

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**



**RECEIVED**  
 Date Initial Filing  
 Received  
 03/25/2015  
 YOLO COUNTY  
 CLERK/RECORDER

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Provenza Jim R

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Yolo County Board of Supervisors

Division, Board, Department, District, if applicable

District 4

Your Position

Supervisors

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

Agency: Please see attachment\*

Position:

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2015 MAR 30 PM 4:16

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Yolo
- Other \_\_\_\_\_

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

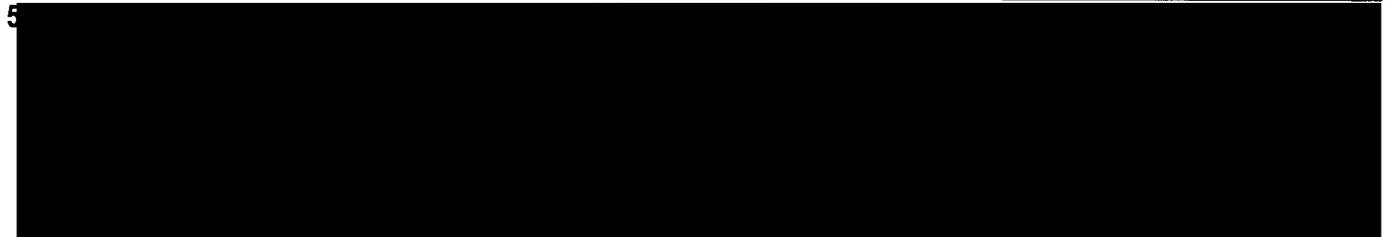
- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period 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: 4

- 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**



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and correct. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 03/25/2015  
 (month, day, year)



## **ATTACHEMENT \***

Area 4 Agency on Aging -- Commissioner  
Attn: Taiheisha (Tai) Love  
2260 Park Towne Circle #100  
Sacramento CA 95825

Yolo County Housing --Commissioner  
Attn: Lisa Baker  
147 W. Main St.  
Woodland, CA 95695

Delta Conservancy – Board Member  
Attn: Amanda Bohl  
1450 Halyard Drive, Suite 6  
West Sacramento, CA 95691

Yolo County Local Agency Formation Commission -- Alternate  
625 Court Street, Suite 203  
Woodland, CA 95695

Yolo-Solano Air Quality Management District – Board Member  
Attn: Shari Wise  
1947 Galileo Ct., Suite 103  
Davis, CA 95618

Delta Protection Commission -- Alternate  
Attn: Bree Kaminskas  
2101 Stone Blvd. #210  
West Sacramento, California 95691

IHSS Yolo County Public Authority – Board Member  
25 North Cottonwood Street  
Woodland, CA 95695

Yolo County Habitat JPA – Board Member  
625 Court Street, Suite 201  
Woodland CA 95695

Winters Branch Library Financing Authority – Member  
226 Buckeye St.  
Woodland, CA 95695

Davis Redevelopment Oversight – Board Member  
Attn: Stacey Winton  
23 Russell Blvd, Suite 1  
Davis, CA 95616

First 5 Yolo – Board Member  
Attn: Julie Gallelo, MPH  
403 Court Street  
Woodland, CA 95695

Yolo County Children's Alliance – Board Member  
Attn: Katie Villegas  
600 A St, Davis, CA 95616

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>Jim Provenza</b>

▶ NAME OF SOURCE *(Not an Acronym)*  
John Brennan/Cal Marsh and Farm Ventures LLC  
 ADDRESS *(Business Address Acceptable)*  
315 4th Strret, Colusa, CA 95932  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner at Bucks for Ducks Yolo Basin Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 17 / 14</u>	\$ <u>75.00</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>

▶ NAME OF SOURCE *(Not an Acronym)*  
Rural County Representatives of CA (RCRC)  
 ADDRESS *(Business Address Acceptable)*  
1215 K Street, Suite 1650, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
National Association of Counties Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 14 / 14</u>	\$ <u>57.47</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>

▶ 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>

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

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

Name  
 Jim Provenza

- 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)  
 Rural County Representatives of CA (RCRC)

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): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 561.46  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 Represented Yolo County on Board of Directors,  
 proposed positions & worked to formulate board policy

▶ 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: \_\_\_\_\_