



RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
 2015 MAR 13 PM 3:27

TULARE COUNTY
BOARD OF VOTERS

Please type or print in ink.

NAME OF FILER (LAST) Vander Poel (FIRST) Pete (MIDDLE) J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Tulare County Board of Supervisors
 Division, Board, Department, District, if applicable
District Two
 Your Position
Board Member

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

Agency: See Attached Position: See Attached

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

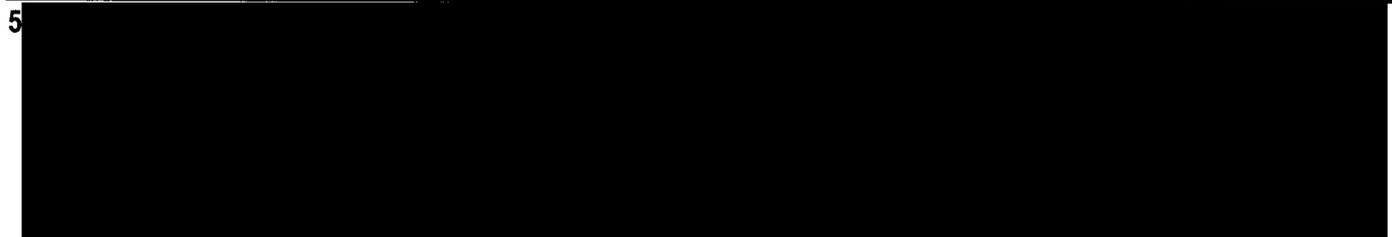
- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Tulare
- Other _____

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: 6
- 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



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed 2/26/15
 (month, day, year)

Pete J. Vander Poel

Additional agencies and positions:

Name: In-Home Supportive Services Public Authority
Position: Governing Board Member
Jurisdiction of Office: County of Tulare



Name: Tulare County Public Finance Authority
Position: Governing Board Member
Jurisdiction of Office: County of Tulare

Name: Terra Bella Sewer Maintenance District
Position: Governing Board Member
Jurisdiction of Office: County of Tulare

Name: Tulare County Flood Control District
Position: Governing Board Member
Jurisdiction of Office: County of Tulare

Name: City of Tulare Redevelopment Successor Agency Oversight Board
Position: Board Member
Jurisdiction of Office: County of Tulare

Name: Kings/Tulare Area Agency on Aging Governing Board
Position: Governing Board Member
Jurisdiction of Office: Multi-County

Name: San Joaquin Valley Insurance Authority
Position: Board Member
Jurisdiction of Office: Multi County

Name: Tulare County Association of Governments (TCAG)
Position: Board Member
Jurisdiction of Office: County of Tulare

Name: Tulare County Mental Health Board
Position: Board Member
Jurisdiction of Office: County of Tulare

Name: Tulare County Transportation Authority (Measure R)
Position: Board Member
Jurisdiction: County of Tulare

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Pete Vander Poel</u></p>

▶ NAME OF BUSINESS ENTITY
CVB Financial Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Stock Investment

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

Comments: _____

SCHEDULE D
Income – Gifts

Name
Pete Vander Poel

▶ NAME OF SOURCE *(Not an Acronym)*
Chevron Energy Solutions Company

ADDRESS *(Business Address Acceptable)*
23 Nevada, Irvine, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy & Gas Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	\$ 148.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS *(Business Address Acceptable)*
1100 K Street, Suite 101, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Leadership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 14	\$ 143.17	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)*

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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____