CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A Public Document

FAIR POLITICAL PRACTICES COMMISSION
10 APR -6 PM 4 00

FILED
Date Received
Official Use Only
MAR 30 2010
[redacted] CO. CLERK
[redacted] DEPUTY

Please type or print in ink.

CG

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
YAMAGUCHI	KIM	K	[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]	[redacted]	[redacted]		[redacted]

1. Office, Agency, or Court

Name of Office, Agency, or Court:
County Board of Supervisors

Division, Board, District, if applicable:
Butte County

Your Position:
County Supervisor, District 5

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached list

Position: _____

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

☐ State
☒ County of Butte
☐ City of _____
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▶ **Total number of pages including this cover page:** 6

▶ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 30, 2010

Signature [redacted]
(File the originally signed statement with your filing official.)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A Public Document

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 10 APR -6 PM 1:06

FILED
Date Received
Official Use Only
MAR 25 2010
CANDACE J. GRUBBS, BUTTE CO. CLERK
DEPUTY

CG

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Yamaguchi	Kim	K.	[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]			[redacted]	[redacted]

1. Office, Agency, or Court

Name of Office, Agency, or Court: Board of Supervisors

Division, Board, District, if applicable: District 5

Your Position: Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attached Cover Pages

Position: List of Agencies

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

☐ State
☒ County of Butte
☐ City of
☐ Multi-County
☐ Other

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

☒ Leaving Office Date Left: 12/31/09
(Check one)

☒ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► **Total number of pages including this cover page:** 6

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 18, 2010
(month, day, year)

Signature [redacted]
(File the originally signed statement with your filing official.)

Kim K. Yamaguchi,
5th District Supervisor
County of Butte

March 18, 2010

Type of Statement:
Annual: The period covered is January 1, 2009, through December 31, 2009.

Form 700 Attachment
List of Additional Agencies:

Butte County District 5, Supervisor
Butte County Association of Governments (BCAG)
Butte County Air Quality Management District (BCAQMD)
Local Agency Formation Commission (LAFCo) —Alternate Representative

Regional Council of Rural Counties (RCRC)
California Rural Home Mortgage Finance Authority (CRHMF) (CHF)
Environmental Services Joint Powers Authority

Butte Regional Waste Management Authority
California Integrated Waste Management, Local Task Force Board
Sierra Nevada Conservancy (SNC) (Leaving Office)

(Nor-Cal EMS) Northern California Emergency Medical Services (Leaving Office)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Kim K. Yamaguchi

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
814 Natures Way
CITY
Paradise, CA 95969

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED
___/___/09 DISPOSED

NATURE OF INTEREST
- [ ] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold ____ Yrs. remaining
- [x] Rental — Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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.

► STREET ADDRESS OR PRECISE LOCATION
7304 Hwy 147
CITY
Lake ALmanor, CA, Plumas Co.

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED
___/___/09 DISPOSED

NATURE OF INTEREST
- [x] 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.

* 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 ____% [ ] None

TERM (Months/Years)

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 ____% [ ] None

TERM (Months/Years)

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

[ ] Guarantor, if applicable

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Kim K. Yamaguchi

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
6874 ALmanor Lake Estate Drive

CITY
Lake ALmanor, CA, Plumas Co.

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

IF APPLICABLE, LIST DATE:
08/26/09 ACQUIRED — __/__/09 DISPOSED

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.**

► STREET ADDRESS OR PRECISE LOCATION

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:
__/__/09 ACQUIRED — __/__/09 DISPOSED

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.**

* 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 ____% ☐ None

TERM (Months/Years)

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 ____% ☐ None

TERM (Months/Years)

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: Kim K. Yamaguchi

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Butte College

ADDRESS (Business Address Acceptable): 3536 Butte Campus Dr, Oroville

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Education

YOUR BUSINESS POSITION: Admission & Records

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
- ☐ Loan repayment
- ☐ Sale of _____ (Property, car, boat, etc.)
- ☐ Commission or ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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
- ☐ Loan repayment
- ☐ Sale of _____ (Property, car, boat, etc.)
- ☐ Commission or ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE: _____% ☐ None

TERM (Months/Years): _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address
- _____ City
- ☐ Guerantor _____
- ☐ Other _____ (Describe)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kim K. Yamaguchi

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

▶ NAME OF SOURCE: Regional Council of Rural Counties
ADDRESS (Business Address Acceptable): 1215 K St. Suite 1650, Sacramento
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Advocacy of Rural Counties
DATE(S): 1/1/09-12/31/09 (If applicable) AMT: $ 454.51
TYPE OF PAYMENT: (must check one) [X] Gift [ ] Income
DESCRIPTION: Meals and Lodging Expences Related to Volunteer Service on RCRC Board of Directors.

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) [ ] Gift [ ] Income
DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) [ ] Gift [ ] Income
DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) [ ] Gift [ ] Income
DESCRIPTION:

Comments: