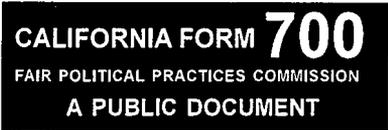


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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

2015 MAR -9 PM 2:37

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rawson Mary J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Alpine County
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor District 5

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

Agency: see attached Position: see attached

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other see attached

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: _____

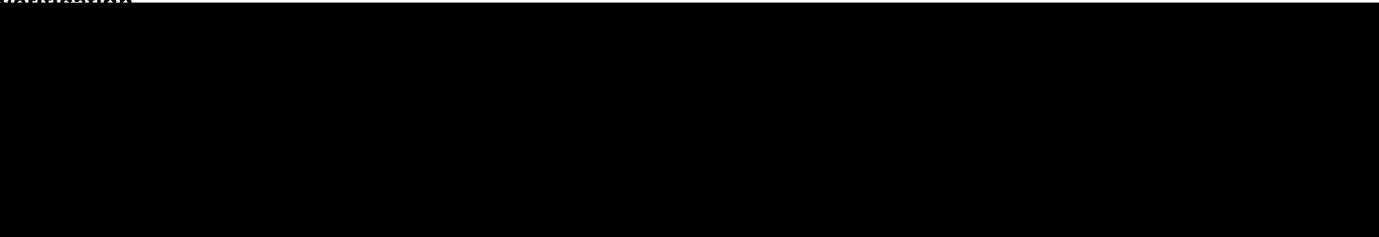
4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 5

- 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 under penalty of perjury under the laws of the State of C

Date Signed 3-3-15 (month, day, year)

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700
2014/2015

MARY RAWSON

ALPINE COUNTY SUPERVISOR
DISTRICT 5

Economic Development Advisory Committee
Jurisdiction: Alpine County
Member

Great Basin Unified Air Pollution Control Board **CG**
Jurisdiction : Alpine, Inyo, Mono
Board Member

*RCRC (Regional Council of Rural Counties Board of Directors **CG**

*CRHMFA Homebuyers Fund - Delegate

*Environmental Services Joint Powers Authority – Delegate **CG**

*California Rural Home Mortgage Finance Corp. – Delegate

Jurisdiction: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado,
Glenn, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Merced, Modoc, Mono,
Napa, Nevada, Placer, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama,
Trinity, Tulare, Tuolumne, Yolo

Local Agency Formation Commission
Jurisdiction: Alpine County
Alternate Commissioner

Mountain Valley EMS Agency
Jurisdiction: Alpine, Amador, Calaveras, Mariposa, Stanislaus
Alternate Board Member

Sierra Nevada Conservancy – Eastern Sierra Sub-region
Jurisdiction: Alpine, Inyo, Mono
Alternate Board Member

FPPC

*This is one filing. RCRC is not considered a governmental agency for FPPC purposes.

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

Name
 Mary J. Rawson

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Great Basin Unified Air Pollution Control District

ADDRESS (Business Address Acceptable)
 157 Short Street, Bishop, CA 93519

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Air Pollution Control District

YOUR BUSINESS POSITION
 Governing Board Member

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 per diem

 (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: _____

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

Name

Mary J. Rawson

- 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 California

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
 Advocacy for rural counties

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,419.56
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals, expense reimbursements and expenses paid
by RCRC

▶ NAME OF SOURCE (Not an Acronym)
 California State Association of Counties

ADDRESS (Business Address Acceptable)
 1100 K Street, Suite 101

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 11/18/14 - 11/18/14 AMT: \$ 25.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meal

▶ 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: _____