

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Please type or print in ink

NAME OF FILER (LAST) BORGEAS (MIDDLE) ALEXANDER
2013 MAR 13 FIRST: 06
ANDREAS

1. Office, Agency, or Court

FILED

Agency Name
COUNTY OF FRESNO
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS (DISTRICT #2)
Your Position
SUPERVISOR
JAN 17 2013

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

Agency: _____ Position: _____
BY BRANDI L. ORTH
DEPUTY

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of FRESNO
- 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 01 / 08 / 2013
- 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.
- 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

5. Verification



Date Signed 01/15/2013
(month, day, year)
Signature

SCHEDULE D
Income - Gifts

Name
ANDREAS BORGEAS

▶ NAME OF SOURCE (Not an Acronym)
ZINKIN FAMILY

ADDRESS (Business Address Acceptable)
5 E. RIVER PARK PLACE FRESNO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 65	BABY FLOWERS
01 / 07 / 13	\$ 75	FLOWERS
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
GRANVILLE HOMES

ADDRESS (Business Address Acceptable)
1396 W. HERNDON AVE. FRESNO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOME BUILDERS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 50	BABY FLOWERS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
FRESNO CHAMBER OF COMMERCE

ADDRESS (Business Address Acceptable)
2331 FRESNO ST. FRESNO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 65	BABY FLOWERS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CITY OF FRESNO

ADDRESS (Business Address Acceptable)
2600 FRESNO ST. FRESNO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 85	BABY FLOWERS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____