CALIFORNIA FORM 700

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FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

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Please type or print in in	ık.				
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Gorden Long	Gord	lon		Douglas	
1. Office, Agency, o	or Court				
Agency Name (Do not	t use acronyms)				
Calaveras Count	y Resource Conservation Di	istrict			
Division, Board, Depart	tment, District, if applicable		Your Position		
			Executive Directo	r	
► If filing for multiple	positions, list below or on an attachn	nent. (Do not use acro	nyms)		
Agency:			Position:		
2. Jurisdiction of (Office (Check at least one box)				
State		1	" huden Dational tester	De Territoria	
Otale		t	Judge, Retired Judge, (Statewide Jurisdiction)	Pro lem Judge, or	Court Commissioner
Multi-County			County of		
City of		1990	Other		
	ent (Check at least one box)				
• •	od covered is January 1, 2021, throu	ugh ·	Leaving Office: Date	e Left/	1
	er 31, 2021.		-	(Check one circle.)	
The peri	od covered is///////	, through	The period covere leaving office.	ed is January 1, 202	I, through the date of
Assuming Office:	: Date assumed//		-or- The period covere the date of leaving		, through
Candidate: Date	of Election a	and office sought, if diffe	erent than Part 1:		
4. Schedule Summ	nary (must complete) 🕨	Total number of n	ages including this	cover nade.	ANNE ANNE ESTEMBEN STREET AND AN
Schedules atta			igee menualing and		
Cabadula A 4	 Investments – schedule attached 	VEAN	adule C - Income, Loans,	& Rusiness Desition	e - echodula attachad
	 Investments – schedule attached Investments – schedule attached 		edule D - Income – Gifts		
	Real Property – schedule attached		edule E - Income - Gifts		
-or- None - No	reportable interests on any s	chedule			
5. Verification					
MAILING ADDRESS (Business or Agency Address	STREET s Recommended - Public Document)	CITY	Ę	STATE	ZIP CODE
(Business of Figures Figures	r roomining a r rubio booming	Mokelumne	Hill C	A	95245
DAYTIME TELEPHONE NUM	/BER		ADDRESS		
			ng@calaverasrcd.or	-	
	able diligence in preparing this statem ched schedules is true and complete.			est of my knowledge	the information contained
I certify under penalty	y of perjury under the laws of the	State of California that	t the foregoing is true a	and correct.	
Date Signed	3/31/22	Signatu	NAL		
Date Signed	(month, day, year)	Signatu		signed paper statement with y	our filing official.}
			V.	FPPC For	n 700 - Cover Page (2021/202
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SCHEDU Income, Loans, Positic (Other than Gifts and	& Business FAIR POLITICAL PRACTICES COMMISSION Name
► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Calaveras County RCD	Amador County RCD
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 1041, San Andreas, CA 95249,	1022-B Airport Road, Jackson, CA 95642
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Resource Conservation	Resource Conservation
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Executive Director	Resource Specialist II
GROSS INCOME RECEIVED No Income - Business Position Only \$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	GROSS INCOME RECEIVED No Income - Business Position Only \$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 Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Doscribo)	(Describe)

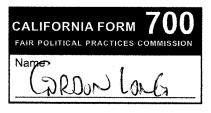
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% Sone	······
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Perso	onal residence
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD		Street address
\$500 - \$1,000		City
\$1,001 - \$10,000		U.Y
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	
	نينية السية المسترينية المسترينية المسترينية المسترينية المسترينية المسترينية المسترينية المسترينية المسترينية	(Describe)
Comments:		

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



- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym) N/A	► NAME OF SOURCE (Not an Acronym) N/A
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S):/
► MUST CHECK ONE: Gift -or- Income	MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):// AMT: \$
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

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	ULE A-1 CALIFORNIA FORM 700
Stocks, Bonds, a (Ownership Interes	And Other Interests Name
Investments m	nust be itemized. DRAN LONG
	e or financial statements.
PACIFU PLEMENT TOWST	► NAME OF BUSINESS ENTITY VIMA FINAMAL
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000
NATURE OF INVESTMENT SHEPPLETED IRA	NATURE OF INVESTMENT
Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//21//21 ACQUIRED DISPOSED	//21/_/21 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$10,001 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//21//21 ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//21//21 ACQUIRED DISPOSED	//21/_/21 ACQUIREDDISPOSED
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Comments: _

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SCHEDULE A-2 Investments, Income, and Assets Of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA F	
Name	barba

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
N/A	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 ///21 \$2,000 - \$10,000 //21 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //21 \$2,000 - \$10,000 //21 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$500 - \$1,000 \$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	 ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
▲ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	▲ INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 _/_/21 \$10,001 - \$100,000 _/_/21 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 ///21 \$10,001 - \$100,000 ///21 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 ACQUIRED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
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Comments: _

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