

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
Clerk of the Board  
Date Received  
FEB 26 2014



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FAIR POLITICAL  
PRACTICES COMMISSION

2014 FEB 27 PM 1:31

Please type or print in ink.

NAME OF FILER (LAST) Davis (FIRST) Linn (MIDDLE) Edwin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
County Supervisor  
Division, Board, Department, District, if applicable  
District Three  
Your Position  
County Supervisor

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

Agency: See Attached Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of Merced
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None."  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

5. [Redacted]

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 02/24/2014  
(month, day, year)

**Linn Davis, District Three  
Merced County Board of Supervisors**

**Statement of Economic Interests – Form 700 (2013/2014)**

**EXPANDED STATEMENT**

**Agency – Merced County Association of Governments (MCAG)**

**Agency – Redevelopment Oversight Board - Atwater**

**Agency – Successor Agency Oversight Board**

**Agency – Local Agency Formation Commission (LAFCO) (Alternate)**

**Agency – Commerce, Aviation and Economic Development Revolving Loan  
Fund Board (Primary)**

**Agency – National Association of Counties (NACo) (Alternate)**

**Agency - Other Post Employment Benefit Retirement Investment Trust  
Board (OPEB)**

**SCHEDULE D**  
**Income – Gifts**

Name  
**Linn Edwin Davis**

▶ NAME OF SOURCE *(Not an Acronym)*  
**CWA(California Women for Ag.) Merced Non-Profit**

ADDRESS *(Business Address Acceptable)*  
**6049 S. Lone Tree Rd. Merced, CA 95341**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Dedicated to the survival of Agriculture**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	\$ 45.00	Gift Basket
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*  
**Joseph Gallo Farms**

ADDRESS *(Business Address Acceptable)*  
**10561 w. Highway 140, Atwater, CA. 95301**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cheese Maker**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 13	\$ 36.00	16-8oz pks of cheese
	\$	
	\$	

▶ 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: \_\_\_\_\_