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Napa County Assessor-Recorder-County Clerk Election Division

Date Received Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) Dillon (FIRST) Diane By (MIDDLE) Louise Deputy Recorder-Clerk

1. Office, Agency, or Court

Agency Name: Napa County Board of Supervisors
Division, Board, Department, District, if applicable: District III
Your Position: County Supervisor

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

Agency: see attachment Position: see attachment

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

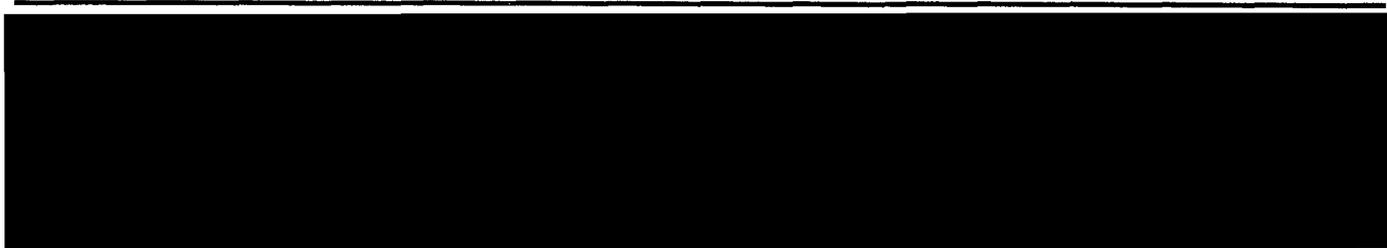
- State, Multi-County, City of, Judge or Court Commissioner, County of Napa, Other

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election year and office sought

4. Schedule Summary

- 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



herein and in any attached schedules is true and complete. I do I certify under penalty of perjury under the laws of the State

Date Signed 3.28.13 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS

1. Office, Agency or Court Expanded List:

<u>Agency</u>	<u>Position</u>
✓Napa County Board of Supervisors	Board Member
✓Napa County Board of Equalization	Board Member
✓Silverado Community Services District	Board Member
✓Lake Berryessa Resort Improvement District	Board Member
✓Napa-Berryessa Resort Improvement District	Board Member
✓Monticello Public Cemetery District	Board Member
✓Napa County Public Improvement Corporation	Board Member
Napa County Housing Authority	Board Member
✓Napa County Flood Control & Water Conservation District	Board Member
✓Napa County Flood Protection & Watershed Improvement Authority	Board Member
✓In-Home Supportive Services Public Authority of Napa County	Board Member
Upper Valley Waste Management Agency	Board Member
Regional Council of Rural Counties	Board Member
Napa County Transportation Planning Agency (NCTPA)	Alternate

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Dillon, Diane L.

- 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 (RCRC)

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

CITY AND STATE
 Sacramento CA 95814

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

DATE(S): 01/01/12 - 12/31/12 AMT: \$ 7,373.44
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
travel/meal/lodging expenses for volunteer services on
RCRC Board of Directors, Executive Cmte & as officer

▶ 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

▶ 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: _____