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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED  
PRACTICES COMMISSION  
2013 MAR 27 AM 11:33

ELECTIONS OFFICIAL  
COUNTY OF DEL NORTE

Please type or print in ink.



NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Finigan David

1. Office, Agency, or Court

Agency Name  
Del Norte County  
Division, Board, Department, District, if applicable  
Board of Supervisors, DISTRICT 5  
Your Position  
County Supervisor

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

Agency: See Attached List Position: Delegate

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County See Attached List  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2012, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

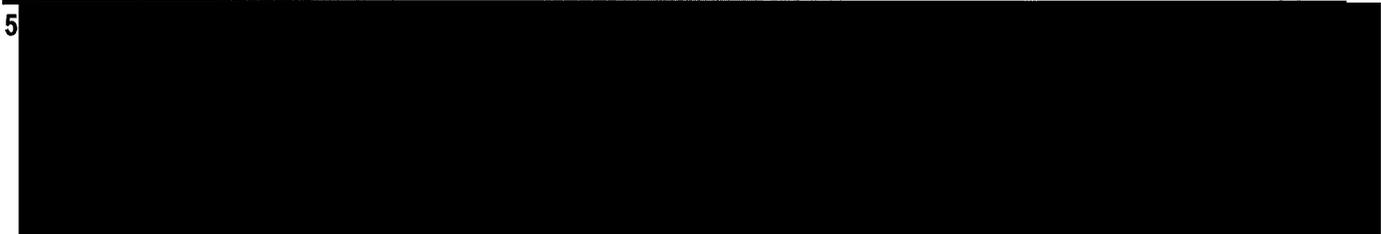
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 14

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



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 3-15-13  
(month, day, year)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
FINIGAN, DAVID

**1. BUSINESS ENTITY OR TRUST**

Name MITCHELL & FINIGAN INC  
Address (Business Address Acceptable) 1000 Northcrest, Crescent City CA

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Investment/Development

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999         /   /12         /   /12  
 \$2,000 - \$10,000      ACQUIRED      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     CORPORATION  
Other

YOUR BUSINESS POSITION DIRECTOR - SECRETARY

**1. BUSINESS ENTITY OR TRUST**

Name Del Norte Harborview LLC  
Address (Business Address Acceptable) 1000 Northcrest, Crescent City CA

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Development/Investment

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999         /   /12         /   /12  
 \$2,000 - \$10,000      ACQUIRED      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC  
Other

YOUR BUSINESS POSITION MEMBER

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO-RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO-RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None  
DAVID FINIGAN  
LYNDAI MITCHELL

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Mitchell & Finigan Inc  
Real Estate Investment/Development

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000         /   /12         /   /12  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
HARBORVIEW SUBDIVISION PHASE II & III  
CRESCENT CITY, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000         /   /12         /   /12  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other LLC

Check box if additional schedules reporting investments or real property are attached

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
FINIGAN, DAVID

**1. BUSINESS ENTITY OR TRUST**

D&L BUILDERS, INC  
Name

1000 Northcrest, Crescent City, CA  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Development/Construction

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999          /     / 12      7 / 1 / 12  
 \$2,000 - \$10,000      ACQUIRED      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     CORPORATION  
Other

YOUR BUSINESS POSITION MEMBER

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

D&L BUILDERS INC  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Real Estate Development/Construction  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000          /     / 12      7 / 1 / 12  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

DEL NORTE HARBORVIEW LLC  
Name

1000 Abetherey, Crescent City, CA  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Real Estate Development/Investment

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999          /     / 12          /     / 12  
 \$2,000 - \$10,000      ACQUIRED      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC  
Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499       \$10,001 - \$100,000  
 \$500 - \$1,000       OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None  
TERRY VANCE

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

LOT # 25 HARBORVIEW SUBDIVISION  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

CRESCENT CITY, CA  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000          /     / 12          /     / 12  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other LLC

Check box if additional schedules reporting investments or real property are attached

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



**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
FINIGAN, DAVID

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
HARBORVIEW SUBDIV lots # 26, 29+30

CITY  
CRESCENT CITY, CA

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     /    /12      DISPOSED     /    /12

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       LLC 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  
HARBORVIEW SUBDIV lot # 25

CITY  
CRESCENT CITY CA

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     /    /12      DISPOSED 8/7/12

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       LLC 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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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 \_\_\_\_\_ %       None      TERM (Months/Years) \_\_\_\_\_

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

Guarantor, if applicable

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

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
FINIGAN, DAVID

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
HARBORVIEW SUBDIV Phase III  
 CITY Lots # 36, 37, 38, 39, 40, 43, 45, 44, 46, 49  
CRESCENT CITY CA

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       LLC 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  
1573 21 MONTE  
 CITY CRESCENT CITY CA

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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\*  
RICHARD LOUGHEAD  
 ADDRESS (Business Address Acceptable)  
760 MATTIE SUITE RD A-3 PISMO BEACH CA  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
Developer - Seller

INTEREST RATE      TERM (Months/Years)  
9 1/2 %       None      3 YEARS

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: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
FINIGAN, DAVID

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>MING TRER REAL ESTATE - DAVID FINIGAN</u> ADDRESS (Business Address Acceptable) <u>1000 NORTHCROST, CRESCENT CITY CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>REAL ESTATE SALES</u> YOUR BUSINESS POSITION <u>Broker Associate</u>	NAME OF SOURCE OF INCOME <u>BRIGETTE NORRIS</u> ADDRESS (Business Address Acceptable) <u>1573 EL MONTE, CRESCENT CITY CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>RENTER</u> YOUR BUSINESS POSITION <u>OWNER</u>
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 checked="" 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 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 checked="" 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 checked="" 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* <u>RICHARD LOUGHREAD</u> ADDRESS (Business Address Acceptable) <u>700 MATHE SUITE RD A-3 PISMO BEACH CA</u> BUSINESS ACTIVITY, IF ANY, OF LENDER <u>Developer - seller</u>	INTEREST RATE <u>9 1/2 %</u> <input type="checkbox"/> None	TERM (Months/Years) <u>3 YEARS</u>
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 checked="" type="checkbox"/> OVER \$100,000	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input checked="" type="checkbox"/> Real Property <u>HARBOR VIEW SUBDIV PHASE III</u> <u>lots 36 to 40, 43 to 46 and 49</u> <small>Street address</small> <u>CRESCENT CITY, CA</u> <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	

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

CALIFORNIA FORM 700

ATTACHMENT TO SCHEDULE C:

INCOME OF \$10,000 OR MORE FROM A SINGLE SOURCE AS A RESULT OF  
COMMISSIONS:

MING TREE REAL ESTATE

JEFF AND DANIELLE DANIELS

GARY AND LYNDA HAYS

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
CALIFORNIA STATE ASSOCIATION OF COUNTIES  
 ADDRESS (Business Address Acceptable)  
1100 K Street, SACRAMENTO, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ADVOCACY FOR CALIFORNIA COUNTIES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/28/12</u>	<u>\$ 79.95</u>	<u>CLOCK</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
FINIGAN, DAVID

- 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)  
REGIONAL COUNCIL of RURAL COUNTIES  
 ADDRESS (Business Address Acceptable)  
1215 K St. Suite 1650  
 CITY AND STATE  
SACRAMENTO CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
ADVOCACY FOR RURAL COUNTIES  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
TRAVEL, LODGING + MEALS expenses Related  
TO VOLUNTEER SERVICES OF  
RCRC BOARD OF DIRECTORS

▶ NAME OF SOURCE (Not an Acronym)  
CALIFORNIA State Association of Counties  
 ADDRESS (Business Address Acceptable)  
1100 K Street Suite 101  
 CITY AND STATE  
SACRAMENTO CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
ADVOCACY FOR CALIFORNIA COUNTIES  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$11,464.<sup>91</sup>  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
TRAVEL, LODGING + meals expenses Related to  
VOLUNTEER SERVICES ON CSAC BOARD of DIRECTORS

▶ NAME OF SOURCE (Not an Acronym)  
CSAC FINANCE CORPORATION  
 ADDRESS (Business Address Acceptable)  
1100 K Street  
 CITY AND STATE  
SACRAMENTO CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
FINANCIAL ASSISTANCE CORP  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$119.48  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
TRAVEL + MEALS expenses Related to volunteer  
SERVICES ON CSAC BOARD of DIRECTORS

▶ 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: \_\_\_\_\_

January 29, 2013

Received

FEB 1 - 2013

Board of Supervisors  
County of Del Norte



David Finigan  
District 5 Supervisor  
Del Norte County  
981 H Street, Suite 200  
Crescent City, CA 95531

1100 K Street  
Suite 101  
Sacramento  
California  
95814

Telephone  
916.327.7500  
Facsimile  
916.441.5507

Dear David,

As discussed in previous years, a copy of an opinion given to the League of California Cities (League) by the Fair Political Practices Commission (FPPC) was forwarded to CSAC. The opinion concluded some reimbursements provided to city officials in connection with their service on the League's board and committees were reportable as income on statements of economic interests.

CSAC staff consulted with its legal counsel on this matter who advised us that transportation and lodging, provided directly or reimbursed, and meals provided outside of our meetings were reportable and should be reported as income on statements of economic interests. They would not, however, be reportable for tax purposes.

With regard to gifts, CSAC has received an opinion letter from its counsel, which, in part, states "CSAC has on occasion paid for other costs for a board member's spouse who accompanies the official to a meeting. It is our opinion that all of those additional costs should be reported as gifts, because the spouse is not attending the CSAC meeting in an official way". This most commonly comes in the form of meals for spouses.

We have searched back through our Year 2012 records and have found the following business-related reimbursed expenditures, payments or/and gifts that were made by CSAC or the CSAC Finance Corporation in conjunction with your service at a CSAC business related meeting or function:

CSAC Income	\$11,464.91
CSAC Gift	\$79.95
CSAC Finance Corp Income	\$119.48

I urge you to consult your county counsel if you have questions regarding the applicability of this opinion to your reporting situation. You may also go to the FPPC website at <http://www.fppc.ca.gov/>. Please feel free to contact Kelli Oropeza, CSAC Director of Finance at 916-327-7500 ext.544, if you have any questions about the dollar amounts provided or this letter.

It continues to be our hope that FPPC will modify this particular section of its regulations, but so far that has not happened.

Sincerely,  
  
Kelli Oropeza  
Director of Finance

2012 DELEGATE EXPENSE

County: **Del Norte**  
 Delegate: **D. Finigan**

<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	
MOA Meeting: 2/24/12	6.48
Executive Committee Meeting: 2/22/12	27.93
RCRC Board Meeting: 3/14/12	25.86
ESJPA Board Meeting: 3/15/12	
RCRC Board Meeting (Colusa): 4/19/12	27.45
Executive Committee Meeting: 5/23/12	
RCRC Board Meeting: 6/13/12	31.97
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	33.45
RCRC Board Meeting: 8/15/12	
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	
RCRC Board Meeting: 12/5/12	32.64
ESJPA Board Meeting: 12/6/12	

<u>Expense Reimbursements:</u>	To Delegate:	
	To County for Delegate:	4,294.21

<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
Meetings with Staff:	24.19
Officer Installation: 1/18/12	55.14
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
RCRC Board Meeting (Colusa) Lodging: 4/18-19/12	
NACo Meeting April	
Colusa Tour: 4/18/12	
Colusa Dinner: 4/18/12	60.86
NACo WIR Registration: 5/16-18/12	
NACo Meals with Staff: 5/16-18/12	
NACo Travel 7/13-17/12	
NACo Annual Meeting Meals with Staff: 7/13-17/12	
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
<b>Total Expenses:</b>	<b>4,688.08</b>

**Please record on your  
 SCHEDULE - E**

**FORM 700 Statement of Economic Interests for Calendar Year 2012**

**List of Agencies and Member Counties**

**DEL NORTE**

**DAVID FINIGAN**

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

## **ATTACHMENTS FOR ITEM 1.**

Del Norte Local Transportation Commission

Regional Council of Rural Counties

California Rural Home Mortgage Finance Corp

CRHMFA Homebuyers Fund

Environmental Service Joint Powers Authority

First 5 Del Norte (Children and Families Commission)

California State Association of Counties

Del Norte Tri-Agency Economic Development Authority

Border Coast Airport Joint Powers Authority

Del Norte Solid Waste Joint Powers Authority