



STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE

11 MAR -7 PM 3:48

Please type or print in ink.

2011 MAR 14 AM 10:51

NAME OF FILER (LAST) (FIRST)
Kondylis Barbara
SOLANO COUNTY REGISTER OF VOTERS R.

1. Office, Agency, or Court

Agency Name
Solano County Board of Supervisors Supervisor District 1
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of Solano
- City of _____ Other _____

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

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- Leaving Office: Date Left ____/____/____ (Check one)
- Assuming Office: Date ____/____/____ The period covered is January 1, 2010, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____ 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: 4
- 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

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

Date Signed 2-24-11 (month, day, year) _____



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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME (Spouse)
Able Building Maintenance Company
 ADDRESS (Business Address Acceptable)
868 Folsom St., San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 94107

YOUR BUSINESS POSITION
Building Supervisor

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$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
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

Comments: _____

NAME OF SOURCE OF INCOME _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$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
 Loan repayment Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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▶ 2. LOAN RECEIVED

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)

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Verification

Print Name Barbara R. Kondylis Office, Agency or Court Solano County

Statement Type 2010/2011 Annual 2010 Annual Assuming Leaving Candidate
(yr)

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 that I am a duly qualified member of the State of California that _____
(d)(5)

Date Signed _____ Signature _____
(d)(5)