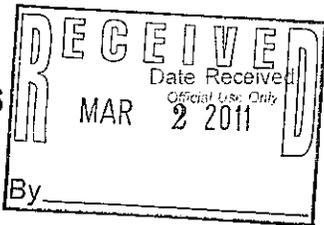


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



2011 MAR 18 PM 1:02

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cann Robert Kevin

1. Office, Agency, or Court

Agency Name
Mariposa County
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Supervisor District 4

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

Agency: (See Attached) Position: (See Attached)

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

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

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.
Assuming Office: Date
Candidate: Election Year Office sought, if different than Part 1:
Leaving Office: Date Left
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." Total number of pages including this cover page: 5
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
None - No-reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

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

Signature

Agency and Committee Assignments

Kevin Cann
2010

- | | | |
|-----|--|----------------|
| 1. | California State Association of Counties (CSAC) | Alternate |
| 2. | Local Agency Formation Commission (LAFCo) | Alternate |
| 3. | Mountain Counties Air Basin | Alternate |
| 4. | Mariposa County Water Agency, Board of Directors | Chair |
| 5. | National Association of Counties (NACO) | Representative |
| 6. | Regional Council of Rural Counties (RCRC) | Representative |
| 7. | RCRC – Environmental Services JPA's for Solid Waste | Representative |
| 8. | Sierra Nevada Conservancy | Alternate |
| 9. | Yosemite Area Regional Transportation System (YARTS) JFA | Alternate |
| 10. | Yosemite/Sequoia Resource Conservation & Development Council | Alternate |
| 11. | Mariposa County Public Financing Corporation | President |

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

Name
 Robert Kevin Cann

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Walter-Wilhelm Law Group	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 7110 N. Fresno Street, Fresno CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Business/Bankruptcy Law Firm	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Attorney	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$1,001 - \$10,000	_____	<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
 Yosemite Conservancy
 ADDRESS (Business Address Acceptable)
 P.O. Box 23, El Portal, CA 95318
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education & Preservation of Yosemite National Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 10	\$ 165.00	Bracebridge Dinner
/ /	\$	
/ /	\$	

▶ 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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Robert Kevin Cann
--

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)
1215 K Street, Ste 1650

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Promotes rural understanding

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 2,594.03
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel & meal expenses related to
volunteer services on the RCRC Board of
Directors

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____