

GP

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

*Amended*  
RECEIVED  
STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
2013 APR 10 AM 11:00

**FILED**

Date Received **APR 08 2013**  
Use Only

KATHLEEN WILLIAMS,  
PLUMAS CO. CLERK-RECORDER  
BY *Marybeth Markel*  
DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY (MIDDLE) DEPUTY  
Kennedy Jon Paul

**1. Office, Agency, or Court**

Agency Name  
Plumas County  
Division, Board, Department, District, if applicable  
District 5  
Your Position  
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  
 Multi-County See attached  
 City of \_\_\_\_\_  
 Judge or Court Commissioner (Statewide Jurisdiction)  
 County 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: 6

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

5. 

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

Date Signed 02/28/2013  
(month, day, year)

(d)(5)



**Attached List for Form 700**

- Plumas County Transportation Commission
  - Local Agency Formation Commission (LAFCo)
  - Community Development Commission
  - California State Association of Counties (CSAC)
- REGIONAL COUNCIL OF RURAL COUNTIES



# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Enterprise Rent A Car

ADDRESS (Business Address Acceptable)  
199 N Sunrise Ave Roseville, Ca 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CSAC Conference

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 03 / 12    | \$ 429.00 | Mini iPad Drawing      |
|                 | \$        |                        |
|                 | \$        |                        |

▶ 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: The iPad was won at their booth by drawing a set of numbers to unlock the iPad screen.



Apple Store, Roseville  
 1151 Galleria Blvd  
 Roseville, CA 95678  
 roseville@apple.com  
 916-872-2506

[www.apple.com/retail/roseville/](http://www.apple.com/retail/roseville/)

November 20, 2012 01:50 PM

LISA M HOLMES  
 lisa.m.holmes@ehi.com

iPad mini Wi-Fi 32GB Black (\$ 429.00)  
 Part Number: MDS29LL/A  
 Serial Number: F4KJMHZMF194  
 Recycling Fee (\$ 6.00) N

APPLECARE+ FOR IPAD (\$ 99.00) N  
 Part Number: S4736LL/A  
 Agreement Number: 970000017171936  
 Serial Number: F4KJMHZMF194  
 This plan is registered automatically.  
 Verify your coverage at  
[apple.com/support/applecare/ww/](http://apple.com/support/applecare/ww/)

iPad mini Wi-Fi 32GB Black \$ 429.00  
 Part Number: MDS29LL/A  
 Serial Number: F4KJMHZMF194  
 Return Date: Dec. 04, 2012  
 For Support, Visit: [www.apple.com/support](http://www.apple.com/support)  
 Recycling Fee \$ 6.00 N

|                              |                    |
|------------------------------|--------------------|
| Sub-Total                    | (\$ 99.00)         |
| Tax                          | (\$ 2.15)          |
| <b>Total</b>                 | <b>(\$ 101.15)</b> |
| Amount Refunded Via Visa (A) | (\$ 101.15)        |
| xxxxxxxxxxxx2417             |                    |



\* R 2 9 8 6 2 8 5 5 3 3 \*

[http://www.apple.com/legal/sales\\_policies/retail.html](http://www.apple.com/legal/sales_policies/retail.html)  
 Tell us about your experience at the Apple Store.  
 Visit [www.apple.com/feedback/retail.html](http://www.apple.com/feedback/retail.html)

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



- 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)  
RCRC

ADDRESS (Business Address Acceptable)  
1815 K ST., STE 1650

CITY AND STATE  
SACRAMENTO, CA 95814

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ AMT: \$ 15.98  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
2012 DELEGATE EXPENSE

▶ 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

**Filer's Verification**

Print Name JON KENNEDY

Office, Agency or Court \_\_\_\_\_

Statement Type  2012/2013 Annual  Assuming  Leaving  
 2012 Annual  Candidate  
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 4-8-13  
 (d)(5)

Filer's \_\_\_\_\_

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

2012 DELEGATE EXPENSE



County: **Plumas**  
 Delegate: **J. Kennedy**

| <u>Meals provided at meetings:</u>                    | <u>Amount</u>           |
|---|-------------------------|
| Prior year expenses pd in 2012                        |                         |
| RCRC Board Meeting: 1/18/12                           |                         |
| RCRC Board Officer Meeting: 1/19/12                   |                         |
| MOA Meeting: 2/24/12                                  | 6.48                    |
| Executive Committee Meeting: 2/22/12                  |                         |
| RCRC Board Meeting: 3/14/12                           |                         |
| ESJPA Board Meeting: 3/15/12                          |                         |
| RCRC Board Meeting (Colusa): 4/19/12                  |                         |
| Executive Committee Meeting: 5/23/12                  |                         |
| RCRC Board Meeting: 6/13/12                           |                         |
| ESJPA Board Meeting: 6/14/12                          |                         |
| Executive Committee Meeting: 8/1/12                   |                         |
| RCRC Board Meeting: 8/15/12                           |                         |
| ESJPA Board Meeting: 8/16/12                          |                         |
| RCRC Board Meeting (Annual Conference): 9/21/12       |                         |
| Executive Committee Meeting: 10/17/12                 |                         |
| ESJPA Board Meeting: 10/18/12                         |                         |
| Executive Committee Meeting: 11/14/12                 |                         |
| RCRC Board Meeting: 12/5/12                           |                         |
| ESJPA Board Meeting: 12/6/12                          |                         |
| <hr/>   |                         |
| <u>Expense Reimbursements:</u>                        | To Delegate:            |
|   | To County for Delegate: |
| <u>Expenses paid by RCRC on behalf of Supervisor:</u> |                         |
| Meetings with Staff:                                  | 9.50                    |
| Officer Installation: 1/18/12                         |                         |
| NACo Legislative Meeting: 3/3-7/12                    |                         |
| CSAC Registration:                                    |                         |
| Colusa Dinner: 4/18/12                                |                         |
| 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      |                         |
| NACo Annual Meeting                                   |                         |
| <b>Total Expenses:</b>                                | <b>15.98</b>            |



STATEMENT OF ECONOMIC INTERESTS

FEB 28 2013 Date Received Official Use Only

RECEIVED FAIR POLITICAL PRACTICES COMMISSION COVER PAGE

KATHLEEN WILLIAMS, PLUMAS CO. CLERK-RECORDER BY Maryjo Markle DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) Kennedy (FIRST) Jon (MIDDLE) Paul

1. Office, Agency, or Court

Agency Name Plumas County
Division, Board, Department, District, if applicable District 5
Your Position 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
Multi-County See attached
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County 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.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California (d)(5)

Date Signed 02/28/2013 (month, day, year)

**Attached List for Form 700**

- Plumas County Transportation Commission
- Local Agency Formation Commission (LAFCo)
- Community Development Commission
- California State Association of Counties (CSAC)

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

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
**Enterprise Rent A Car**

ADDRESS (Business Address Acceptable)  
**199 N Sunrise Ave Roseville, Ca 95661**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CSAC Conference**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 03 / 12    | \$ 429.00 | Mini iPad Drawing      |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

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

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|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

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| ___ / ___ / ___ | \$ _____ | _____                  |
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|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ 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: The iPad was won at their booth by drawing a set of numbers to unlock the iPad screen.



**Apple Store, Roseville**  
 1151 Galleria Blvd  
 Roseville, CA 95678  
 roseville@apple.com  
 916-872-2506

[www.apple.com/retail/roseville/](http://www.apple.com/retail/roseville/)

**November 20, 2012 01:50 PM**

LISA M HOLMES  
 lisa.m.holmes@ehi.com

|                                   |                    |   |
|-----------------------------------|--------------------|---|
| <b>iPad mini Wi-Fi 32GB Black</b> | <b>(\$ 429.00)</b> |   |
| Part Number: MD529LL/A            |                    |   |
| Serial Number: F4KJMHZMF194       |                    |   |
| Recycling Fee                     | (\$ 6.00)          | N |

|  |                   |          |
|--|-------------------|----------|
| <b>APPLECARE+ FOR IPAD</b>   | <b>(\$ 99.00)</b> | <b>N</b> |
| Part Number: S4736LL/A   |                   |          |
| Agreement Number: 970000017171936  |                   |          |
| Serial Number: F4KJMHZMF194  |                   |          |
| This plan is registered automatically.   |                   |          |
| Verify your coverage at  |                   |          |
| <a href="http://apple.com/support/applecare/ww/">apple.com/support/applecare/ww/</a> |                   |          |

|  |                  |   |
|--|------------------|---|
| <b>iPad mini Wi-Fi 32GB Black</b>  | <b>\$ 429.00</b> |   |
| Part Number: MD529LL/A   |                  |   |
| Serial Number: F4KJMHZMF194  |                  |   |
| Return Date: Dec. 04, 2012   |                  |   |
| For Support, Visit: <a href="http://www.apple.com/support">www.apple.com/support</a> |                  |   |
| Recycling Fee  | \$ 6.00          | N |

|                              |                    |
|------------------------------|--------------------|
| Sub-Total                    | (\$ 99.00)         |
| Tax                          | (\$ 2.15)          |
| <b>Total</b>                 | <b>(\$ 101.15)</b> |
| Amount Refunded Via Visa (A) | (\$ 101.15)        |
| xxxxxxxxxxxx2417             |                    |



\* R 2 9 8 6 2 8 5 5 3 3 \*

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 Tell us about your experience at the Apple Store.  
 Visit [www.apple.com/feedback/retail.html](http://www.apple.com/feedback/retail.html)