



STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

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Clerk of the Board

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2013 FEB -6 PM 1:41

Please type or print in ink.

NAME OF FILER (LAST) Davis (FIRST) Linn (MIDDLE) Edwin

1. Office, Agency, or Court

Agency Name  
County Supervisor  
Division, Board, Department, District, if applicable  
District Three  
Your Position  
County Supervisor

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

Agency: See Attached Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of Merced
- 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
- Multi-County
- City of
- Assuming Office: Date assumed
- 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: 3
- 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

5. Verification



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

Date Signed 02/04/2013 (month, day, year)

**Linn Davis, District Three  
Merced County Board of Supervisors**

**Statement of Economic Interests – Form 700 (2012/2013)**

**EXPANDED STATEMENT**

**Agency – Merced County Association of Governments (MCAG)**

**Agency – Redevelopment Agency**

**Agency – Successor Agency Oversight Board**

**Agency – Local Agency Formation Commission (LAFCO) (Alternate)**

**Agency – Commerce, Aviation and Economic Development Revolving Loan  
Fund Board (Primary)**

**Agency – National Association of Counties (NACo) (Alternate)**

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**CWA(California Women for Ag.) Merced Non-Profit**

ADDRESS (Business Address Acceptable)  
**6049 S. Lone Tree Rd. Merced, CA 95341**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Dedicated to the survival of Agriculture**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 12	\$ 45.00	Gift Basket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Joseph Gallo Farms**

ADDRESS (Business Address Acceptable)  
**10561 W. Highway 140, Atwater, CA 95301**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cheese Maker**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 12	\$ 28.00	12-8oz pks of Cheese
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_