CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A Public Document

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 11 OCT 24 AM 11:36

Date Received
FILED
OCT 20 2011
JULIE L. RODEWALD COUNTY CLERK
(d)(5)

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
HILL	ADAM	C

1. Office, Agency, or Court

Agency Name
County of San Luis Obispo, Supervisor

Division, Board, Department, District, if applicable — Your Position
Board of Supervisors

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of San Luis Obispo
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is 01/01/10, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

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

- ○ The period covered is January 1, 2010, through the date of leaving office.
- ○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

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

- ☐ **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

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
(d)(5)			

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that th (d)(5)

Date Signed October 20, 2011 *(month, day, year)*

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 11 MAR 30 AM 11:49

FILED
MAR 24 2011
JULIE RODEWALD COUNTY CLERK
(d)(5)
DEPUTY CLERK

Date Received (Official Use Only)

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
HILL	ADAM	C

1. Office, Agency, or Court

Agency Name: COUNTY OF SAN LUIS OBISPO, Supervisor

Division, Board, Department, District, if applicable: Board of Supervisors

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of San Luis Obispo
- ☐ Other _____

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

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-or-

The period covered is 01/01/11, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

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

○ The period covered is January 1, 2010, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

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

- ☐ **Schedule A-1** - *Investments* – schedule attached
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) | STREET | CITY | STATE | ZIP CODE

(d)(5)

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 acknowledge this is a public document.

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

(d)(5)

Date Signed March 22, 2011 *(month, day, year)* **Signature** _____ *(If no signature signed statement with your filing official.)*

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: ADAM HILL

► NAME OF BUSINESS ENTITY: Morgan Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Mutual Fund – Focus Growth

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

NATURE OF INVESTMENT
- [ ] Stock
- [X] Other: Managed Mutual Fund (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Morgan Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Mutual Fund (Prime Income Trust)

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

NATURE OF INVESTMENT
- [ ] Stock
- [X] Other: Managed Mutual Fund (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY: Morgan Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Mutual Fund (Strategist)

FAIR MARKET VALUE
- [X] $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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

► NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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:

___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ADAM HILL

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
135 Sharon Lane

CITY
Grover Beach, CA

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

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 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:
___/___/10 ACQUIRED ___/___/10 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: ADAM HILL

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: County of San Luis Obispo

ADDRESS (Business Address Acceptable): 1055 Monterey, RM D430

BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Luis Obispo, CA 93408

YOUR BUSINESS POSITION: County Supervisor

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] 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: PERS

ADDRESS (Business Address Acceptable): PO Box 94216, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: SPOUSE

YOUR BUSINESS POSITION: Recipient of Late Husbands Pension

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] 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
- [ ] Guarantor
- [ ] Other _____ (Describe)

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: ADAM HILL

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: SEAFARE 2010
ADDRESS (Business Address Acceptable): PO Box 460 Avila Beach, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: 501(c)(3) Avila Beach Marine Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/22/10	$ 150.00	2 tickets to Fundraiser
/ /	$	
/ /	$	

► NAME OF SOURCE: Sunset-Savor Central Coast
ADDRESS (Business Address Acceptable): c/o Visitor & Conf. Bureau
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sunset Magazine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/2/10	$ 75.00	Ticket to Ranch event-
/ /	$	
/ /	$	

► NAME OF SOURCE: Family Care Network, Inc
ADDRESS (Business Address Acceptable): 3765 S. Higuera, Suite 100 San Luis Obispo
BUSINESS ACTIVITY, IF ANY, OF SOURCE: TASTE OF Central Coast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/19/10	$ 150.00	2 tickets to Fundraiser
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE: San Luis Obispo Chamber Comm.
ADDRESS (Business Address Acceptable): Chorro St., San Luis Obispo
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Annual Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/23/10	$ 115.00	annual dinner
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: