

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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JAN 27 2015
 REGISTRAR OF VOTERS
 SUTTER COUNTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 WHITEAKER JIM D.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SUTTER COUNTY

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

DISTRICT 4

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

Agency: SEE ATTACHED LIST

Position: SEE ATTACHED LIST

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County SUTTER, NEVADA, BUTTE, YUBA

County of SUTTER

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: 3

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

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

1/23/15

(month, day, year)

FORM 700 – ANNUAL STATEMENT
January 1, 2014 – December 31, 2014



JIM WHITEAKER

Committee/Board Member

Children & Families Commission
Community Corrections Partnership
Feather River Air Quality Management District
Gilsizer Drainage District
Regional Waste Management Authority
Sutter-Butte Flood Control Agency
Yuba-Sutter Transit Authority

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

Name
JIM WHITEAKER

- 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, STE. 1650

CITY AND STATE
SACRAMENTO, CA 95814

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

DATE(S): 01 / 22 / 14 - ____ / ____ / ____ AMT: \$ 58.16
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
ANNUAL INSTALLATION/RECEPTION - MEAL

▶ NAME OF SOURCE (Not an Acronym)
CHEVRON ENERGY SOLUTIONS

ADDRESS (Business Address Acceptable)
MORTAN'S STEAKHOUSE, 189 S. HARBOR BLVD.

CITY AND STATE
ANAHEIM, CA

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

DATE(S): 11 / 18 / 14 - ____ / ____ / ____ AMT: \$ 148.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
HOSTED DINNER WHILE AT CSAC CONFERENCE

▶ 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: _____