



COVER PAGE

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Clerk of the Board

FEB 11 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Pedrozo John P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Merced County

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Supervisor, District One

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

Agency: See Attached

Position:

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PRACTICES COMMISSION  
2015 FEB 19 PM 3:15

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

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

County of Merced

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. [Redacted Signature Area]

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 02/11/2015  
(month, day, year)

**John Pedrozo, District One  
Merced County Board of Supervisors**

**Statement of Economic Interests – Form 700 (2014/2015)**

**EXPANDED STATEMENT**

**Agency – California Supervisors Assn. of Counties (CSAC) (Alternate)**

**Agency – Merced County Association of Governments (MCAG)**

**Agency – Redevelopment Oversight Board - Livingston**

**Agency – Regional Council of Rural Counties (RCRC) (Primary)**

**Agency – CSFA Golden State Finance Authority Board of Directors (Primary)**

**Agency - National Association of Counties (NACo) (Alternate)**

**Agency – San Joaquin Valley Rail Joint Powers Authority (Primary)**

**Agency - Tobacco Securitization Agency Commission Member**

**Agency – Treasury Oversight Committee**

**Agency – Other Post Employment Benefit Retirement Investment Trust Board**





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

Name  
 John P. Pedrozo

- 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, Suite 1650

CITY AND STATE  
 Sacramento, CA 95814

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

---

DATE(S): 01/22/14 - 12/10/14 AMT: \$ 408.17  
 (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 of Directors

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

ADDRESS (Business Address Acceptable)  
 5555 E. Olive Avenue, Rm. 108

CITY AND STATE  
 Fresno, CA 93727

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

---

DATE(S): 01/24/14 - 01/24/14 AMT: \$ 131.03  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Sacramento Kings Basketball Game

▶ 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: \_\_\_\_\_

Pedrozo, John  
Merced Co



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**SCHEDULE D**  
Income - Gifts  
2015 FEB 23 PM 2:20

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

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

ADDRESS (Business Address Acceptable)  
5555 E. Olive Avenue, Rm. 108

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Fresno, CA 93727

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/24/14</u>	<u>\$ 131.03</u>	<u>Basketball Tickets</u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
PG&E

ADDRESS (Business Address Acceptable)  
23 Nevada

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Irvine, CA 92606

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/17/14</u>	<u>\$ 64.90</u>	<u>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>

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>

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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 \_\_\_\_\_

Office, Agency or Court \_\_\_\_\_

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

I have used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and certify that it is true and complete.

I certify under penalty of perjury that I am a public official or candidate for public office of the State of California.

Date Signed \_\_\_\_\_ -2-19-2015

Filer's Signature \_\_\_\_\_

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

Padrozo, John  
Merced Co

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PRACTICES COMMISSION



SCHEDULE E

2015 FEB 23 PM 2:20 Income - Gifts

Travel Payments, Advances,  
and Reimbursements

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

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▶ NAME OF SOURCE (Not an Acronym)  
Regional Council or Rural Counties

ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 1650

CITY AND STATE  
Sacramento, CA 95814

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

DATE(S): 01/22/14 - 12/10/14 AMT: \$ 408.17  
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▶ 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

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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 \_\_\_\_\_

Office, Agency or Court \_\_\_\_\_

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 \_\_\_\_\_ 1/8-2015

Filer's Signature \_\_\_\_\_

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