

RECEIVED  
STATEMENT OF ECONOMIC INTERESTS  
APR 02 2013  
[Signature]

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

FILED  
Date Received  
Official Use Only  
MAR 27 2013

JULIE L. RODEWALD COUNTY CLERK  
[Signature]  
DEPUTY CLERK

Please type or print in ink.



NAME OF FILER: Teixeira  
By (LAST): Paul (FIRST): A

1. Office, Agency, or Court

Agency Name: San Luis Obispo County Board of Supervisors  
Division, Board, Department, District, if applicable: District Four  
Your Position: Supervisor



If filing for multiple positions, list below or on an attachment.  
Agency: CenCal Health Position: Board Member

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

State  
 Multi-County Santa Barbara San Luis Obispo  
 City of Arroyo Grande  
 Judge or Court Commissioner (Statewide Jurisdiction)  
 County of San Luis Obispo  
 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: 4  
 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



I certify under penalty of perjury under the laws of the State

Date Signed 3/27/2013  
(month, day, year)

Paul A. Teixeira

California Form 700 Statement of Economic Interest  
Attachment

Name of Source:

Oversight Board to the Successor Agency to the Dissolved Arroyo Grande Redevelopment Agency  
300 East Branch Street  
Arroyo Grande, CA 93420



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 Paul A. Teixeira

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 CenCal Health

ADDRESS (Business Address Acceptable)  
 4050 Calle Real

CITY AND STATE  
 Santa Barbara CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Regional Health Authority

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 503.95  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Stipend payment & mileage reimbursement

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

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