



FAIR POLITICAL PRACTICES COMMISSION

JAN 30 2015

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Please type or print in ink.

NAME OF FILER (LAST) Edward (FIRST) C. (MIDDLE) Scofield

1. Office, Agency, or Court

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

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

Agency: See attached list Position: See attached list

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

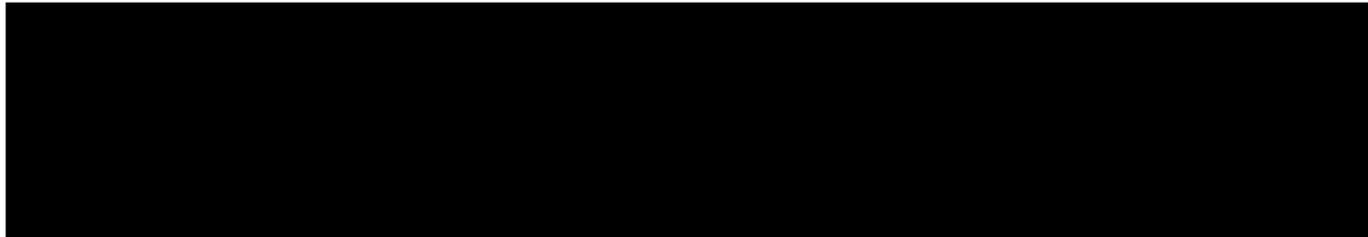
- State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County See attached list County of
City of Other

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
Assuming Office: Date assumed
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
None - No reportable interests on any schedule



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 (month, day, year)

**Ed Scofield, District II  
District 2 Form 700 SOEI Filing List for 2014  
Expanded Statement 2013/2014**



**DISTRICT II – ED SCOFIELD:**

<b><u>Member</u></b>	<b><u>Position</u></b>	<b><u>Filing Office</u></b>
A4AA Governing Board	Alternate member	Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties
(CRHMFA) California Rural Home Mortgage Finance Authority Homebuyers Fund (RCRC)	Alternate member	See attached listing.
Environmental Services JPA (RCRC)	Alternate member	See attached listing.
Nevada County Sanitation District #1	Director	Nevada County
Northern Rural Training Employment Consortium (NoRTEC)	Member	Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity Counties
Northern Sierra Air Quality Management District Board	Member	Nevada, Plumas & Sierra Counties
Regional Council of Rural Counties (RCRC)	Alternate member	See attached list.
Sierra Economic Development Corp. SEDCorp	Member	El Dorado, Sierra, Placer, & Nevada Counties
Sierra Planning Organization Board (SPO)	Member	El Dorado, Sierra, Placer, & Nevada Counties
Sierra Sacramento Valley Emergency Medical Services JPA Governing Board	Alternate member	Butte, Colusa, Nevada Placer, Shasta, Siskiyou, Sutter, Tehama, Yolo Yuba Counties
Transit Services Commission	Commissioner	Nevada County
Transportation Commission also acting As Nevada County Airport Land Use Commission (NCALUC)	Commissioner	Nevada County

**Assuming Office**

Nevada County Finance Authority

	<b><u>Leaving Office</u></b>	
Solid Waste Independent Hearing Panel	Alternate member	Nevada County

**Form 700 Statement of Economic Interests for Calendar Year 2014  
List of Member Counties**

NEVADA COUNTY AGENCY

ED SCOFIELD

Area 4 Agency on Aging (A4AA)	Alternate Member
Regional Council of Rural Counties	Alternate Member
CRHMFA Homebuyers Fund	Alternate Delegate
Environmental Services Joint Powers Authority	Alternate Delegate
Northern Rural Employment & Training NoRTEC	Member
Northern Sierra Air Quality Mgmt. District Board	Member
Sierra Economic Development Corp	Member
Sierra Planning Organization Board	Member
Sierra Sacramento Valley Emergency Medical	Alternate Member

**List of Member Counties**

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Edward C. Scofield
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Scofield & Associates

ADDRESS (Business Address Acceptable)  
 17051 Norlene Way, Grass Valley, CA 95949

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Public Speaker

YOUR BUSINESS POSITION  
 None

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 \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
 Regional Council of Rural Counties RCRC

ADDRESS *(Business Address Acceptable)*  
 1215 K Street, Suite 1650 Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Board Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 12 / 14	\$ 33.40	Board Meeting Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*

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)*

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)*

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)*

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  
 Edward C. Scofield

- 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)  
 Northern Sierra Air Quality Management District

ADDRESS (Business Address Acceptable)  
 P.O. Box 2509

CITY AND STATE  
 Grass Valley, CA 95945

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

DATE(S): 01/01/14 - 12/31/14 AMT: \$ 600.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Board Expenses

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

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

CITY AND STATE  
 Sacramento, CA 95815

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

DATE(S): 01/01/14 - 12/31/14 AMT: \$ 57.92  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Travel Expenses

▶ NAME OF SOURCE (Not an Acronym)  
 NoRTEC

ADDRESS (Business Address Acceptable)  
 525 Wall Street

CITY AND STATE  
 Chico, CA 95928

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

DATE(S): 01/01/14 - 12/31/14 AMT: \$ 300.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Travel Expenses

▶ 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: \_\_\_\_\_