

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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CONTRA COSTA COUNTY
ELECTIONS

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: _____

Position: _____

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FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 21 AM 10:38

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Contra Costa

City of _____

Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/_____
(Check one)

-or-

The period covered is ____/____/_____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/_____
 Candidate: Election year _____ and office sought, if different than Part 1: _____

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: 5

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

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. Verification

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

Date Signed 3/5/14
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Andersen, Candace J.Kay

▶ NAME OF BUSINESS ENTITY
Traveler's Common

GENERAL DESCRIPTION OF THIS BUSINESS

Insurance

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
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 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income – Gifts

Name
Andersen, Candace J.Kay

▶ NAME OF SOURCE (Not an Acronym)
Contra Costa Association of Realtors

ADDRESS (Business Address Acceptable)
1870 Olympic Blvd, #200 Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 13	\$ 200.00	Stars to Rescue Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Phillips 66

ADDRESS (Business Address Acceptable)
1290 San Pablo Ave, Rodeo, CA 94572

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Refinery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 13	\$ 75.00	EDA Philanthropy Awa
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Apartment Association

ADDRESS (Business Address Acceptable)
980 9th Street, #200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 22 / 13	\$ 75.00	Gemm Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
East Bay Leadership Council

ADDRESS (Business Address Acceptable)
1355 Willow Way, #253, Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 13	\$ 50.00	Luncheon Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Summerhill Homes

ADDRESS (Business Address Acceptable)
3000 Executive Prkwy #450, San Ramon, CA 94583

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 13	\$ 250.00	Moonlight Mtn Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Alex Mehran

ADDRESS (Business Address Acceptable)
One Annabel Lane, San Ramon, CA 94583

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	\$ 70.00	Pewter cup
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Andersen, Candace J. Kay
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▶ NAME OF SOURCE (Not an Acronym)
Constant Contact

ADDRESS (Business Address Acceptable)
85 Second Street, #100, San Francisco, CA 94015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Marketing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 13	\$ 150.00	Bus & Comm Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
California Contractors Alliance

ADDRESS (Business Address Acceptable)
PO Box 601, Benicia, CA 94510

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 13	\$ 50.00	Luncheon 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)

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____