

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) JOHNSON (FIRST) ROBERT (MIDDLE) ALAN
15 MAR 27 PM 3

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF CYPRESS

COUNCILMEMBER

Division, Board, Department, District, if applicable

Your Position

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

Agency: ORANGE COUNTY FIRE AUTHORITY

Position: DIRECTOR

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, 2014, through December 31, 2014.

Leaving Office: Date Left (Check one)

-or-

The period covered is 12 / 01 / 14, through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed

The period covered is 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: 2

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. Verification

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

Date Signed

2/27/15

(month, day, year)

SCHEDULE D
Income – Gifts

Name
ROBERT JOHNSON

▶ NAME OF SOURCE (Not an Acronym)
FOREST LAWN MEMORIAL PARK

ADDRESS (Business Address Acceptable)
4471 LINCOLN AVE, OYRESS, CA 90630

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CEMETERY SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/14/14	\$ 75.00	POINSETTA PLANT
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
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___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____