

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON George ALEXANDER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rocklin

Division, Board, Department, District, if applicable

City Council

Your Position

Council member

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

Rocklin Public Finance Agency - Director - Board member

Agency: Successor Agency to the Rocklin Redevelopment Agency Position: Director - Board member

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____, through December 31, 2015.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

Total number of pages including this cover page: 4

Schedules attached

- 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. Verification



Date Signed 2/25/2016
(month, day, year)

Signature

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSDN George Alexander

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Western Placer Waste Management Authority (JPA)

Division, Board, Department, District, if applicable

Your Position

BOARD OF Directors BOARD Member

► 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 _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of PLACER (JPA)
- Other _____

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____ through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
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 - or-
The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

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- 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

(d)(5)

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

Date Signed 2/25/2016
(month, day, year)

Signature

(d)(5)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON George ALEXANDER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

STATE OF CALIFORNIA
Division, Board, Department, District, if applicable: Department of Housing and Community Development - Housing Rep II
Your Position: _____

▶ 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 _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

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- or-
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- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

(d)(5)

(d)(5)

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 2/25/16
(month, day, year)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
George Alexander Magnusson

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5420 Whitney Blvd
 CITY
Rocklin, CA 95677

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 15 / 15 DISPOSED 15 / 15

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED 15 / 15 DISPOSED 15 / 15

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*

 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

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: 2/25/16

(d)(5)