

AN2013

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

**STATEMENT OF ECONOMIC INTERESTS**



**COVER PAGE**

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

2014 MAR 17 PM 2:01 (MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
JOHNSON JR. ROBERT ALAN

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

Agency Name (Do not use acronyms)  
City of Cypress  
Division, Board, Department, District, if applicable  
Your Position  
City Council; Successor Agency Council Member; Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Orange County Fire Authority Position: Board Member

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Orange  
 City of Cypress  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2013, through December 31, 2013.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2013, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 **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: 2

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**



I certify under penalty of perjury under the laws of the State of C

Date Signed 03/05/2014  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
Robert Johnson

▶ NAME OF SOURCE (Not an Acronym)  
Ameri-Care

ADDRESS (Business Address Acceptable)  
1059 E. Bedmar Street, Carson, CA 90746

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Emergency Transportation/Ambulance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 31 / 13</u>	<u>\$ 75.00</u>	<u>OC Bus Cncl Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Forest Lawn Memorial Park

ADDRESS (Business Address Acceptable)  
4471 Lincoln Avenue, Cypress, CA 90630

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cemetery Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 14 / 13</u>	<u>\$ 50.00</u>	<u>Poinsettia Plant</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </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)
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Comments: \_\_\_\_\_