

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE
CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

GP

NAME OF FILER (LAST)
Cann

2013 APR - 2 2:50 PM
FIRST MIDDLE
Robert

COURTNEY PROGNER

1. Office, Agency, or Court

Agency Name

Mariposa County Board of Supervisors

Division, Board, Department, District, if applicable

District 4

Your Position

Supervisor

► 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 or Court Commissioner (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, 2012, through December 31, 2012.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 7

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

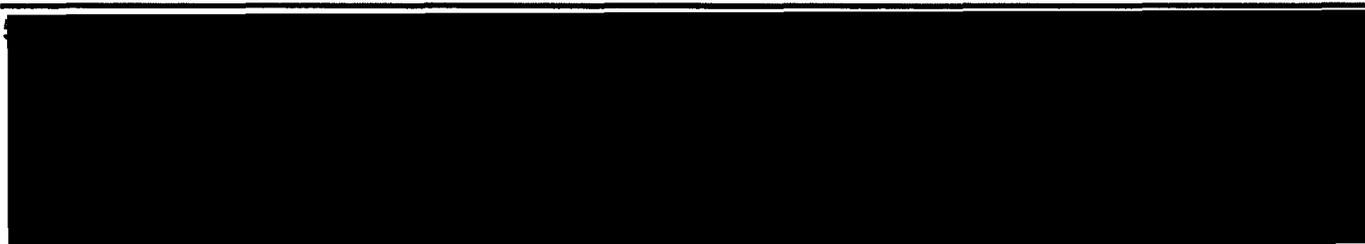
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 3/21/13
(month, day, year)

Agency and Committee Assignments

Kevin Cann
2012

- GP
1. California State Association of Counties (CSAC) Alternate
 2. Calaveras-Mariposa Community Action Agency Alternate
 3. Central Sierra Economic Development District (CSEDD) Representative
 4. Mountain Counties Air Basin Alternate
 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. Yosemite Area Regional Transportation System (YARTS) JPA 2nd Board Rep
 9. Yosemite/Sequoia Resource Conservation & Development Council Alternate
 10. Local Agency Formation Commission (LAFCo) Alternate
 11. Mariposa County Public Financing Corporation President
 12. Mariposa County Water Agency, Board of Directors Chair

FORM 700 Statement of Economic Interests for Calendar Year 2012

List of Agencies and Member Counties

MARIPOSA COUNTY

KEVIN CANN

Agency

Position

CRHMFA Homebuyers Fund	Delegate
Environmental Services Joint Powers Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County*
Calaveras County	Nevada County
Colusa County	Placer County*
Del Norte County	Plumas County
El Dorado County	San Benito County*
Glenn County	Shasta County*
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County*	Sutter County*
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County*	Yolo County*
	Yuba County*

*CRHMFA Homebuyers Fund Member Only

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Robert Kevin Cann
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▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Weiss Martin Salinas & Hearst</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>7108 North Fresno Street, Fresno, CA 93720</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>A Professional Law Corporation</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Attorney</u>	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>(Real 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>(Real 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 _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Guarantor _____	
HIGHEST BALANCE DURING REPORTING PERIOD <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	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

Comments: _____

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

Name
 Robert Kevin Cann

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Rural County Representatives of California

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

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 12,540.07
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel reimbursement for Board Meetings and to represent RCRC at national meetings.

▶ NAME OF SOURCE (Not an Acronym)
 Yosemite Conservancy

ADDRESS (Business Address Acceptable)
 101 Montgomery St., Ste 1700

CITY AND STATE
 San Francisco, CA 94104

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,008.19
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel reimbursement for trip to Washington, DC to testify in Congressional Hearing 06/28/12.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

2012 DELEGATE EXPENSE

County: **Mariposa**
 Delegate: **K. Cann**

<u>Meals provided at meetings:</u>	<u>Amount</u>
Prior year expenses pd in 2012	
RCRC Board Meeting: 1/18/12	27.34
RCRC Board Officer Meeting: 1/19/12	10.28
MOA Meeting: 2/24/12	6.48
Executive Committee Meeting: 2/22/12	27.93
RCRC Board Meeting: 3/14/12	
ESJPA Board Meeting: 3/15/12	
RCRC Board Meeting (Colusa): 4/19/12	27.45
Executive Committee Meeting: 5/23/12	24.50
RCRC Board Meeting: 6/13/12	
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	19.47
RCRC Board Meeting: 8/15/12	33.45
ESJPA Board Meeting: 8/16/12	
RCRC Board Meeting (Annual Conference): 9/21/12	40.56
Executive Committee Meeting: 10/17/12	
ESJPA Board Meeting: 10/18/12	
Executive Committee Meeting: 11/14/12	28.75
RCRC Board Meeting: 12/5/12	32.64
ESJPA Board Meeting: 12/6/12	
<u>Expense Reimbursements:</u>	
To Delegate:	9,568.82
To County for Delegate:	
<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
Meetings with Staff:	482.10
Officer Installation: 1/18/12	55.14
NACo Legislative Meeting: 3/3-7/12	465.00
CSAC Registration:	500.00
Colusa Dinner: 4/18/12	60.86
NACo WIR Registration: 5/16-18/12	420.00
NACo Meals with Staff: 5/16-18/12	
NACo Travel 7/13-17/12	
NACo Annual Meeting Meals with Staff: 7/13-17/12	244.30
NACo Annual Meeting	465.00
Total Expenses:	12,540.07



Print

My Trips

Flight: Washington DC Wed, Jun 27, 2012

Cost and billing summary

Flight
Airline Ticket(1)
(Adult: 1) \$1,008.19

Total due at booking \$1,008.19
Taxes and fees included

Price Assurance

Additional baggage fees may apply.

This reservation was made on Sat, Jun 23, 2012 1:05 PM CDT.

Billing information

Card holder's name:
Robert K Cann

Card type:
Visa

Card number:
*****8872

Billing Address:
3920 Pinecrest Dr
Mariposa, CA 95338
US

Traveler Information

Traveler names, loyalty programs and ticket type

Confirmation Numbers

Orbitz record locator: PBOB5606571904

Airline record locator: Not yet available. The flight reservation request has been sent to the airline(s).

Flight information

Terms and conditions | [Fare rules](#)

Show flight details

Leave Wed, Jun 27	12:05 PM Fresno <u>FAT</u>	9:59 PM Washington DC <u>DCA</u>	1 stop 6hr 54min		US Airways 2714 / 46
Return Fri, Jun 29	7:50 AM Washington DC <u>DCA</u>	11:59 AM Fresno <u>FAT</u>	1 stop 7hr 9min		Delta Air Lines 2359 / 4623

Close window