CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

GP

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
FINIGAN	DAVID	JOSEPH

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Del NORTE COUNTY

Division, Board, Department, District, if applicable: BOARD of SUPERVISORS, District FIVE

Your Position: COUNTY SUPERVISOR

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

Agency: SEE ATTACHED LIST Position: DELEGATE

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

☐ State
☐ Multi-County
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☑ County of Del NORTE
☐ Other

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

☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ___/___/___, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Candidate:** Election year ___ and office sought, if different than Part 1:

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*
○ The period covered is January 1, 2014, through the date of leaving office.
○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 14

☐ **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. Ve[redacted]

herein and in any attached schedules is true and complete. I acknowled[redacted]

I certify under penalty of perjury under the laws of the State of Cali[redacted]

Date Signed 3-12-2014
(month, day, year)

ATTACHMENTS FOR ITEM 1.

GP

Del Norte Local Transportation Commission

Regional Council of Rural Counties
- California Rural Home Mortgage Finance Corp
- CRHMFA Homebuyers Fund
- Environmental Service Joint Powers Authority

First 5 Del Norte (Children and Families Commission)

California State Association of Counties

California State Association of Counties Finance Corp

Del Norte Tri-Agency Economic Development Authority

Border Coast Regional Airport Joint Powers Authority

Del Norte Solid Waste Joint Powers Authority

FORM 700 Statement of Economic Interests for Calendar Year 2014

List of Agencies and Member Counties

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Board of Supervisors
County of Del Norte

David Finigan

Agency	Position
California Home Finance Authority (CHF)	Delegate
Environmental Services Joint Powers Authority (ESJPA)	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County**
Calaveras County	Nevada County
Colusa County	Placer County**
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	Shasta County**
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County**	Sutter County**
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolomne County
Mendocino County**	Yolo County**
Merced County**	Yuba County**

**CHF Member Only

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

▶ 1. BUSINESS ENTITY OR TRUST

Name: DAVID FINIGAN, MING TREE REAL ESTATE

Address (Business Address Acceptable): 1000 NORTHCREST DR, CRESCENT CITY, CA

Check one
- ☐ Trust, go to 2
- ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED __/__/14 DISPOSED 3/25/14

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Other: REALTOR

YOUR BUSINESS POSITION: BROKER ASSOCIATE

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

MING TREE REAL ESTATE
BRAD & LYNDA STOCK

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: DAVID FINIGAN

Description of Business Activity or City or Other Precise Location of Real Property: MING TREE REAL ESTATE

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED __/__/14 DISPOSED 3/30/14

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☑ Other: REALTOR

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name: DAVID FINIGAN, FINIGAN REAL ESTATE

Address (Business Address Acceptable): 485 K ST., CRESCENT CITY, CA 95531

Check one
- ☐ Trust, go to 2
- ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED 4/1/14 DISPOSED __/__/14

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Other: REALTOR

YOUR BUSINESS POSITION: OWNER / BROKER

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

FINIGAN REAL ESTATE
JAMES BLASINGAME

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: DAVID FINIGAN

Description of Business Activity or City or Other Precise Location of Real Property: FINIGAN REAL ESTATE

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED 4/1/14 DISPOSED __/__/14

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☑ Other: REALTOR

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

▶ 1. BUSINESS ENTITY OR TRUST

Name: MITCHELL AND FINIGAN, INC

Address (Business Address Acceptable): 1000 NORTHCREST DR, CRESCENT CITY, CA

Check one: ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Investment / Development

FAIR MARKET VALUE
- ☑ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED; 3/1/14 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☑ CORPORATION (Other)

YOUR BUSINESS POSITION: DIRECTOR

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☑ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: ☑ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: MITCHELL + FINIGAN INC

Description of Business Activity or City or Other Precise Location of Real Property: REAL ESTATE INVESTMENT/DEVELOPMENT

FAIR MARKET VALUE
- ☑ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED; 3/1/14 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership ☐ Leasehold ___ Yrs. remaining ☐ Other ___

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name: DEL NORTE HARBORVIEW LLC

Address (Business Address Acceptable): 1000 NORTHCREST, CRESCENT CITY CA

Check one: ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Investment / Development

FAIR MARKET VALUE
- ☑ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED; 3/1/14 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☑ LLC (Other)

YOUR BUSINESS POSITION: MEMBER

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☑ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: ___/___/14 ACQUIRED; ___/___/14 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold ___ Yrs. remaining ☐ Other ___

☐ Check box if additional schedules reporting investments or real property are attached

Comments: ___

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1573 El Monte

CITY
Crescent City, CA

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED
__/__/14 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☑ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED
__/__/14 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from commercial lending institutions 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: MINGTREE REAL ESTATE, DAVID FINIGAN

ADDRESS (Business Address Acceptable): 1000 NORTHCREST, CRESCENT CITY, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: REAL ESTATE SALES

YOUR BUSINESS POSITION: BROKER ASSOCIATE

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Loan repayment
- [x] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ (Describe)

- [ ] Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: BRIGETTE NORRIS

ADDRESS (Business Address Acceptable): 1573 EL MONTE, CRESCENT CITY, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: RENTER

YOUR BUSINESS POSITION: OWNER

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Loan repayment
- [ ] Commission or
- [x] Rental Income, *list each source of $10,000 or more*

_____ (Describe)

- [ ] Other _____ (Describe)

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*: BOBBI MURRAY

ADDRESS (Business Address Acceptable): 1000 NORTHCREST DR, CRESCENT CITY, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER: SECRETARY, INVESTOR

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: 6 % [ ] None

TERM (Months/Years): 5 YEARS

SECURITY FOR LOAN
- [x] None
- [ ] Personal residence
- [ ] Real Property _____ Street address

_____ City

- [ ] Guarantor _____
- [ ] Other _____ (Describe)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: FINIGAN REAL ESTATE, DAVID FINIGAN

ADDRESS *(Business Address Acceptable)*: 485 K St, Crescent City, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: REAL ESTATE SALES

YOUR BUSINESS POSITION: OWNER - BROKER

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [x] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: YUROK TRIBE

ADDRESS *(Business Address Acceptable)*: 190 Klamath Blvd, Klamath, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: RENTAL INCOME

YOUR BUSINESS POSITION: OWNER

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [x] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 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*: _____

ADDRESS *(Business Address Acceptable)*: _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years): _____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*

_____ *City*

- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700

ATTACHMENT TO SCHEDULE C:

INCOME OF $10,000 OR MORE FROM A SINGLE SOURCE AS A RESULT OF COMMISSIONS:

MING TREE REAL ESTATE

BRAD & LYNDA STOCK

FINIGAN REAL ESTATE

JAMES BLASINGAME

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California State Association of Counties
ADDRESS *(Business Address Acceptable)*
1100 K St, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for California Counties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
TOTAL FOR 14	$ 348.40	Dinners, Drinks, golf
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California State Association of Counties Finance Corp
ADDRESS *(Business Address Acceptable)*
1100 K Street Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for California Counties Finances

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/24/14	$ 50.-	clock
/ /	$	
/ /	$	

► 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:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: FINIGAN, DAVID

- **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)*
California State Association of Counties
ADDRESS *(Business Address Acceptable)*
1100 K Street
CITY AND STATE
Sacramento CA.
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $_____
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description Travel, Lodging + meals expenses Related to volunteer services on CSAC Board of Directors

---

► NAME OF SOURCE *(Not an Acronym)*
Rural County Representatives of California
ADDRESS *(Business Address Acceptable)*
1215 K St. Suite 1650
CITY AND STATE
Sacramento CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for Rural California Counties

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $_____
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description Travel, Lodging + meals expenses Related to volunteer services on RCRC Board of Directors

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► NAME OF SOURCE *(Not an Acronym)*
California State Association of Counties Finance Corp
ADDRESS *(Business Address Acceptable)*
1100 K Street Sacramento CA
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $_____
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description Travel, Lodging + meals expenses Related to volunteer services on CSAC Finance Corp Board of Directors

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► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $_____
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

To: David Finigan
Subject: 2014 Tally

Supervisor Finigan,

Throughout the year we have sent you letters informing you of the associated costs to the various events that you attended on the behalf of CSAC, below is the total for the year of those events.

Income $ 18,257.35

Gift $348.40

Please let me know if you have any questions or concerns on this information.

Kelli Oropeza
Chief of Financial Operations
California State Association of Counties
1100 K Street, Suite 101
Sacramento, CA 95814
(916)327-7500 ext. 544

CALIFORNIA STATE ASSOCIATION OF COUNTIES
FINANCE CORPORATION

February 18, 2015

David Finigan
Del Norte County
981 H Street, Suite 200
Crescent City, CA 95531

Dear David,

In order to ensure proper notification of information for Fair Political Practices Commission (FPPC) Statement of Economic Interest Form 700 filing, the CSAC Finance Corporation consulted with legal counsel. Members of the CSAC Finance Corporation Board of Directors that serve on the legislative body of their county or are otherwise deemed designated employees in the Conflict of Interest Code for the county which employs them have a mandatory filing obligation.

Travel advances/reimbursements may be reported as "income" rather than "gifts" provided that the services rendered by each individual to the CSAC Finance Corporation are equal to or in greater value than the travel payments made on his or her behalf. The CSAC Finance Corporation takes the position that the service of its board members at all board meetings, strategic planning sessions, and other meetings constitute the rendition of services to the CSAC Finance Corporation which exceed the value of the travel expense advances/reimbursements. These income expenses include transportation, lodging, meals, and other travel or meeting related expenses.

A public official is required to disclose this income if it totals more $500 or more from the CSAC Finance Corporation during each calendar year. However, this income is not reportable for tax purposes.

With regard the gifts, the Political Reform Act limits the amount of gifts which can be received by local government elected officials and designated employees from a single source during the calendar year to $440. This limit is separate from the limit which provides that gifts aggregating $50 or more in a calendar year from a single source must be reported on the Form 700. Items reported as gifts include additional costs for spouse attendance at meeting functions as the spouse is not attending the CSAC Finance Corporation meeting in an official way.

In our calendar year 2014 records, we have found the following income and/or gifts that were made by the CSAC Finance Corporation in conjunction with your service at a CSAC Finance Corporation business related meeting or function:

CSAC Finance Corporation Income	$ 3,054
CSAC Finance Corporation Gift	$ 0
CalTRUST Gift	$ 50

I urge you to consult your county counsel if you have questions regarding the applicability of this opinion to your reporting situation. You may also go to the FPPC website at http://www.fppc.ca.gov. Please feel free to contact me at 916.650.8186 or llabanieh@csacfinancecorp.org if you have any questions regarding the dollar amounts provided in this letter.

Best,

Laura Labanieh
Director of Operations

2014 RCRC EXPENSES

County:	**Del Norte**
Individual:	**Finigan, David**

	Schedule E* **(Income)**	**Schedule D**** **(Gift)**
Prior Year Expenses Paid in 2014:	-	-
Board/Executive Meetings:		
RCRC Board Meeting: 1/22/2014	786.31	-
Executive Committee Meeting: 2/19/2014	-	-
RCRC Board Meeting: 3/26/2014	889.02	-
RCRC Board Meeting: 4/232014	-	-
Executive Committee Meeting: 5/7/2014	-	-
RCRC Board Meeting: 6/12/2014	-	-
Executive Committee Meeting: 7/23/2014	-	-
RCRC Board Meeting: 8/13/2014	29.42	-
RCRC Board Meeting: 9/26/2014	269.92	-
Executive Committee Meeting: 11/12/2014	-	-
RCRC Board Meeting: 12/10/2014	831.84	-
Other Expenses paid by RCRC:		
RCRC Installation Reception	58.16	-
NACo Legislative Conference	-	-
CSAC Legislative Conference	-	-
RCRC Board Meeting in County of Chair	-	-
NACo Annual Conference	-	-
CSAC Annual Meeting	-	-
RCRC Annual Meeting	-	-
Meetings with Staff	20.28	-
Other RCRC Business-Related Travel Expenses	-	-
Miscellaneous	-	-
Total Expenses:	**$ 2,884.95**	**$ -**

* = Schedule E (Travel Payments, Advances, and Reimbursements):
This amount includes travel expenses paid for by RCRC for RCRC-related business including attendance at Board Meetings, Executive Committee meetings and other RCRC-related travel expenses.

** = Schedule D (Gifts):
This amount includes payments made upon your behalf that may be reportable as a Gift to the FPPC.