EF-121-R02-0110-55000378-1 BOE-121 REV. 02 (01-10)

-121 REV. 02 (01-10) 20 ____ STATEMENT OF FINANCIAL INTEREST

Kaenan Whitman Tuolumne County Assessor-Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

| 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 the following yea | ne time of temp r. This form, or | orary certificat FPPC Form 700 | ion and each y), should be ret | ear thereafte urned to, and | r in order to 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 lows: | f the Revenue a | nd Taxation Cod | le, I hereby de | eclare that my |
| CORPORATION | N | NATURE OF INTEREST | | | OWNERSHIP | |
| | COMMON STOCK | PREFERRED STOCK | BONDS OR DEBENTURES | QUANTITY | JOINT | SINGLE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | I | | | | | _ |
| Remarks: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SIGNED | | | | DATE | | |
| | | | | | | |