

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) 2015 APR -2 PM (FIRST) 26 (MIDDLE)  
Parker Jane B.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Monterey County

Division, Board, Department, District, if applicable

District 4

Your Position

Supervisor

B. FILED

MAR 13 2015

STEPHEN L. VAGNINI  
MONTEREY COUNTY CLERK  
DEPUTY

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

Agency: Board of Supervisors

Position: County Supervisor

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

State

Multi-County \_\_\_\_\_

City of \_\_\_\_\_

Judge or Court Commissioner (Statewide Jurisdiction)

County of Monterey

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.

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.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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: 3

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. Verification

I certify that the information and in any attached schedules is true and complete. I declare

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

Date Signed March 11, 2015  
(month, day, year)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Jane B. Parker

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Monterey County

ADDRESS (Business Address Acceptable)  
 168 W. Alisal Street, Salinas, CA 93901

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Government

YOUR BUSINESS POSITION  
 County Supervisor

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: \_\_\_\_\_



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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
il vecchio Restaurant

ADDRESS (Business Address Acceptable)  
110 Central Avenue, Pacific Grove

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Community Dinner

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S)      |
|---------------------|---------------|-----------------------------|
| <u>04 / 09 / 14</u> | <u>\$ 440</u> | <u>paid down from \$638</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) **APR 10 2015**

ADDRESS (Business Address Acceptable) STEPHEN L VAGNINI  
MONTEREY COUNTY CLERK  
DEPUTY

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 Jane B. Parker

Office, Agency or Court 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 04/08/2015

Filer's Signature

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