



DUZ

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED  
Date Initial Filing  
FEB - 5 2015  
BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MacGlashan Roberta D. FILED SACRAMENTO COUNTY

1. Office, Agency, or Court APR 10 2015

Agency Name (Do not use acronyms)  
County of Sacramento DONNA ALLRED, CLERK/RECORDER  
Division, Board, Department, District, if applicable Your Position BY OK DEPUTY  
Board of Supervisors, District 4 County Supervisor

► 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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of Sacramento
- 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-  Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2014, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 15
- 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

(d)(5)

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

Date Signed 02/04/2015 (month, day, year)

(d)(5)  
Signature  
(File the originally signed statement with your filing official)

# Roberta D. MacGlashan

Form 700  
2014 Statement of Economic Interests  
Page 2 of Cover Page

- 
- |     |   |                                     |
|-----|---|-------------------------------------|
| 1.  | Area 4 Agency on Aging JPA                                | Board Member                        |
| 2.  | Capital Southeast Connector Authority                     | Alternate Board Member              |
| 3.  | First 5 Sacramento Commission                             | Alternate Commissioner              |
| 4.  | Freeport Regional Water Authority                         | Alternate Board Member              |
| 5.  | Sacramento Area Commerce & Trade Organization             | Alternate Member                    |
| 6.  | Sacramento Area Council of Governments                    | Board Director (Left office 1/6/15) |
|     | • Capitol Valley Regional SAFE                            | Board Director                      |
| 7.  | Sacramento Area Flood Control Agency                      | Board Member                        |
| 8.  | Sacramento Area Sewer District                            | Board Member                        |
| 9.  | Sacramento County Public Facilities Financing Corporation | Director                            |
| 10. | Sacramento County Water Agency                            | Board Member                        |
| 11. | Sacramento Groundwater Authority                          | Alternate Board Member              |
| 12. | Sacramento Local Agency Formation Commission              | Alternate - (assumed Office 1/6/15) |
| 13. | Sacramento Metropolitan Air Quality Management District   | Board Member                        |
| 14. | Sacramento Metropolitan Cable Television Commission       | Board Member                        |
| 15. | Sacramento-Placerville Transportation Corridor JPA        | Alternate Board Member              |
| 16. | Sacramento Public Library Authority                       | Board Member                        |
| 17. | Sacramento Regional County Sanitation District            | Board Member                        |
| 18. | Sacramento Regional Solid Waste Authority                 | Board Member                        |
| 19. | Sacramento Regional Transit District                      | Board Member                        |
| 20. | Sacramento Transportation Authority                       | Board Member                        |
|     | • Sacramento Abandoned Vehicle Service Authority          | Board Member                        |
| 21. | Tobacco Securitization Corporation                        | Board Member                        |

















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

Name  
MacGlashan, Roberta D.

**▶ 1. BUSINESS ENTITY OR TRUST**

MacGlashan Family Revocable Living Trust  
Name  
11471 Round House Court, Gold River, CA 95670  
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:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u>    </u> / <u>    </u> / <u>14</u>	<u>    </u> / <u>    </u> / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> 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)**

- |   |  |
|---|--|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000      |
| <input type="checkbox"/> \$500 - \$1,000    | <input checked="" type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Dominion Resources  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Energy  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input checked="" type="checkbox"/> \$10,001 - \$100,000		<u>    </u> / <u>    </u> / <u>14</u>	<u>    </u> / <u>    </u> / <u>14</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> 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**

Name  
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:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u>    </u> / <u>    </u> / <u>14</u>	<u>    </u> / <u>    </u> / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Healthcare Realty Trust  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Real Estate Investment Trust  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input checked="" type="checkbox"/> \$10,001 - \$100,000		<u>    </u> / <u>    </u> / <u>14</u>	<u>    </u> / <u>    </u> / <u>14</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> 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 C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
MacGlashan, Roberta D.

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Nageley, Meredith & Miller

ADDRESS (Business Address Acceptable)  
8801 Folsom Blvd, #172, Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

YOUR BUSINESS POSITION  
N/A

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)

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:

<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</p> <p><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      TERM (Months/Years)</p> <p>_____ %      <input type="checkbox"/> None</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____  <small>Street address</small></p> <p>_____ <small>City</small></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____  <small>(Describe)</small></p>
---	---

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 MacGlashan, Roberta D.

▶ NAME OF SOURCE (Not an Acronym)  
 Fair Oaks Theatre Festival

ADDRESS (Business Address Acceptable)  
 7991 California Avenue, Fair Oaks, CA 95628

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Community Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 14	\$ 50.00	2 Tix - Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Ramey Osborne

ADDRESS (Business Address Acceptable)  
 11290 Pyrites Way, #102, Gold River, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 14	\$ 100.00	2 Tix - Fair Oaks Rotar Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Sacramento Hotel Association

ADDRESS (Business Address Acceptable)  
 P.O. Box 276567, Sacramento, CA 95827

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Hotel Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 28 / 14	\$ 250.00	2 tix - Hospitality Dnr.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Downtown Sacramento Partnership

ADDRESS (Business Address Acceptable)  
 980 9th Street, #400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 State of Downtown

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 65.00	Tckt to Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Sac County Farm Bureau

ADDRESS (Business Address Acceptable)  
 8970 Elk Grove Blvd., Elk Grove, CA 95624

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 15 / 14	\$ 80.00	2 tix - Annual Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 California Music Theatre

ADDRESS (Business Address Acceptable)  
 1510 J Street, Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Theatre Production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 14	\$ 600.00	2 tix - Gala Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 MacGlashan, Roberta D.

▶ NAME OF SOURCE *(Not an Acronym)*  
 Sacramento Visitor & Conventions Bureau

ADDRESS *(Business Address Acceptable)*  
 1608 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Hospitality Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 14	\$ 50.00	1 Tckt - Annual Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Jimmie Yee

ADDRESS *(Business Address Acceptable)*  
 700 H Street, Room 2450, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Retired, Supervisor, District 2

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 14	\$ 50.00	Fat's Gift Certificate
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*  
 Yellow Cab of Sacramento

ADDRESS *(Business Address Acceptable)*  
 900 Richards Blvd, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Taxi Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 14	\$ 75.00	Orchid
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
California Musical Theatre  
 ADDRESS (Business Address Acceptable)  
1510 J Street, Suite 200, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Theatre Production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 14</u>	<u>\$ 300.00</u>	<u>1 Tkt - Gala Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

**Filer's Verification**

Print Name Roberta MacGlashan

Office, Agency or Court County of Sacramento

Statement Type  2014/2015 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 05/31/2016 12:27 PM  
(month, day, year)

Filer's Signature Electronic Submission

Comments: \_\_\_\_\_