



MAR 15 2011

2011 MAR 18 PM 12:49

MARIN COUNTY
ELECTIONS

Please type or print in ink. 2010

NAME OF FILER (LAST) Adams, (FIRST) Susan (MIDDLE) L.

1. Office, Agency, or Court

Agency Name: Marin County Board of Supervisors member
Division, Board, Department, District, if applicable: District 1
Your Position

If filing for multiple positions, list below or on an attachment.

Agency: See attachment Position:

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

- State
Multi-County
City of
Judge (Statewide Jurisdiction)
County of Marin, California
Other see attachment

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.
Assuming Office: Date
Candidate: Election Year 2010
Leaving Office: Date Left
The period covered is January 1, 2010, through the date of leaving office.
The period covered is through the date of leaving office.

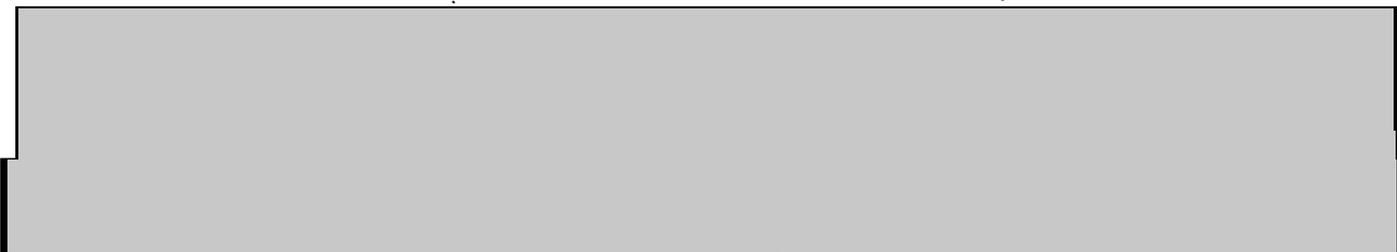
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- 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



herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/15/11 (month, day, year)

Signature

California Form 700 for year 2010

**Re: Susan L. Adams, Marin County Board of Supervisors
(board member)**

Other Boards and Commissions:

Association of Bay Area Governments (ABAG –Director/Vice-chair)
Bay Area Conservation & Development Commission (BCDC-Alternate)
California State Association of Counties (CSAC) (Director)
Gateway Improvement Authority (Member/Vice-chair)
Gateway Refinancing Authority (Member/Vice-chair)
Local Agency Formation Commission (LAFCo-Director)
Marin County Capital Improvements Financing Authority (Member/Vice-chair)
Marin County Disaster & Citizen Corps Council (Director of EOC & Chair)
Marin County Flood Control & Water conservation District (Member/Vice-chair)
Marin County Housing Authority (Director)
Marin County Joint Powers Authority Oversight Committee (Alternate)
Marin County Judicial Committee (Member)
Marin County Major Crimes Task Force (Alternate)
Marin County parks and Open Space (Director/Vice-chair)
Marin County Redevelopment Agency (Director/Vice-chair)
Marin County Transit District (Director/Vice-chair)
Marin County Telecommunications Agency (MTA-Alternate)
Mental Health Board (Alternate)
Transportation Authority of Marin (TAM-Director)

SCHEDULE D
Income - Gifts

Name
Susan L. Adams

▶ NAME OF SOURCE
CSAC

ADDRESS (Business Address Acceptable)
1100 K. ST. Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Board member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 15, 10</u>	<u>\$129.04</u>	<u>Meal</u>
<u>11, 15, 10</u>	<u>\$ 96.18</u>	<u>Participant award</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

11 DEC 12
Travel Payments, Advances,
and Reimbursements



- Reminder - you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
Calif. State Association of Counties

ADDRESS (Business Address Acceptable) 1100-K ST. #101
Sacramento, CA
CITY AND STATE 95814

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

DATE(S): ____/____/____ AMT: \$ 96.18
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Gift as outgoing member of Executive Committee - Commemorative Statue of quiter.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ AMT: \$

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION:

▶ NAME OF SOURCE
Calif. State Association of Counties

ADDRESS (Business Address Acceptable) 1100 K St. #101
Sac, CA
CITY AND STATE 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Reimbursement for mtg.

DATE(S): ____/____/____ AMT: \$ 129.04
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION:

Verification

Print Name Susan L. Adams

Office, Agency or Court Main County BOS

Statement Type 2010/2011 Annual Assuming Leaving
 yr. Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Sign 12/11/11 (d)(5)

Signature

Comments: I sent a copy of the CSAC letter with the \$'s attached with my original FPPC filing.