

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Initial Filing
RECEIVED
Clerk of the Board
Official Use Only
MAR 20 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Walsh Hubert "Hub" Jr.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Merced County

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Supervisor, District Two

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

Agency: See Attached

Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR 23 PM 3:30

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Merced
- 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 _____
- 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.
- 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 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. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of

Date Signed March 20 2015
(month, day, year)



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

- 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)
 Regional Council of Rural Counties

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

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 01/22/14 - 12/10/14 AMT: \$ 87.58
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel and meal expenses related to volunteer services on the RCRC Board of Directors

▶ 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 _____

Filer's Verification

Print Name Hubert "Hub" Walsh Jr.

Office, Agency or Court Merced County Board of Supervisors

Statement Type 2014/2015 Annual Assuming Leaving
 ____ (yr) Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 20 2015

Filer's Signature

Comments: _____

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Initial Filing
RECEIVED
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MAR 11 2015

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NAME OF FILER (LAST) Walsh (FIRST) Hubert "Hub" Jr. (MIDDLE) 2015 MAR 16 PM 3:25

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Merced County

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Supervisor, District Two

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

Agency: See Attached

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Merced

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: 5

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]

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3/11/15
(month, day, year)

**Hubert "Hub" Walsh, Jr., District Two
Merced County Board of Supervisors**

Statement of Economic Interests – Form 700 (2014/2015)

EXPANDED STATEMENT

Agency – Merced County Association of Governments (MCAG)

Agency – Regional Council of Rural Counties (RCRC) (Alternate)

Agency – CSFA Golden State Finance Authority Board of Directors (Alternate)

Agency – California Supervisors Association of Counties (CSAC) (Primary)

Agency – National Association of Counties (NACo) (Primary)

**Agency – Commerce, Aviation and Economic Development Revolving Loan
Fund Board (Alternate)**

Agency – Workforce Investment Board

Agency – San Joaquin Valley Unified Air Pollution Control Board (Primary)

Agency – Redevelopment Oversight Board – Merced

Agency – Other Post Employment Benefit Retirement Investment Trust Board

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Hubert "Hub" Walsh Jr.

▶ NAME OF BUSINESS ENTITY
Pacific Gas & Electric (PG&E)
GENERAL DESCRIPTION OF THIS BUSINESS
Public Utility
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
Invesco Investment
GENERAL DESCRIPTION OF THIS BUSINESS
Mutual Fund
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 Mutual Fund (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
USB Financial Services (IRA)
GENERAL DESCRIPTION OF THIS BUSINESS
Money Market/Mutual Funds IRA
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 Money Market/Mutual Funds (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
New World Farmer's Insurance
GENERAL DESCRIPTION OF THIS BUSINESS
Life Insurance/Money Market 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 Life Insurance (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
Merced Co. PEBSCO Deferred Comp. Act
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Comp/Mutual Fund (Nationwide)
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 Mutual Fund (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
Aberdeen Fund FTJ Fund Choice LLC
GENERAL DESCRIPTION OF THIS BUSINESS
Tax Shelter Annuity
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 TSA (Spouse) (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

Comments: _____

**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>Hubert "Hub" Walsh Jr.</u></p>

▶ NAME OF BUSINESS ENTITY
American Funds

GENERAL DESCRIPTION OF THIS BUSINESS
Tax Shelter Annuity

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 TSA (Spouse)
(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
 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
 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
 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
 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
 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

Comments: _____

SCHEDULE D
Income – Gifts

Name
Hubert "Hub" Walsh Jr.

▶ NAME OF SOURCE (Not an Acronym)
Calif. Supervisors Assoc. of Counties CSAC

ADDRESS (Business Address Acceptable)
1100 K Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Government Advocacy Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 14	\$ 125.00	Hosted Dinner for
___ / ___ / ___	\$ _____	CSAC Board Annual
___ / ___ / ___	\$ _____	Conference

▶ NAME OF SOURCE (Not an Acronym)
Gallo Farms

ADDRESS (Business Address Acceptable)
18000 W. Roner Road, Livingston, CA 95334

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farming Operations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 14	\$ 35.00	Assorted Cheese Box
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
Calif. Supervisors Assoc. of Counties CSAC

ADDRESS (Business Address Acceptable)
1100 K Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Government Advocacy Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 14	\$ 120.00	Reception @ NACO
03 / 03 / 14	\$ 100.00	Reception @ NACO
___ / ___ / ___	\$ _____	Annual/Leg. Confer.

▶ NAME OF SOURCE (Not an Acronym)
Merced California Women for Agriculture

ADDRESS (Business Address Acceptable)
6049 S. Lone Tree Road, Merced, CA 95340

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ag. Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	\$ 70.00	Lunch & donated Farm
___ / ___ / ___	\$ _____	Products Ag. Related
___ / ___ / ___	\$ _____	items.

▶ NAME OF SOURCE (Not an Acronym)
Opterra Energy

ADDRESS (Business Address Acceptable)
23 Nevada St

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Irvine, CA 92606

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 14	\$ 63.90	Dinner & Beverages
___ / ___ / ___	\$ _____	CSAC Annual
___ / ___ / ___	\$ _____	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)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____