

2013 A.N.



STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

COVER PAGE

FILED

14 MAR -6 AM 9:06

Please type or print in ink.

NAME OF FILER (LAST) Gioia (FIRST) John (MIDDLE)   
CONTRA COSTA COUNTY ELECTION DEPARTMENT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)   
Contra Costa County   
Division, Board, Department, District, if applicable Board of Supervisors   
Your Position Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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 \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 APR 21 AM 10:38

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

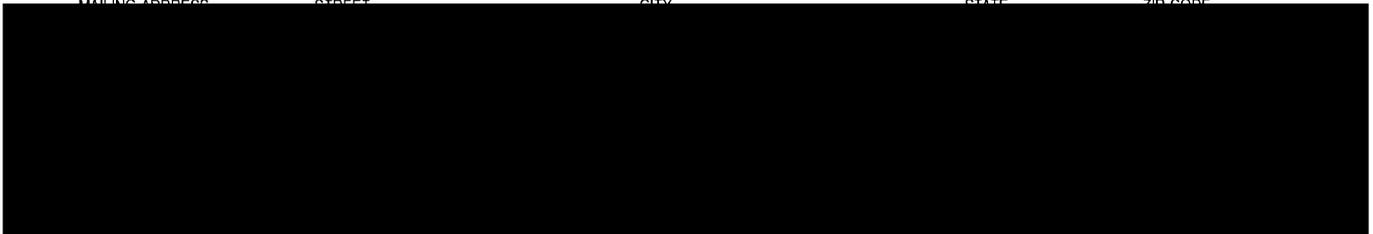
Annual: The period covered is January 1, 2013, through December 31, 2013.   
-or-   
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.   
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_   
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)   
 The period covered is January 1, 2013, through the date of leaving office.   
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.   
 Candidate: Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."   
► Total number of pages including this cover page: 84   
 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

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 03/06/2014  
(month, day, year)



(4)  
ov  
gov



# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>John Gioia</b>

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i> <b>California State Association of Counties</b></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <b>1100 "K" St., #101, Sacramento, CA</b></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Association of California counties</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>11 / 20 / 13</td> <td>\$ 174.95</td> <td>Gift to Officers</td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	11 / 20 / 13	\$ 174.95	Gift to Officers		\$			\$		<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$	
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Comments: \_\_\_\_\_

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

Name  
 John Gioia

- 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)  
 California State Association of Counties

ADDRESS (Business Address Acceptable)  
 1100 "K" St., #101

CITY AND STATE  
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Association of California counties

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 13,363.78  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 Travel/lodging/meals reimbursement for attending meetings on behalf of CSAC as its Vice President

▶ 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: \_\_\_\_\_