

COVER PAGE Cover PAGE 1 OF 3

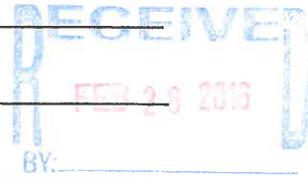
Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Rocklin
 Division, Board, Department, District, if applicable
City Council

Your Position
Council member



► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 Agency: Successor Agency to the Rocklin Redevelopment Agency Position: Director - Board member

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____, through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached

- 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 STREET CITY STATE ZIP CODE
3970 Rocklin Road Rocklin CA 95677
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[REDACTED] GEORGE.MAGNUSON@Rocklin.CA.US

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 2/25/2016 Signature [Signature]
(month, day, year) (File the originally signed statement with your filing official.)

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Western Placer Waste Management Authority (JPA)
Division, Board, Department, District, if applicable Your Position
Board of Directors Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of PLACER (JPA)
 City of _____ Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is _____ through December 31, 2015.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
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-or-
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Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

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

E-MAIL ADDRESS
George.Magnuson@Rocklin.CA.USA

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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 2/25/2016
(month, day, year)

Signature *George Magnuson*
(File the originally signed statement with your filing official.)

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) STATE OF CALIFORNIA

Division, Board, Department, District, if applicable DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT - HOUSING Rep II

Your Position HOUSING Rep II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

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

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

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- The period covered is January 1, 2015, through the date of leaving office.
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None - No reportable interests on any schedule

5. Verification

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3970 Rocklin Road, Rocklin, CA 95677

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[REDACTED] George.Magnuson@Rocklin.CA.USA

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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 2/25/16
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
George Alexander Magnusson

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[REDACTED]

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/15 DISPOSED: ___/___/15

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED: ___/___/15 DISPOSED: ___/___/15

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: *2/25/16* *George*