



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Montgomery Jennifer Monten

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
2015 APR -1 AM 9:47

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: 12

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

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 3/23/15
(month, day, year)



LIST OF BOARDS AND COMMISSION AND POSITION FOR

Jennifer Montgomery 2013

700 Forms

Air Pollution Control Dist. - Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
American River Authority - Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Auburn City Council/Placer County Liason Committee – Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Auburn Dam Council – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Economic Development Board – Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Middle Fork Project Finance Authority Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Mountain Counties Water Resources Council - Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
National Association of Counties (NACO) – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
National Association of Counties (NACO) Western Interstate Region – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Rural County Representatives of California (formerly - Regional Council of Rural Counties) (RCRC) and (GSFA) - Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Sierra Economic Development Corporation (SEDCorp) (SPO) Board Member	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Sierra Nevada Conservancy Board Member	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Solid Waste Independent Hearing Panel Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Tahoe Air Basin - Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Tahoe Conservancy – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Tahoe Regional Planning Agency (TRPA) Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Tahoe Transportation District - Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Tribal County Advisory Committee Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Truckee Tahoe Airport Land Use Commission Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving

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
 Jennifer Montgomery

▶ 1. BUSINESS ENTITY OR TRUST

Montgomery Moyer Trust

Name
 POB 747 8318 Cascade Rd SodaSprings CA 95728

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 _____

▶ 1. BUSINESS ENTITY OR TRUST

Montgomery Moyer Trust

Name
 POB 747 8318 Cascade Rd SodaSprings CA 95728

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

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\$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

▶ 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

▶ 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

008-071-03

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 Lot 6 Block 29 Sec 26, 27, & 33 T28N R4W (Tehama County)

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 _____ Other _____
 Yrs. remaining

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

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

Check one box:
 INVESTMENT REAL PROPERTY

083-330-04

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 RO Las Cruces Tract C SUB 2 S28 T6N R32W SBBM (Santa Barbara Cnty)

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 _____ Other _____
 Yrs. remaining

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
Jennifer Montgomery

▶ 1. BUSINESS ENTITY OR TRUST

Montgomery Moyer Trust

Name
POB 747 8318 Cascade Rd SodaSprings CA 95728

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 _____

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 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 checked="" 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	

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

<input checked="" 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

▶ 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

038-240-41

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
N 2 Acres of 55 Acres of NW 1/4 of Lot 4 Sec 22 T22S R18E MDB 7M (Kings Cnty)

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$2,000 - \$10,000			
<input 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

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

Check one box:
 INVESTMENT REAL PROPERTY

008-051-21

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Lot 24 Block 25 Sec 26,27, & 33 T28N R4W (Tehama County)

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input checked="" type="checkbox"/> \$2,000 - \$10,000			
<input 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 A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Jennifer Montgomery

▶ 1. BUSINESS ENTITY OR TRUST

Montgomery Moyer Trust
Name
POB 747 8318 Cascade Rd SodaSprings CA 95728
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
 \$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

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

Check one box:
 INVESTMENT REAL PROPERTY

008-100-13
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Lot ? Block 13 Sec 26, 27, & 33 T28N R4W (Tehama County)
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$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

Montgomery Moyer Trust
Name
POB 747 8318 Cascade Rd SodaSprings CA 95728
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
 \$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

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

Check one box:
 INVESTMENT REAL PROPERTY

008-055-31
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Lot 27 Block 25 Sec 26,27,&33 T28N R4W (Tehama County)
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$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 D
Income – Gifts

Name
Jennifer Montgomery

▶ NAME OF SOURCE (Not an Acronym)
Placer County Contractors Association

ADDRESS (Business Address Acceptable)
10656 Industrial Ave. Roseville, CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 21 / 14</u>	<u>\$ 60.00</u>	<u>PCCA Annual Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
North Lake Tahoe Chamber

ADDRESS (Business Address Acceptable)
100 No Lake Blvd. Tahoe City, CA 96145

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 02 / 14</u>	<u>\$ 75.00</u>	<u>29th Annual Food and Wine Fest</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
AT&T

ADDRESS (Business Address Acceptable)
2085 Akard Street, Dallas, TX 75202

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 04 / 14</u>	<u>\$ 100.00</u>	<u>Ability Bash 2014</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
W.M. Corporation

ADDRESS (Business Address Acceptable)
1415 L St Ste 900, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 14</u>	<u>\$ 129.10</u>	<u>Dinner with Warwick Leadership</u>
<u>10 / 07 / 14</u>	<u>\$ 125.30</u>	<u>Dinner with Warwick Leadership</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

ADDRESS (Business Address Acceptable)
601 Lincoln Way, Auburn, CA 95603

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 01 / 14</u>	<u>\$ 50.00</u>	<u>Auburn State of the Community</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>

Comments: _____

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

- 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)
Governing

ADDRESS (Business Address Acceptable)
100 Blue Ravine Rd.

CITY AND STATE
Folsom, CA 95630

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 07 / 14 - 11 / 09 / 14 AMT: \$ 1522.98
 (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)
Sierra Business Council

ADDRESS (Business Address Acceptable)
85 No. Washington St.

CITY AND STATE
Sonora, CA 95370

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Organization

DATE(S): 10 / 11 / 14 - 10 / 13 / 14 AMT: \$ 1462.21
 (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 _____

Filer's Verification

Print Name Jennifer Montgomery

Office, Agency or Court Placer County - Board Of Supervisors

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 3/23/15

Filer's Signat _____

Comments: _____

