

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
11 APR -8 PM 2:03

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1. Office, Agency, or Court

Agency Name  
Board of Supervisors  
Division, Board, Department, District, if applicable Your Position  
Member of the Board of Supervisors

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

Agency: SEE ATTACHED Position:

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

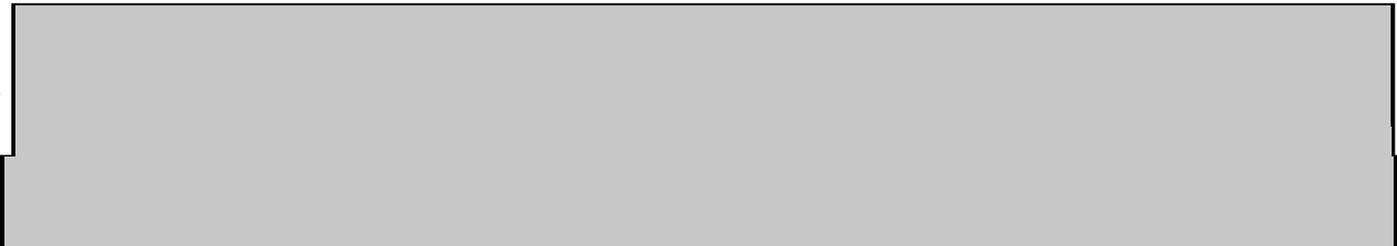
State  Judge (Statewide Jurisdiction)  
 Multi-County  County of Santa Clara  
 City of  Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
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."  
Total number of pages including this cover page: 2  
 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



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 03/30/2011  
(month, day, year)

Signature



## Statement of Economic Interests Additional Information:

Agency:

Position:

Association of Bay Area Governments	Representative
Air Resources board	Board Member
Bay Area Air Quaility Management District	Board Member
First 5	Commissioner
Library Joint Powers Authority	Alternate Director
Peninsula Corridor Joint Powers Board-Caltrain	Director
Metropolitan Transportation Commission	Commissioner
Santa Clara Valley Transportation Authority	Ex-officio Board Member
West Valley Sanitation District	Board Member

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE  
Guadalupe River Park Conservancy  
 ADDRESS (Business Address Acceptable)  
438 Coleman Ave., San Jose, CA 95110  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
non-profit parks conservancy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 28 / 10</u>	<u>\$ 192.00</u>	<u>Sharks ticket in City of SJ Suite</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Building & Construction Trades Council  
 ADDRESS (Business Address Acceptable)  
2102 Almaden Rd., Suite 101, San Jose, CA 95125  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
building & construction trades union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 22 / 10</u>	<u>\$ 250.00</u>	<u>ticket for COPE dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Better World Group  
 ADDRESS (Business Address Acceptable)  
150 E. Olive Ave., Suite 211, Burbank, CA 91502  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
environmental consulting firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 21 / 10</u>	<u>\$ 49.29</u>	<u>AB32 Defense Activites Briefing Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE  
Stanford University  
 ADDRESS (Business Address Acceptable)  
Building 170, 1st Floor, Stanford, CA 94305-2040  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 09 / 10</u>	<u>\$ 192.00</u>	<u>2 skybox football tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </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>

▶ 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>

Comments: \_\_\_\_\_  
 \_\_\_\_\_