

Please type or print in ink.

NAME OF FILER 2015 APR 2 PM 1:26 (LAST) (FIRST) FEB 13 2015 2015 FEB 12 PM 1:47 (MIDDLE)

Phillips John STEPHEN L. VAGNINI M. CLERK OF THE BOARD

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Monterey County Board of Supervisors
Division, Board, Department, District, if applicable
District 2
Your Position
Board Member

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

Agency: See Attached List Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County See Attached List County of Monterey
- 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)
- Assuming Office: Date assumed 01 / 13 / 2015 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: 11
- 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 that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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

John M. Phillips
Monterey County Board of Supervisors
District 2

ATTACHMENT
STATEMENT OF ECONOMIC INTEREST
YEAR 2015

EXPANDED STATEMENT LIST AGENCY/POSITION

1. Board of Supervisors – Board Member (Monterey County)
2. Association of Monterey Bay Area Governments – Board Member (Monterey, Santa Cruz, & San Benito Counties)
3. Monterey Bay Unified Air Pollution Control District – Board Member (Monterey, Santa Cruz, & San Benito Counties)
4. Local Agency Formation Commission – Board Member (Monterey)
5. Transportation Agency for Monterey County – Board Member (Monterey County)
6. Salinas Valley Solid Waste Authority – Board Member (Monterey County)
7. Fort Ord Reuse Authority – Board Member (Monterey County)
8. Pajaro River Watershed Flood Prevention Authority – Board Member (Monterey, Santa Cruz, San Benito & Santa Clara Counties)
9. Monterey Regional Water Pollution Control Agency – Board Member (Monterey County)
10. Boronda County Sanitation District – Director (Monterey County)
11. Carmel Valley County Sanitation District – Director (Monterey County)
12. East Garrison Community Services District – Director (Monterey County)
13. East Garrison Finance Authority – Director (Monterey County)
14. Monterey County Public Finance Authority – Director (Monterey County)
15. Monterey County Water Resources Agency – Board Member (Monterey)
16. Moss Landing County Sanitation District – Director (Monterey County)
17. Oversight Board for the Former Redevelopment Agency for Monterey - Board Member (Monterey County)
18. Pajaro County Sanitation District – Director (Monterey County)
19. Successor Agency to the Redevelopment Agency of the County of Monterey – Director – (Monterey County)
20. Successor Housing Agency to the Redevelopment Agency of the County of Monterey – Director (Monterey County)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 John M. Phillips

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Jorge Perez/Julia Gaona

ADDRESS (Business Address Acceptable)
 341 Lorimer St., Salinas, CA 93907

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sale of Deceased Mothers House

YOUR BUSINESS POSITION
 Seller of Home

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 Estate - 341 Lorimer St., Salinas, CA
 (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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
John M. Phillips

▶ NAME OF SOURCE *(Not an Acronym)*
Salinas Toyota

ADDRESS *(Business Address Acceptable)*
700 Auto Center Circle, Salinas, CA 93907

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto Dealership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 14	\$ 200.00	2 Jr. Achievement tkts.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*
Pete Scudder - Scudder Roofing Company

ADDRESS *(Business Address Acceptable)*
3347 Paul Davis Drive, Marina, CA 93933

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Roofing & Solar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 14	\$ 400.00	2 World Series tkts.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*
Don Chapin Company

ADDRESS *(Business Address Acceptable)*
560 Crazy Horse Canyon Road, Salinas, CA 93907

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 14	\$ 350.00	2 Air Show tkts.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

Name
 John M. Phillips

- 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)
 Rancho Cielo

ADDRESS (Business Address Acceptable)
 710 Old Stage Road

CITY AND STATE
 Salinas, CA 93907

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Learning and Social Services Center

DATE(S): 01/01/14 - 12/01/14 AMT: \$ 4,800.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
\$400 Monthly Travel Reimbursement Payment

▶ 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 _____

▶ 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: _____