

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FILED

MAR 21 2014
KEITH M. WILLIAMS
MARIPOSA COUNTY CLERK

Karen M. Herman
KAREN M. HERMAN

Please type or print in ink.



NAME OF FILER (LAST) Cann (FIRST) Robert

Kevin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Mariposa County Board of Supervisors

Division, Board, Department, District, if applicable

District 4

Your Position

Supervisor

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

Agency: See attached

Position: See attached

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR - 11 PM 1:47

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Mariposa

City of _____

Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 5

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. [Redacted Signature Area]

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 3/19/14
(month, day, year)

Agency and Committee Assignments

Kevin Cann
2013



- | | | |
|-----|--|----------------|
| 1. | California State Association of Counties (CSAC) | Alternate |
| 2. | Calaveras-Mariposa Community Action Agency | Alternate |
| 3. | Central Sierra Economic Development District (CSEDD) | Representative |
| 4. | Joint Powers Authority of the Central Sierra Economic Development District (CSEDD) | Representative |
| 5. | Local Agency Formation Commission (LAFCo) | Alternate |
| 6. | Mariposa County Public Financing Corporation | Vice-President |
| 7. | Mariposa County Water Agency, Board of Directors | Chairman |
| 8. | Mountain Counties Air Basin | Alternate |
| 9. | National Association of Counties (NACO) | Representative |
| 10. | Rural County Representatives of California (RCRC) | Representative |
| 11. | Rural County Representatives of California (RCRC) - Environmental Services JPA's for Solid Waste | Representative |
| 12. | Rural County Representatives of California (RCRC) – CRHMFA Homebuyers Fund | Delegate |
| 13. | Yosemite/Sequoia Resource Conservation & Development Council | Alternate |

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Robert Kevin Cann

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Weiss Martin Salinas & Hearst	NAME OF SOURCE OF INCOME Borton Petrini
ADDRESS (Business Address Acceptable) 7108 North Fresno Street, Fresno, CA 93720	ADDRESS (Business Address Acceptable) 2444 Main Street, Ste 150, Fresno, CA 93721
BUSINESS ACTIVITY, IF ANY, OF SOURCE A Professional Law Corporation	BUSINESS ACTIVITY, IF ANY, OF SOURCE A Professional Law Corporation
YOUR BUSINESS POSITION Attorney	YOUR BUSINESS POSITION Attorney
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 type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" 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 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 checked="" 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 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	<small>Street address</small>
<input type="checkbox"/> \$1,001 - \$10,000	_____	<small>City</small>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

Comments: _____

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

Name
Robert Kevin Cann

- 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)
Rural County Representatives of California

ADDRESS (Business Address Acceptable)
1215 K Street, Ste 1650

CITY AND STATE
Sacramento, CA

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 14,720.26
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Travel reimbursement for Board Meetings and to represent RCRC at National meetings.

▶ 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: _____

2013 DELEGATE EXPENSE

County: **Mariposa**
Delegate: **K. Cann**

RCRC Delegate Reimbursements	10385.77
RCRC Paid on the Behalf	3601.51
RCRC Meeting Meals	732.98
Total Expenses:	14,720.26