

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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SUSAN M. RANUCHAR
MENDOCINO COUNTY CLERK

By: [Signature] Deputy

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Brown Carre Jane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Mendocino

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors, First District

Supervisor

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

Agency: See attachment

Position: See attachment

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 MAR 23 PM 5:03

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Mendocino

City of

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 / / 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 / / 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. Verification

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

Date Signed

2/25/2015

(month, day, year)

California FORM 700 – Fair Political Practices Commission



Carre Brown

Attachment: Multiple Positions List

Governmental

- Area Agency on Aging JPA Governing Board – Lake & Mendocino
- California State Association of Counties (CSAC)
- Domestic Violence Council
- Eel-Russian River Commission – Humboldt, Mendocino & Sonoma
- Inland Water and Power Commission
- Indian Gaming Local Community Benefit Committee
- Juvenile Justice & Delinquency Prevention Commission
- Local Agency Formation Commission, (LAFCO)
- National Association of Counties (NACo)
- North Coast Integrated Regional Water Management Plan Policy/Technical Review Panel along with 5-County Tran boundary ESU – Alternate
- North Coast Air Basin Control Council
- Russian River Public Policy Facilitating Committee – Mendocino & Sonoma
- In-Home Supportive Services Public Authority Governing Board
- Mendocino County Public Facilities Corporation
- Mendocino County Water Agency
- Mendocino County Library District
- Mendocino County Air Quality Management District
- Mendocino County Museum
- Rural County Representative of California (RCRC)
- California Home Finance Authority

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Carre Brown
--

- 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, Suite 1650

CITY AND STATE
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Association representing rural Counties in California

DATE(S): 01 / 14 - 12 / 14 AMT: \$ 1,993.92
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Reimbursement of travel for board of director meetings

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____