



STATEMENT OF ECONOMIC INTERESTS COVER PAGE 2015 APR -2 PM 1:26



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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) POTTER, DAVE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Monterey

Division, Board, Department, District, if applicable

Your Position

Clerk Recorder

Board of Supervisor

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

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

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)

-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: 6

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 am responsible for the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/20/2015

(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**Expanded Statement Attachment**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

DAVE POTTER

| Agency   | Division/Board/Dept/District             | Position            | Type of Statement            |
|--|--|---------------------|------------------------------|
| County of Monterey                             | Clerk Recorder                           | Board of Supervisor | Annual 1/1/2014 - 12/31/2014 |
| County of Monterey                             | Pajaro County Sanitation District        | Board of Supervisor | Annual 1/1/2014 - 12/31/2014 |
| County of Monterey                             | Boronda County Sanitation District       | Board of Supervisor | Annual 1/1/2014 - 12/31/2014 |
| County of Monterey                             | Carmel Valley County Sanitation District | Board of Supervisor | Annual 1/1/2014 - 12/31/2014 |
| Monterey County Board of Supervisors           | 5th District                             | Supervisor          | Annual 1/1/2014 - 12/31/2014 |
| Natividad Medical Center                       | Board of Trustees                        | Board Member        | Annual 1/1/2014 - 12/31/2014 |
| Transportation Agency of Monterey County       |  | Board Member        | Annual 1/1/2014 - 12/31/2014 |
| Monterey Peninsula Water Management            |  | Board Member        | Annual 1/1/2014 - 12/31/2014 |
| Fort Ord Reuse Authority                       |  | Board Member        | Annual 1/1/2014 - 12/31/2014 |
| Monterey County Convention and Visitors Bureau |  | Board Member        | Annual 1/1/2014 - 12/31/2014 |
| Water Resources Agency                         | Monterey County                          | Board Member        | Annual 1/1/2014 - 12/31/2014 |
| Redevelopment Agency                           | Monterey County                          | Board Member        | Annual 1/1/2014 - 12/31/2014 |

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

DAVE POTTER

| Agency   | Division/Board/Dept/District                 | Position               | Type of Statement            |
|--|--|------------------------|------------------------------|
| Moss Landing Sanitation District                                 | County                                       | Board Member           | Annual 1/1/2014 - 12/31/2014 |
| Coast Rail Coordinating Council                                  |  | Board Member           | Annual 1/1/2014 - 12/31/2014 |
| Arts Council for Monterey County                                 |  | Alternate Board Member | Annual 1/1/2014 - 12/31/2014 |
| CA State Association of Counties                                 |  | Alternate Board Member | Annual 1/1/2014 - 12/31/2014 |
| Seaside Groundwater Basin Watermaster                            |  | Board Member           | Annual 1/1/2014 - 12/31/2014 |
| Workforce Investment Board                                       |  | Board Member           | Annual 1/1/2014 - 12/31/2014 |
| Oversight Board for the Successor Agency of the City of Monterey |  | Board Member           | Annual 1/1/2014 - 12/31/2014 |
| County of Monterey   | Economic Opportunity Committee               | Member                 | Annual 1/1/2014 - 12/31/2014 |
| COUNTY OF MONTEREY   | Monterey Peninsula Water Management District | Director               | Annual 1/1/2014 - 12/31/2014 |

## 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 \_\_\_\_\_

POTTER, DAVE \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Potter Construction

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Name  
215 W. Franklin Street Suite 316  
Monterey, CA 93940

---

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Construction Company

|  |                                  |
|--|----------------------------------|
| FAIR MARKET VALUE  | IF APPLICABLE, LIST DATE:        |
| <input type="checkbox"/> \$0 - \$1,999                   | ____/____/____    ____/____/____ |
| <input type="checkbox"/> \$2,000 - \$10,000              | ACQUIRED    DISPOSED             |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 |                                  |
| <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 Owner

**▶ 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

Enviro International

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

---

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

---

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

|  |                                  |
|--|----------------------------------|
| FAIR MARKET VALUE                                | IF APPLICABLE, LIST DATE:        |
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/____    ____/____/____ |
| <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 INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

---

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      | ACQUIRED    DISPOSED             |
| <input type="checkbox"/> \$10,001 - \$100,000    |                                  |
| <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)**

\$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

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

---

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

---

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

|  |                                  |
|--|----------------------------------|
| FAIR MARKET VALUE                                | IF APPLICABLE, LIST DATE:        |
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/____    ____/____/____ |
| <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 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 C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

|                                     |
|-------------------------------------|
| <b>CALIFORNIA FORM 700</b>          |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name                                |
| POTTER, DAVE                        |

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Portola Hotel and Spa

ADDRESS (Business Address Acceptable)  
2 Portola Plaza  
Monterey, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hospitality

YOUR BUSINESS POSITION  
General Manager

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      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D  
 Income – Gifts**

Name  
 POTTER, DAVE

▶ NAME OF SOURCE (Not an Acronym)  
AT&T ProAm Tournament  
 ADDRESS (Business Address Acceptable)  
 270 17 Mile Drive  
 Pebble Beach, CA 93953  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Charity Golf Tournament

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)      |
|-----------------|-----------|-----------------------------|
| 02 / 09 / 14    | \$ 100.00 | Tournament Ticket and Lunch |
| ___ / ___ / ___ | \$ _____  | _____                       |
| ___ / ___ / ___ | \$ _____  | _____                       |

▶ NAME OF SOURCE (Not an Acronym)  
Pebble Beach Company  
 ADDRESS (Business Address Acceptable)  
 PO Box 1522  
 Pebble Beach, CA 93953  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospitality

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)     |
|-----------------|-----------|----------------------------|
| 08 / 17 / 14    | \$ 150.00 | Concours d'Elegance Brunch |
| ___ / ___ / ___ | \$ _____  | _____                      |
| ___ / ___ / ___ | \$ _____  | _____                      |

▶ NAME OF SOURCE (Not an Acronym)  
Cannery Row Company  
 ADDRESS (Business Address Acceptable)  
 765 Wave Street  
 Monterey, CA 93940  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Properties and Restaurants

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S)    |
|-----------------|----------|---------------------------|
| 04 / 18 / 14    | \$ 45.00 | Basket of Holiday Flowers |
| ___ / ___ / ___ | \$ _____ | _____                     |
| ___ / ___ / ___ | \$ _____ | _____                     |

▶ NAME OF SOURCE (Not an Acronym)  
Cannery Row Company  
 ADDRESS (Business Address Acceptable)  
 765 Wave Street  
 Monterey, CA 93940  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Properties and Restaurants

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S)     |
|-----------------|----------|----------------------------|
| 11 / 26 / 14    | \$ 45.00 | Holiday Floral Arrangement |
| ___ / ___ / ___ | \$ _____ | _____                      |
| ___ / ___ / ___ | \$ _____ | _____                      |

▶ NAME OF SOURCE (Not an Acronym)  
Coca Cola Refreshments  
 ADDRESS (Business Address Acceptable)  
 2603 Camino Ramon SUITE 550  
 San Ramon, CA 94583  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Personal Refreshment Provider

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S)                  |
|-----------------|----------|---|
| 09 / 10 / 14    | \$ 14.00 | Personalized "Dave" Share a Coke Bottle |
| ___ / ___ / ___ | \$ _____ | _____                                   |
| ___ / ___ / ___ | \$ _____ | _____                                   |

▶ 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: \_\_\_\_\_