

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
*Optional Use Only*

**COVER PAGE**

APR - 2 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Samuelson Joan F

**1. Office, Agency, or Court**

Agency Name: CRM  
 Division, Board, Department, District, if applicable: KOC  
 Your Position: KOC member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.  
 -or-  
 The period covered is \_\_\_\_\_ through December 31, 2012.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

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  
330 Plaza Street Hearlsburg CA 95448  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
(707) 431-2886 jsamuelson@stcglobal.net

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 the foregoing is true and correct.

Date Signed: April 2, 2013 (month, day, year)  
 Signature: [Signature]  
 (File the originally signed statement with your filing official.)

FPPC Form 700 (2012/2013)  
 FPPC Advice Email: advice@fppc.ca.gov  
 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

