



FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

KATHLEEN WILLIAMS,  
PLUMAS CO. CLERK-RECORDER

2015 MAR 16 PM 3:31

BY Mary DeMarkle (MIDDLE) DEPUTY

Please type or print in ink.

NAME OF FILER Simpson (LAST) Lori (FIRST) Ann (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Plumas County Board of Supervisors  
Division, Board, Department, District, if applicable District 4 Supervisor  
Your Position

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

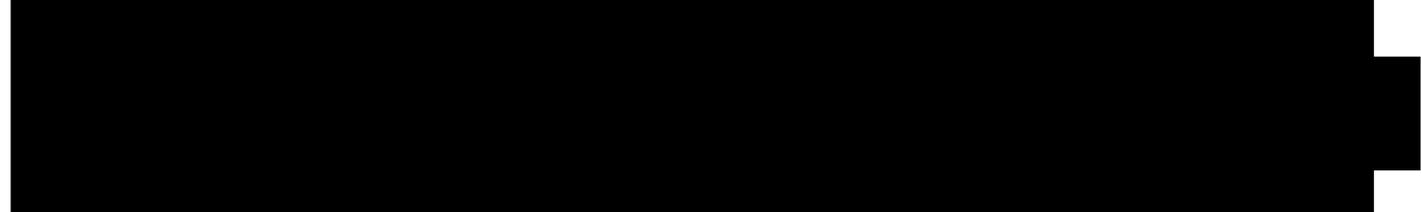
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- 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.
- 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: 3
- 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

Date Signed March 11, 2015  
(month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
*Lori Simpson*

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

ADDRESS (Business Address Acceptable)  
*1100 K street, Sacramento CA 95814*

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
*NALCO Legislative Conference*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>3, 4, 14</i>	<i>\$ 114.68</i>	<i>Reception/Churchhall</i>
<i>3, 5, 14</i>	<i>\$ 58.72</i>	<i>Congressional Breakfast</i>
____/____/____	\$ _____	_____

▶ 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)  
*High Sierra Music Festival*

ADDRESS (Business Address Acceptable)  
*P.O. Box 99529 Emeryville, CA 94662*

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
*Concert*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7, 3, 14</i>	<i>\$ 200.00</i>	<i>2 passes</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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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: \_\_\_\_\_