

11 DEC 22 PM 2:56
 A Public Document

FILED
 OCT 28 2011
 (d)(5)
 CH. County Clerk
 TY CLERK J

Please type or print in ink.

NAME OF FILER (LAST) TISSIER (FIRST) ADRIENS BY (d)(5)

1. Office, Agency, or Court

Agency Name County of SAN MATEO
 Division, Board, Department, District, if applicable BOARD OF SUPERVISORS
 Your Position _____

► If filing for multiple positions, list below or on an attachment.
 Agency: SM HEALTH COMM, PENCONG RELIEF ALLIAN, CALTO, LAPCO Position: BOARD/Commission member

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

State
 Multi-County 9 BAY AREA COUNTIES
 City of _____
 Judge (Statewide Jurisdiction)
 County of SAN MATEO
 Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____
 (Check one)
 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."
 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

5. V
 (Large redacted area)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and in any attached schedules is true and complete. I acknowledge this is a public document.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 10/27/11
 (month, day, year)

Signature _____
 (File the originally signed statement with your filing official.)



SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

AMENDMENT

▶ NAME OF BUSINESS ENTITY
ELECTRONIC ARTS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY

FAIR MARKET VALUE < \$2,000

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 7/6/10
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
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IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

Verification

Print Name ADRIENNE J. TISSIER

Office, Agency or Court SAN MATEO COUNTY BOARD OF SUPERVISORS

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 (d)(5)

Signature _____

FAIR POLITICAL PRACTICES COMMISSION
11 DEC 22 PM 2:51

Comments:



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

MAR 31 2011

Please type or print in ink.

11 APR -7 AM 9:26

NAME OF FILER (LAST) (FIRST) (MIDDLE) MTO
TISSIER ADRIENNE J

1. Office, Agency, or Court

Agency Name
County of SAN MATEO SUPERVISOR - DISTRICT 5
Division, Board, Department, District, if applicable Your Position
BOARD OF SUPERVISORS

► If filing for multiple positions, list below or on an attachment.
MTC, SAMTRANS, JPB (CALTRAIN) SM HEALTHY AUTHORITY
Agency: SM HEALTH COMM, PENINSULA COY relief alliance BOARD / COMMISSION MEMBER
CAL ED, LAPCO

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

State Judge (Statewide Jurisdiction)
 Multi-County 9 BAY AREA COUNTIES County of SAN MATEO
 City of _____ Other _____

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

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

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

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



I certify under penalty of perjury under the laws of the State of California (d)(5)

Date Signed 3/20/11
(month, day, year)

MTC

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
ADRIENNE TISSIER

NAME OF BUSINESS ENTITY
SCHWAB
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other MMKT
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____/_____/10 _____/_____/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ADVANCED MICRO DEVICES
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTER/TECHNOLOGY
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____/_____/10 7/6/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
DENDREON CORP
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY

 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____/_____/10 7/9/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ELECTRONIC ARTS
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____/_____/10 7/6/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
FORD MOTOR COMPANY
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
AUTO
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____/_____/10 _____/_____/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL ELECTRIC
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ELECTRIC
 FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000
 NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
 IF APPLICABLE, LIST DATE:
 _____/_____/10 _____/_____/10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
ANDRENE TISSIER

NAME OF BUSINESS ENTITY
HEWLETT-PACKARD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMPUTER / TECHNOLOGY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ORACLE CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY / COMPUTER

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PG+E

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
UTILITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PFIZER

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICAL

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
UNITED AMERICAN BANK

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
FIRST NAT L BANK

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
ADRIENNE TISSIER

▶ NAME OF BUSINESS ENTITY
PROSHARES ULTRASHORT DOW 30

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
7/6/10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / ____ / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / ____ / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____ / ____ / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
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 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____ / ____ / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / ____ / 10 _____ / ____ / 10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income - Gifts

Name
ADRIENNE TISSIER

▶ NAME OF SOURCE
NIC (Nat'l Institute of Corrections)

ADDRESS (Business Address Acceptable)
96 7101 Wisconsin Ave. #1400 BETHESDA, MD 20814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
JAIL TOUR DENVER, CO

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/24/10</u>	<u>\$ 808.07</u>	<u>TRAVEL/LOGGING</u> <u>EXPENSES/MEALS</u> <u>PARKING</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____