

GP

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Bestolanides (FIRST) Steve REGISTRAR OF VOTERS
2013 MAR 25 PM 1:36 JIM
SAN JOAQUIN COUNTY

1. Office, Agency, or Court

Agency Name SAN JOAQUIN COUNTY
Division, Board, Department, District, if applicable BOARD OF SUPERVISORS Your Position SUPERVISOR, THIRD DISTRICT

► 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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SAN JOAQUIN
- 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 _____
- 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: 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/22/13
(month, day, year)



SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name H.P. Bestolarides & Sons
 Address (Business Address Acceptable) 154 8-MILE Rd, STOCKTON CA 95210
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
REAL ESTATE GENERAL PARTNERSHIP

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/12	____/____/12
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION GENERAL PARTNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY
154 E. 8-MILE Rd. STOCKTON CA 95210
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

REAL ESTATE INVESTMENT

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments:

Filer's Verification

Print Name STEVE J. BESTOLARIDES
 Office, Agency or Court BOARD OF SUPERVISOR DISTRICT #3
 Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
 (yr)

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 (d)(5)

Date Signed 3/22/13 Filer's Signature _____
 (month, day, year)



SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
Siguler Buff & Co

ADDRESS (Business Address Acceptable)
New York

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PRIVATE EQUITY MANAGER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/12/12</u>	<u>\$ 60.-</u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Filer's Verification

Print Name STEVE J. BESTOLARIDES

Office, Agency or Court SJ COUNTY BOARD OF SUPERVISORS #3

Statement Type 2012/2013 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 Signed 3/22/13
(d)(5)

Filer's Signature

Comments: _____

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NAME OF FILER (LAST) Bestolarides (FIRST) Steve 2012 MAR 5 AM 10:48
13 (MIDDLE) Jim 4 AM 11:51
REGISTRAR OF VOTERS

1. Office, Agency, or Court

Agency Name SAN JOAQUIN COUNTY
Division, Board, Department, District, if applicable BOARD OF SUPERVISORS Your Position SUPERVISOR, THIRD DISTRICT

► 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 SAN JOAQUIN
 City of _____ 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.
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 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: _____**
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 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

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/4/12
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

Name
Dave J. Bestolandes

▶ 1. BUSINESS ENTITY OR TRUST

H.P. Bestolandes & Sons
 Name
154 8-Mile Rd Stockton CA 95210
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Real Estate General Partnership

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: / /12 / /12
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION General Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None
None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: / /12 / /12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: / /12 / /12
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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None

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Check one box:
 INVESTMENT REAL PROPERTY

154 E 8-MILE Rd, STOCKTON CA 95210
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Real Estate Investment
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 IF APPLICABLE, LIST DATE: / /12 / /12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

2013 Agency/Board/Commission Position

Council of Governments	Member
Mental Health Advisory Board	Alternate Member
City/Council Liaison Committee	Member
Retirement Board	Member
Caltrans Rail Task Force Steering Committee	Member
San Joaquin Flood Control Agency	Member
Ad Hoc Green Belt Policy Committee (Lodi/Stockton/SJC) (Lathrop/Tracy/SJC) (Lathrop/Manteca/Stockton/SJC)	Member
San Joaquin Regional Rail Commission	Member
Farmington Dam Recharge Exe Committee	Member
Health Care Services Review Project	Member
Deferred Compensation Committee	Member
Medical Executive Committee	Member
Health Commission-Health Plan of SJC	Member
County Facilities Committee	Member
Hospital Joint Conference Committee	Member
Interim SJGH Board of Trustees	Member
Sacramento-San Joaquin Delta Conservancy	Alternate Member
San Joaquin Partnership	Member