

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

MAR 26 2015

BY *[Signature]* DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Viegas John Keith

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Glenn

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Supervisor District 1

► 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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Glenn

City of _____

Other _____

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FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR 30 PM 4:22

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: 6

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. 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 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that this statement and any attachments may be made available to the public. I understand that this statement and any attachments may be made available to the public. I understand that this statement and any attachments may be made available to the public.

Date Signed 03/24/2015

(month, day, year)

(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John K. Viegas

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>State of California</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>P.O. Box 942716, Sacramento, CA</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Public Employment Retirement System</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Retired</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>	<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small>	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <small>(Describe)</small>
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____ % <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
John K. Viegas

▶ NAME OF SOURCE *(Not an Acronym)*
Rural Counties Representatives of California

ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Other Items Paid by RCRC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ 139.46	Installation Dinner
___/___/___	\$ 279.87	NACo Conference
___/___/___	\$ _____	_____

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

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

Comments: Refer to attached list and description

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

Name
 John K. Viegas

- 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)
 Rural Counties Representatives of California

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1650

CITY AND STATE
 Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 6,952.13
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel for meetings and other expenses receive during 2014 refer attached list

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

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): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

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): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: Refer Attached List of expenses

2014 RCRC EXPENSES

County:	Glenn
Individual:	Viegas, John

Schedule E*
(Income)

Schedule D**
(Gift)

Prior Year Expenses Paid in 2014:	-	-
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Board/Executive Meetings:

RCRC Board Meeting: 1/22/2014	472.32	-
Executive Committee Meeting: 2/19/2014	142.35	-
RCRC Board Meeting: 3/26/2014	141.42	-
RCRC Board Meeting: 4/23/2014	140.88	-
Executive Committee Meeting: 5/7/2014	143.61	-
RCRC Board Meeting: 6/12/2014	284.47	-
Executive Committee Meeting: 7/23/2014	-	-
RCRC Board Meeting: 8/13/2014	141.42	-
RCRC Board Meeting: 9/26/2014	182.00	-
Executive Committee Meeting: 11/12/2014	-	-
RCRC Board Meeting: 12/10/2014	730.27	-

Other Expenses paid by RCRC:

RCRC Installation Reception	139.46	139.46
NACo Legislative Conference	-	-
CSAC Legislative Conference	868.00	-
RCRC Board Meeting in County of Chair	33.40	-
NACo Annual Conference	2,556.02	279.87
CSAC Annual Meeting	764.25	-
RCRC Annual Meeting	-	-
Meetings with Staff	90.89	-
Other RCRC Business-Related Travel Expenses	121.37	-
Miscellaneous	-	-
Total Expenses:	\$ 6,952.13	\$ 419.33

* = Schedule E (Travel Payments, Advances, and Reimbursements):

This amount includes travel expenses paid for by RCRC for RCRC-related business including attendance at Board Meetings, Executive Committee meetings and other RCRC-related travel expenses.

** = Schedule D (Gifts):

This amount includes payments made upon your behalf that are reportable as a Gift to the FPPC.