CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
Official Use Only
MAR 26 2013
CONTRA COSTA COUNTY
ELECTIONS

Please type or print in ink.

GP

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Andersen	Candace	J. Kay

1. Office, Agency, or Court

Agency Name
Contra Costa County Board of Supervisors

Division, Board, Department, District, if applicable: District 2

Your Position: Supervisor

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Contra Costa
- ☐ 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.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **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.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 3

- ☐ **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 th

Date Signed 3/21/13 (month, day, year) **Signature**

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Andersen, Candace J. Kay

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
State Farm

ADDRESS *(Business Address Acceptable)*
6210 Stoneridge Mall Drive, Ste. 550, Pleasanton

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Managing Attorney

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 _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

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 _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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)*

Comments: _____

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Name: Andersen, Candace J. Kay

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Contra Costa County Deputy Sheriff's Association
ADDRESS *(Business Address Acceptable)*
1780 Muir Road, Martinez, CA 94553
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/24/12	$ 300.00	Sheriff's Ball Tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Contra Costa Association of Realtors
ADDRESS *(Business Address Acceptable)*
1870 Olympic Bl., Ste. 200 Walnut Creek, CA 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/07/12	$ 100.00	Inaugural Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
California Apartment Association
ADDRESS *(Business Address Acceptable)*
980 Ninth Street, Ste. 200 Sacremento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/23/12	$ 125.00	E. Bay Gemm Awards
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Comie Development
ADDRESS *(Business Address Acceptable)*
7950 Dublin Bl., Ste. 111, Dublin, CA 94568-2936
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/ /12	$ 100.00	Alameda Cty Fair Tix
/ /	$	
/ /	$	

▶ 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: