EF-121-R02-0110-20000337-1 BOE-121 REV. 02 (01-10)

## STATEMENT OF FINANCIAL INTEREST 20 \_

## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

| PPRAISER'S NAME  |   |                                     | EMPLOYED BY                       |                                    |                                |                               |
|--|---|-------------------------------------|-----------------------------------|------------------------------------|--------------------------------|-------------------------------|
| INSTRUCTIONS   |   |                                     |                                   |                                    |                                |                               |
| You must complete this form or FPP meet the certification requirement for your employer. | C Form 700 at th<br>the following yea         | ne time of temp<br>r. This form, or | orary certificat<br>FPPC Form 700 | ion and each y<br>), should be ret | ear thereafte<br>urned to, and | r in order to<br>retained by, |
| • Corporation: Enter the corporation n If you have no interest, write "none."            | ame in which you                              | have an interes                     | st and its addres                 | ss if its stock is                 | not listed on a                | an exchange.                  |
| • Nature of Interest: Check the type of  | interest you have (                           | for example, co                     | mmon stock, pre                   | ferred stock, or b                 | onds or deber                  | ntures).                      |
| • Quantity: Enter the number of certification  | ates, shares, etc., y                         | you have.                           |                                   |                                    |                                |                               |
| Ownership: Check whether held in joi   | nt or single owners                           | ship.                               |                                   |                                    |                                |                               |
| According to section 672 of Article 8 of 6 financial interest in any corporation or co.  | Chapter 3 of Part 2 rporations is as follows: | 2 of Division 1 o<br>lows:          | f the Revenue a                   | nd Taxation Cod                    | le, I hereby de                | eclare that my                |
| CORPORATION  | N   | NATURE OF INTEREST                  |                                   |                                    | OWNERSHIP                      |                               |
|  | COMMON<br>STOCK                               | PREFERRED<br>STOCK                  | BONDS OR<br>DEBENTURES            | QUANTITY                           | JOINT                          | SINGLE                        |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  | I   |                                     |                                   |                                    |                                | _                             |
| Remarks:   |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |
| SIGNED   |   |                                     |                                   | DATE                               |                                |                               |
|  |   |                                     |                                   |                                    |                                |                               |