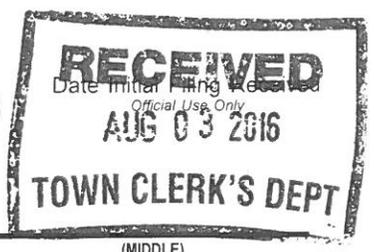


**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Bolin Gregory Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Town of Paradise
 Division, Board, Department, District, if applicable Your Position
 Town Council Town Council 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 _____
- City of _____ Other Town of Paradise

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 2016 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: 11

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
 (Business or Agency Address Recommended - Public Document)
 7066 Skyway Paradise CA 95969
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (530) 877-1180 gbolin@bolincompanies.com

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 07/26/2016 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)

Gregory L. Bolin
Form 700
Schedule One

Trilogy Construction, Inc.
Name of each reportable single source of income of \$10,000 or more:

Ponderosa Professional Center, LLC

Bolin Family Limited Partnership # 1 dba
Cobblestone Court

Dr. Deborah Mathews

Feather River Hospital

Mr. Ron Moras

Mr. Kyle Johnson

Mr & Mrs James Shorter

Ms. Valerie Carey

Mr & Ms Gary West

Ms Mary Irwin

Mr Robert Mangrum

Ms Annette Gale

Gregory L. Bolin
Form 700
Schedule Two

Ponderosa Professional Center, LLC
List of the Names of Each Reportable Single Source of Income Greater than \$10,000.

Note: Gregory L. Bolin owns 17% of Ponderosa Professional Center, LLC. While there are many tenants, no single source of income generates greater than \$10,000 considering Gregory's pro rata 17%.

Gregory L. Bolin
Form 700
Schedule Three

Bolin Family Limited Partnership # 1
Single Source of Income Greater Than \$10,000

<u>STE #</u>	<u>TENANT</u>
100	COBBLESTONE PHARMACY
120	Dr. Robert Victor
220	DR. LANCE NEUMAN
240	RIDGE PRIMARY CARE MEDICAL ASSOCIATES, INC.
300	DR. CRAIG BOYLE
320	Care Net Pregnancy Center
340	CHICO EYE CENTER
400	Feather River Hospital
420	DR. MICHAEL VIALE
440	Feather River Hospital

6569 Clark Rd. Building
Stifel Nicolaus & Co., Inc.

6573 Clark Rd. Building
A UNILAB CORP
dba QUEST DIAGNOSTICS

B Bartlett's Hearing
Aid Center, Inc.

Gregory L. Bolin
Form 700
Schedule Four

Gregory L. & Kathleen K. Bolin 1999 Trust
Interests in Real Property Held

XX Real Property XX \$0 – 499 Gross Income
5282 Mirada Lane
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired prior to 2007
XX Property Ownership/Deed of Trust

XX Real Property XX \$0 – 499 Gross Income
West Wagstaff Lane AP # 051-072-012
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired prior to 2007
XX Property Ownership/Deed of Trust

XX Real Property XX \$0 – 499 Gross Income
Calambar AP # 041-090-031
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired prior to 2007
XX Property Ownership/Deed of Trust

XX Real Property XX \$1,001 - \$10,000 Gross Income
½ Interest in Rental Residence at 463 Valley View Drive, AP # 053-170-201
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired 05/30/2008
XX Property Ownership/Deed of Trust

XX Real Property XX \$10,001 - \$100,000 Gross Income
Robin & Tracy Johnson are the single source of income
533 Roberts Road
Paradise, CA
Fair Market Value - \$100,001 - \$1,000,000
Acquired 11/7/14
XX Property Ownership/Deed of Trust

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

Name
 Gregory L. Bolin

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Cornerstone Development Group, LLC

ADDRESS (Business Address Acceptable)
 7066 Skyway, Paradise, CA 95969

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Land Development

YOUR BUSINESS POSITION
 Managing Member

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of real property
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more
 (Describe)

Other interest on loan funds loaned to entity
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Town of Paradise

ADDRESS (Business Address Acceptable)
 5555 Skyway Paradise, CA 95969

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Counsel Member

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more
 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

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

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____