

2014 AN

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing
JAN 23 2015
REGISTRAR OF VOTERS
SUTTER COUNTY

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) MUNGER (FIRST) LARRY (MIDDLE) E.
2015 FEB -2 PM 3:28

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
SUTTER COUNTY
Division, Board, Department, District, if applicable BOARD OF SUPERVISORS
Your Position DISTRICT 3

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

Agency: SEE ATTACHED LIST Position: SEE ATTACHED LIST

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

State
 Multi-County SUTTER, YUBA, BUTTE, NEVADA
 City of _____
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of SUTTER
 Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ____/____/____, through December 31, 2014.
 Assuming Office: Date assumed 01 / 01 / 2015
 Leaving Office: Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2014, through the date of leaving office.
○ 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: 6
 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
-or-
 None - No reportable interests on any schedule

5. Signature and Date
I certify under penalty of perjury under the laws of the State of California that the information provided herein and in any attached schedules is true and complete. I acknowledge that I understand the consequences of providing false information.
Date Signed 01/26/2015
(month, day, year)

**FORM 700 – ANNUAL STATEMENT
January 1, 2014 – December 31, 2014**



LARRY MUNGER

Committee Member

Economic Development Corporation Board
Feather River Air Quality Management District
Regional Council of Rural Counties
CRHMFA Homebuyers Fund
Sutter Animal Services
Workforce Investment Board

Committee Member - Alternate

Gilsizer Drainage District
Regional Waste Management Authority

ASSUMING OFFICE STATEMENT

Date = January 1, 2015

NSV-IRWMP, Alternate Member
SAFCA, Alternate Member
Sutter-Butte Flood Control Agency, Member
Sutter County LAFCO, Member
Yuba-Sutter Transit, Alternate Member

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

LARRY MUNGER

NAME OF BUSINESS ENTITY: UMPQUA BANK
GENERAL DESCRIPTION OF THIS BUSINESS: STOCK
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

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GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
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GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

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)
REGIONAL COUNCIL OF RURAL COUNTIES
 ADDRESS (Business Address Acceptable)
1215 K STREET, STE., 1650
 CITY AND STATE
SACRAMENTO, CA 95814
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 01 / 01 / 14 - 12 / 31 / 14 AMT: \$ 303.29
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
TRAVEL AND MEAL EXPENSES RELATED TO
VOLUNTEER SERVICES ON THE RCRC BOARD

▶ NAME OF SOURCE (Not an Acronym)
CHEVRON ENERGY SOLUTIONS
 ADDRESS (Business Address Acceptable)
MORTAN'S STEAKHOUSE, 189 S. HARBOR BLVD.
 CITY AND STATE
ANAHEIM, CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 11 / 18 / 14 - ____ / ____ / ____ AMT: \$ 148.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
HOSTED DINNER WHILE AT CSAC CONFERENCE

▶ 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 _____

▶ 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 _____

Comments: _____