B05

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
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MAR 19 2015
Official Use Only
BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SERNA	PHILLIP	RANDALL

FILED
SACRAMENTO COUNTY
MAR 24 2015
DONNA ALLRED, CLERK/RECORDER
BY _____ DEPUTY

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
SACRAMENTO COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

Your Position
SUPERVISOR - DISTRCT 1

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

Agency: PLEASE SEE ATTACHMENT Position: _____

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

- ☑ State
- ☑ Multi-County PLEASE SEE ATTACHMENT
- ☑ City of PLEASE SEE ATTACHMENT
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of PLEASE SEE ATTACHMENT
- ☐ 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 ____/____/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- ☑ **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

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 03. 17. 15
(month, day, year)

[redacted]

- **Area 4 Agency on Aging Advisory Council Governing Board – Board Member**
  Jurisdiction of Office:
  Multi-County: Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba

- **California Air Resources Board – Board Member**
  Jurisdiction of Office:
  State of California

- **California State Association of Counties – Alternate**
  Jurisdiction of Office:
  State of California

- **Capital Valley Regional SAFE – Board Member**
  Jurisdiction of Office:
  Multi-County: El Dorado, Sacramento, San Joaquin, Sutter, Yolo, Yuba

- **Regional Human Rights/Fair Housing Commission Governing Board – Alternate**
  Jurisdiction of Office:
  County of Sacramento

- **River City Regional Stadium Financing Authority – Board Member**
  Jurisdiction of Office:
  Multi-County: Sacramento, Yolo
  City of: Sacramento, West Sacramento

- **Sacramento Area Council of Governments – Board Member**
  Jurisdiction of Office:
  Multi-County: El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba
  City of: Auburn, Citrus Heights, Colfax, Davis, Elk Grove, Folsom, Galt, Isleton, Lincoln, Live Oak, Loomis, Marysville, Placerville, Rancho Cordova, Rocklin, Roseville, Sacramento, West Sacramento, Wheatland, Winters, Woodland, Yuba City

- **Sacramento Area Flood Control Agency – Board Member**
  Jurisdiction of Office:
  Multi-County: Sacramento, Sutter

- **Sacramento Area Sewer District – Board Member**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento County Board of Supervisors – Supervisor, Vice Chair**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento County Mental Health Board – Board Member**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento County Public Facilities Financing Corporation – Board Member**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento County Sanitation Districts Financing Authority – Board Member**
  Jurisdiction of Office:
  Multi-County: Sacramento, Yolo
  City of: Citrus Heights, Elk Grove, Folsom, Rancho Cordova, Sacramento, West Sacramento

- **Sacramento County Water Agency – Board Member**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento First Five Commission – Commissioner, CHAIR**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento Local Agency Formation Commission – Alternate**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento Metropolitan Air Quality Management District – Board Member, CHAIR**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento Metropolitan Cable Television Commission – Commissioner**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento Public Library Authority – Board Member**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento Regional Arts Facilities Financing Authority – Board Member**
  Jurisdiction of Office:
  County of Sacramento
  City of Sacramento

- **Sacramento Regional County Sanitation District – Board Member**
  Jurisdiction of Office:
  Multi-County: Sacramento, Yolo
  City of: Citrus Heights, Elk Grove, Folsom, Rancho Cordova, Sacramento, West Sacramento

- **Sacramento Regional Solid Waste Authority – Board Member**
  Jurisdiction of Office
  County of Sacramento

- **Sacramento Regional Transit Board – Board Member, CHAIR**
  Jurisdiction of Office:
  County of Sacramento

- **Sacramento Transportation Authority & Sacramento Abandoned Vehicle Service Authority – Board Member**
  Jurisdiction of Office:
  County of Sacramento

- **Tobacco Securitization Corporation – Board Member**
  Jurisdiction of Office:
  County of Sacramento

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Phillip Randall Serna

▶ NAME OF BUSINESS ENTITY
Revolution Wines, LLC

GENERAL DESCRIPTION OF THIS BUSINESS
Small Commercial Winery/Tasting Room

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [x] Partnership
  - (●) Income Received of $0 - $499
  - ( ) Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ( ) Income Received of $0 - $499
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- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
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- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ( ) Income Received of $0 - $499
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- [ ] Partnership
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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ( ) Income Received of $0 - $499
  - ( ) Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Phillip Randall Serna

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Downtown Sacramento Partnership
ADDRESS *(Business Address Acceptable)*: 980 9th St., Ste 400, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/28/14	$65.00	State of the Downtown
/ /	$	Breakfast - Ticket
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Hefner Stark & Marois
ADDRESS *(Business Address Acceptable)*: 2150 River Plaza Dr.,Ste. 450,Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/03/14	$121.00	Cap to Cap Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Murphy Austin Adams Schoenfeld LLP
ADDRESS *(Business Address Acceptable)*: 304 S St., Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/26/14	$217.06	Author Series Lecture
/ /	$	and Dinner
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Kaiser Foundation Health Plan, Inc.
ADDRESS *(Business Address Acceptable)*: 6600 Bruceville Rd, Sacramento CA 95823
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/04/14	$145.75	Cap to Cap Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: St. John's Shelter for Women and Children
ADDRESS *(Business Address Acceptable)*: 4410 Power Inn Rd., Sacramento CA 95826
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/06/14	$53.49	Guest Chef Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Teichert Construction
ADDRESS *(Business Address Acceptable)*: 3500 American River Dr., Sacramento CA 95864
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/05/14	$155.00	Cap to Cap Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Phillip Randall Serna

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Sutter Health
ADDRESS *(Business Address Acceptable)*
2200 River Plaza Dr., Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/05/14	$155.00	Cap to Cap Dinner
/ /	$	
/ /	$	

▶ 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)*
Sacramento Convention & Visitors Bureau
ADDRESS *(Business Address Acceptable)*
1608 I Street, Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/23/14	$420.00	Tickets to Sacramento
/ /	$	Music Fest-(6) $70.00
/ /	$	Tickets Not Use

▶ 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)*
Yellow Cab Company of Sacramento
ADDRESS *(Business Address Acceptable)*
900 Richards Blvd., Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/22/14	$75.00	Orchid Plant -
/ /	$	Holiday Gift
/ /	$	

▶ 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Phillip Randall Serna

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

- **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)*
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
DATE(S): 02/05/14 - 02/06/14 *(If gift)* AMT: $1,394.61
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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: Supervisor Serna participated on a discussion panel at the CSAC Forum on 02/15/14 and 02/06/14. CSAC provided meals and lodging as part of the Forum.