

STATEMENT OF ECONOMIC INTERESTS

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Date Received

FEB 15 2013

SISKIYOU COUNTY
CLERK'S OFFICE



Please type or print in ink.

NAME OF FILER (LAST) KOBSEFF (FIRST) MICHAEL (MIDDLE) N

1. Office, Agency, or Court

Agency Name: COUNTY OF SISKIYOU
Division, Board, Department, District, if applicable: DISTRICT 3
Your Position: SUPERVISOR

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

Agency: SEE ATTACHED LIST Position:

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

- State (unchecked)
Multi-County (checked)
City of (unchecked)
Judge or Court Commissioner (unchecked)
County of SISKIYOU (checked)
Other (unchecked)

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

- Annual (checked)
Leaving Office (unchecked)
Assuming Office (unchecked)
Candidate (unchecked)

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 6

- Schedule A-1 (unchecked)
Schedule A-2 (unchecked)
Schedule B (checked)
Schedule C (checked)
Schedule D (checked)
Schedule E (checked)
None (unchecked)

5. [Redacted area]

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

COUNTY SUPERVISOR, DISTRICT 3

SISKIYOU COUNTY AIR POLLUTION CONTROL DISTRICT – DIRECTOR

SISKIYOU COUNTY REGIONAL SOLID WASTE JPA

LOCAL TRANSPORTATION COMMISSION – DELEGATE

LAFCO – ALTERNATE

AIR POLLUTION CONTROL DISTRICT HEARING BOARD COUNCIL -
ALTERNATE

SCHEDULE D
Income – Gifts

Name
MICHAEL N. KOBSEFF

▶ NAME OF SOURCE *(Not an Acronym)*
CALIFORNIA DEER ASSOCIATION

ADDRESS *(Business Address Acceptable)*
870 Park Row, PMB 671 Salinas, CA 93901

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 12	\$ 650	RIFLE
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

- 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 STREET, SUITE 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: \$ 3,474.26
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

**TRAVEL AND MEAL EXPENSES RELATED TO
 VOLUNTEER SERVICES ON THE RCRC BOARD**

▶ 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: _____