

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON, George Alexander

1. Office, Agency, or Court

Agency Name
City of Rocklin

Division, Board, Department, District, if applicable
Rocklin City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.
 Agency: Rocklin Redevelopment Agency Position: Director/Board Member
Rocklin Finance Authority Position: Director/Board Member

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

- State
- Multi-County _____
- City of Rocklin
- Judge (Statewide Jurisdiction)
- County of _____
- 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 _____, 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."

- 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
 - None - No reportable interests on any schedule
- or- *Forgot to File Schedule "D" on original Report*

► Total number of pages including this cover page: 6

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
3970 Rocklin Road, Rocklin CA 95677

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 [REDACTED]

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 3/30/11 Signature George Magnuson
 (month, day, year) (File the originally signed statement with your filing official.)

3/30/11

George Magnuson

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON, GEORGE ALEXANDER

1. Office, Agency, or Court

Agency Name: Western Placer Waste Management Authority
Division, Board, Department, District, if applicable: JPA
Your Position: BOARD member/Director

► 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 _____
- Other JPA

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

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- Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
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► Total number of pages including this cover page: _____

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- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income - Gifts** – schedule attached
- Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-
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5. Verification

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(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MAGNUSON, George A.

1. Office, Agency, or Court

Agency Name

State of California

Division, Board, Department, District, if applicable

Dept of Housing & Community Development - Rep II

Your Position

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

Agency: _____ Position: _____

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

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-or-

None - No reportable interests on any schedule

5. Verification

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 (Business or Agency Address Recommended - Public Document)
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 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)

3/30/11

[Signature]

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Magnuson, George A.

▶ NAME OF BUSINESS ENTITY
Umpqua Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
General Banking

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 ____/____/10
 ACQUIRED 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 ____/____/10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Western Life Ins Co

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LIFE INSURANCE

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 ____/____/10
 ACQUIRED 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

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IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
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 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED 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 ____/____/10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
George A. Magnuson

Magnuson, George A.

▶ NAME OF SOURCE
Bronick Mackwitz Tilden & Glick
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney @ LAW

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>01, 30, 10</i>	<i>\$ 100⁰⁰</i>	<i>1 ticket to Kings game AND DINNER</i>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ 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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

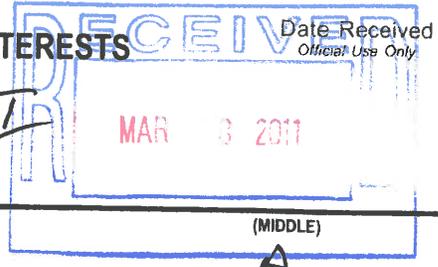
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE - I

Please type or print in ink.

NAME OF FILER (LAST) MAGNUSON (FIRST) GEORGE (MIDDLE) A.

1. Office, Agency, or Court

Agency Name City of Rocklin

Division, Board, Department, District, if applicable Rocklin City Council Your Position Council member

▶ If filing for multiple positions, list below or on an attachment.
 Agency: Rocklin Redevelopment Agency Position: Board member / a.
Rocklin Finance Authority BOARD MEMBER

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

- State
- Multi-County _____
- City of Rocklin
- Judge (Statewide Jurisdiction)
- County of _____
- Other _____

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

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- Assuming Office:** Date _____
- The period covered is _____ through the date of leaving office.
- Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary (2-Cover Pages)

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 4

- Schedule A-1 - Investments** - schedule attached
- Schedule A-2 - Investments** - schedule attached
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- None** - No reportable interests on any schedule

5. Verification

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DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/28/11
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)

2/28/11

[Signature]

STATEMENT OF ECONOMIC INTERESTS

Date Received
 Official Use Only

COVER PAGE - II

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 MAGNUSON George A

1. Office, Agency, or Court

Agency Name: Western Placer Waste Management Authority - Director
 Division, Board, Department, District, if applicable: J.P.A.
 Your Position: J.P.A.

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

Agency: State of California / Dept of Housing & Community Development
 Position: Rep II

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

- State
- Multi-County _____
- City of _____
- Judge (Statewide Jurisdiction)
- County of _____
- Other JPA.

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

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-or-

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 (Business or Agency Address Recommended - Public Document)
 3970 Rocklin Rd Rocklin CA 95677

PHONE TELEPHONE NUMBER
 [Redacted]

E-MAIL ADDRESS

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