



COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tillemans Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Board of Supervisors
Division, Board, Department, District, if applicable Your Position
Supervisor 4th District 2

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

Agency: SEE ATTACHED LIST Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of Inyo
- 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 ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014. The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 3
- 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
- or- None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge and understand the consequences of providing false information. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/30/2015 04:57 PM
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
EXPANDED STATEMENT LIST

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Mark Tillemans

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
Public Works Department	LTC Commissioner alternate	County of Inyo	Annual	01/01/14 - 12/31/14
Health and Human Services	First 5 Commissioner	County of Inyo	Annual	01/01/14 - 12/31/14
LAFCO	Member-County Supervisor -alternate	County of Inyo	Annual	01/07/14 - 12/31/14

