

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

60C
Date Initial Filing Received
Official Use Only

MAR 18 2015

Please type or print in ink.

CO. CLERK ADMINISTRATION

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Weygandt Robert M

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 2

Board of Supervisor County Supervisor Dist

► 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
Multi-County See Attached List
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of Placer
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2014, 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
None - No reportable interests on any schedule

5. I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed 3/12/15 (month, day, year)

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



**2014 LIST OF BOARDS AND COMMISSIONS FOR FORM 700
Supervisor Robert M. Weygandt District Two**



Air Pollution Control Dist. - Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
American River Authority (ARA) – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
City-County Committee for Regional Development Issues – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Economic Development Board – Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Formerly CRHMFA First Time Homebuyer Mortgage Revenue Bond Program JPA- (RCRC) Renamed to Golden State Finance Authority (GSFA) -Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Flood Control & Water Conservation District Board Directors - Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Hwy 65 Joint Powers Authority – Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Local Agency Formation Commission (LAFCO) – Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Middle Fork Project Finance Authority - Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Mountain Counties Air Basin (MCAB) – Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Oversight Board of the Successor Agency of the former Redevelopment Agency of the City of Lincoln - Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Placer County Indian Gaming Local Community Benefit Committee–Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Placer County Transportation Planning Agency (PCTPA) Countywide Steering Committee - Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Placer Nevada Wastewater Authority – Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Sacramento Valley Air Pollution Control Council - Alternate	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving
Sierra Nevada Conservancy Governing Board – Alternate	<input type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input checked="" type="checkbox"/> Leaving 12/31/14
South Placer Regional Wastewater Authority JPA – Member	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Assuming	<input type="checkbox"/> Leaving

- Treasurer's Review Panel - Member** **Annual** **Assuming** **Leaving**
- Tribal County Advisory Committee - Member** **Annual** **Assuming** **Leaving**
- Veterans Memorial Hall Board
(Lincoln) – Member** **Annual** **Assuming** **Leaving**
- Water Resources & Energy Committee –
Member** **Annual** **Assuming** **Leaving**
- Western Placer Waste Management
Authority – Member** **Annual** **Assuming** **Leaving**

Please Note: Some committees listed above may include multi-jurisdictional participation.

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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; border-top: 1px solid black; padding-top: 2px;">Robert Weygandt</div>

▶ NAME OF BUSINESS ENTITY
Freedom Aviation

GENERAL DESCRIPTION OF THIS BUSINESS
Aircraft Parts Repair

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

▶ 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 B
Interests in Real Property
(Including Rental Income)

Name
Robert Weygandt

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1020 Airport Rd & 1501 Aviation Blvd

CITY
Lincoln, CA 95648

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 14 DISPOSED / / 14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
General Dynamics Co.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 14 DISPOSED / / 14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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*
Community 1st Bank

ADDRESS (Business Address Acceptable)
2250 Douglas Blvd #190, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
5 % None 25 year

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Robert Weygandt

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sierra Business Council

ADDRESS (Business Address Acceptable)
POB 2428, 10280 Donner Pass Rd, Truckee, CA 96160

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Organization

YOUR BUSINESS POSITION
Financial Consultant

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 Consultant Fees
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
William Weygandt

ADDRESS (Business Address Acceptable)
1501 Aviation Blvd Suite 100, Lincoln, CA 95648

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Note from sale of stock

YOUR BUSINESS POSITION
Lender

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 Zero payments received in 2014
 (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*
William Weygandt

ADDRESS (Business Address Acceptable)
1501 Aviation Blvd Suite 100

BUSINESS ACTIVITY, IF ANY, OF LENDER
Lincoln, CA 95648

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
9 % None 15 year

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address

 City
 Guarantor _____
 Other _____
 (Describe)

Comments: Section 1 Gross Income Rec'd -- Zero payments received in 2014

SCHEDULE D
Income – Gifts

Name
Robert Weygandt

▶ NAME OF SOURCE *(Not an Acronym)*
Holland & Knight
 ADDRESS *(Business Address Acceptable)*
800 17th St NW, Suite 1100, Washington DC 20006
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law-Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 30 / 14</u>	<u>\$ 206.79</u>	<u>Dinner</u>
<u>10 / 01 / 14</u>	<u>\$ 39.12</u>	<u>Lunch</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)*
Westpark Communities
 ADDRESS *(Business Address Acceptable)*
1420 Rocky Ridge Dr #265, Roseville CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Land Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 14</u>	<u>\$ 80.00</u>	<u>Wine/Food Basket</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)*
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 / 04 / 14</u>	<u>\$ 68.20</u>	<u>Breakfast</u>
<u>10 / 06 / 14</u>	<u>\$ 81.22</u>	<u>Lunch</u>
<u>10 / 09 / 14</u>	<u>\$ 56.42</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>

Comments: _____