution Control Dist - own code	Governing Board Member	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Flood Control & Water Conservation Dist. (C-18)	Members of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Water Agency (C-37)	Member of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14

SCHEDULE B

Attachment

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
<u>Steve Lavagnino</u>

ASSESSOR PARCEL NUMBER OR STREET ADDRESS : 1863 River Ranch Road

<small>LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE</small>
Erin McGuire

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <hr style="border: none; border-top: 1px solid black;"/>
Steve Lavagnino

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Rabobank, N.A.

ADDRESS *(Business Address Acceptable)*
899 W. Grand Ave., Grover Beach, CA 93433

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Customer Service Manager

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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____