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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
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STATEMENT OF ECONOMIC INTERESTS
PRACTICES COMMISSION
COVER PAGE
2012 JAN 27 AM 11:46

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Nagy Alan Lloyd

1. Office, Agency, or Court

Agency Name
Office of the Mayor
Division, Board, Department, District, if applicable
Your Position
Mayor

► 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 or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of
 City of Newark Other

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

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is through December 31, 2012.
 Leaving Office: Date Left (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is through the date of leaving office.
 Assuming Office: Date assumed
 Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 5
 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 have used all reasonable diligence in preparing this statement. I have read the statement and the schedules herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/11/2013
(month, day, year)

CALIFORNIA FORM 700

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
(Continued)**

For use with Expanded Statement

1. Office, Agency or Court

If filing for multiple positions, list additional agency(ies)/position(s):

Agency: Southern Alameda County Geographical Information System JPA

Position: Delegate

Agency: Tri-Cities Waste Facilities Financing Authority

Position: Delegate

Agency: Washington Hospital Development Corporation

Position: Board Member (service ended Jan. 2012)

SCHEDULE D
Income - Gifts

Name
Nagy, Alan Lloyd

▶ NAME OF SOURCE *(Not an Acronym)*
Oakland-Alameda County Coliseum Authority

ADDRESS *(Business Address Acceptable)*
7000 Coliseum Way, Oakland, CA. 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Operate Oakland Coliseum Complex-Event Booking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 13	\$ 200	Warrior Game Ticket
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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: _____