

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

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Please type or print in ink.

NAME OF FILER (LAST) Uhler (FIRST) Kirk
2015 APR -1 AM 8:38 Lewis

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Placer County - Board Of Supervisors

Division, Board, Department, District, if applicable

Your Position

District 4

Board of Supervisors

► 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 See Attached List County of Placer
- City of See Attached List 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: 8

- 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. V
I have used all reasonable diligence in preparing this statement. I know the information herein and in any attached schedules is true and complete. I acknowledge this and certify under penalty of perjury under the laws of the State of California that the information is true and complete.
Date Signed 3/25/15 (month, day, year)



SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kirk Uhler

▶ 1. BUSINESS ENTITY OR TRUST

CCA, LLC
Name

1700 Eureka Rd. #150A, Roseville, CA 95661
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Business Services

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>14</u>	<u> </u> / <u> </u> / <u>14</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

 Kirk Uhler

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Sacramento Area Regional Transportation Agency

ADDRESS (Business Address Acceptable)
 3801 Power Inn Road, Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Technology Growth

YOUR BUSINESS POSITION
 CEO

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 TERM (Months/Years)

_____ % None _____

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)
The Lighthouse
 ADDRESS (Business Address Acceptable)
427 A Street, Lincoln, CA 95648
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 14</u>	<u>\$ 100.00</u>	<u>Ticket-Van Howd</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Providence Properties LLC
 ADDRESS (Business Address Acceptable)
3318 Sunset Terrace, Auburn, CA 95603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 14</u>	<u>\$ 50.00</u>	<u>National Day of Prayer Breakfast</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Al Johnson Consulting
 ADDRESS (Business Address Acceptable)
1700 Eureka Road, Ste 100, Roseville, CA 9661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 14</u>	<u>\$ 70.00</u>	<u>Roseville Chamber Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Hefner, Stark & Morois LLP
 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)
<u>05 / 03 / 14</u>	<u>\$ 121.00</u>	<u>Dinner Cap to Cap</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
KidsFirst
 ADDRESS (Business Address Acceptable)
124 Main Street, Roseville, CA 95678
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 03 / 14</u>	<u>\$ 110.00</u>	<u>Blue Tie Affair</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u>05 / 04 / 14</u>	<u>\$ 145.75</u>	<u>Dinner Cap to Cap</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Kirk Uhler

▶ NAME OF SOURCE (Not an Acronym)
Dignity Health
 ADDRESS (Business Address Acceptable)
3400 Data Drive, Rancho Cordova, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	\$ <u>39.18</u>	<u>Cap to Cap-Brunch/host portion reported</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 05 / 14</u>	\$ <u>155.00</u>	<u>Cap to Cap -Dinner/host portion reported</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Easton Development Company
 ADDRESS (Business Address Acceptable)
1180 Iron Point Rd, Ste 350, Folsom, CA 95630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	\$ <u>39.18</u>	<u>Cap to Cap-Brunch/host portion reported</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Teichert Materials
 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)
<u>05 / 05 / 14</u>	\$ <u>155.00</u>	<u>Cap to Cap/Dinner/host portion reported</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Western Health Advantage
 ADDRESS (Business Address Acceptable)
2349 Gateway Oaks, Ste. 100, Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	\$ <u>39.18</u>	<u>Cap to Cap-Brunch/host portion reported</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Al Johnson Consulting
 ADDRESS (Business Address Acceptable)
1700 Eureka Road, Ste 110, Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 15 / 14</u>	\$ <u>75.00</u>	<u>Roseville Chamber of Commerce-Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Kirk Uhler

▶ NAME OF SOURCE (Not an Acronym)
Region Builders PAC
 ADDRESS (Business Address Acceptable)
1331 T Street, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

▶ NAME OF SOURCE (Not an Acronym)
Teichert Materials
 ADDRESS (Business Address Acceptable)
3500 American River Drive, Sacramento, CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 05 / 14</u>	\$ <u>95.00</u>	<u>5th Annual BBQ in Vineyards</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 14</u>	\$ <u>35.00</u>	<u>2 bottles olive oil, 1 bottle balsamic vinegar</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Metro Chamber
 ADDRESS (Business Address Acceptable)
One Capitol Mall, Ste 300, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

▶ NAME OF SOURCE (Not an Acronym)
Recology Auburn Placer
 ADDRESS (Business Address Acceptable)
12305 Shale Ridge Road, Auburn, CA 95602
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 23 / 14</u>	\$ <u>99.00</u>	<u>Whistle Stop Event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 14</u>	\$ <u>15.00</u>	<u>Specialty Caramel Apple</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Foothills Farmers' Market Assn
 ADDRESS (Business Address Acceptable)
11477 E Avenue, Auburn, CA 95603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

▶ NAME OF SOURCE (Not an Acronym)
Ron Parr/DMB Highlands Group
 ADDRESS (Business Address Acceptable)
11253 Brockway Road #201, Truckee, CA 96161
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 14</u>	\$ <u>30.00</u>	<u>Wine, chutney, mandarins, BBQ sauce, cookies</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 14</u>	\$ <u>20.00</u>	<u>Box of See's Candy</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Kirk Uhler

▶ NAME OF SOURCE (Not an Acronym)
W.M Corporation
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 900, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Warwick University Development/Leadership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 14</u>	<u>\$ 129.10</u>	<u>Dinner</u>
<u>10 / 09 / 14</u>	<u>\$ 151.43</u>	<u>Dinner</u>
<u>10 / 06 / 14</u>	<u>\$ 81.22</u>	<u>Lunch</u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

LIST OF BOARDS AND COMMISSION AND POSITION FOR

Kirk Uhler 2014

700 Forms

Air Pollution Control Dist. – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
City-County Committee for Regional Development Issues – Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Golden Sierra Job Training Agency Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Placer County Transportation Planning Agency (PCTPA) – Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Roseville Ignite - Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Sacramento Area Commerce & Trade Organization Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
South Placer Regional Transportation Authority - JPA Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Sub-Committee: Policy Advisory Committee Board Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
First Time Home Buyer Mortgage Revenue Bond Program JPA-RCRC Alternate	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Western Placer Waste Management Authority Alternate	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Assuming	<input type="checkbox"/> Leaving