



STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL  
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COMMISSION

REGISTRAR OF VOTERS  
SAN JOAQUIN COUNTY

Please type or print in ink.

2014 FEB 11 PM 1:15

NAME OF FILER (LAST) (FIRST) Middle  
Bestolarides Steve J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

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, 2013, through December 31, 2013.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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

5.

I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 2/10/14  
(month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
**Steve J. Bestolarides**

▶ NAME OF SOURCE *(Not an Acronym)*  
 The Port of Stockton

ADDRESS *(Business Address Acceptable)*  
 2201 W Washington St, Stockton, CA 95203

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 13	\$ 50.00	Dinner- One Voice
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

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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: \_\_\_\_\_

## Supervisor Bestolarides

<u>2014 Agency/Board/Commission</u>	<u>Position</u>
Council of Governments	Member
Health Commission-Health Plan of SJC	Member
Hospital Joint Conference Committee	Member
Medical Executive Committee	Member
Mental Health & Substance Abuse Board	Alternate
Local Agency Formation Commission	Alternate
Retirement Board	Member
Caltrans Rail Task Force Steering Committee	Member
San Joaquin Regional Rail Commission	Member
San Joaquin Flood Control Agency	Member
Sac-San Joaquin Delta Conservancy	Alternate
Ad Hoc Green Belt Policy Committee	Member
City/Council Liaison Committee	Member
County Facilities Committee	Member
Health Care Services Review Project	Member
Deferred Compensation Committee	Member
SJGH Interim Board of Trustees	Member
Farmington Dam Recharge Exe Coordinating Committee	Member