



STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) LEOPOLD (FIRST) JOHN (MIDDLE) LANDIS 2014 FEB 19 4:19 2014 JAN 28 PM 1:25

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Santa Cruz County
Division, Board, Department, District, if applicable Board of Supervisors
Your Position First District Supervisor

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
Multi-County Santa Cruz/Monterey/Merced
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of Santa Cruz
Other Portions of Monterey & San Benito Counties

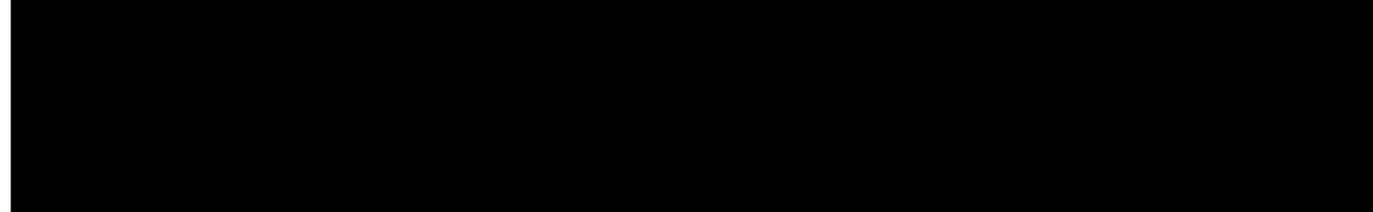
3. Type of Statement (Check at least one box)

- 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
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2013, through the date of leaving office.
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: 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
None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/27/14 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
FORM 700 – 2013/14  
JOHN LEOPOLD

Expanded Statement

Agency: Central California Alliance for Health  
Position: Director

Agency: Highway 1 Construction Authority  
Position: Director

Agency: Local Agency Formation Commission  
Position: Alternate

Agency: Oversight Board for the Successor Agency of the Scotts Valley  
Redevelopment Agency  
Position: Director

Agency: Santa Cruz City/County Library Joint Powers Board  
Position: Alternate Director

Agency: Santa Cruz County Flood Control and Water Conservation District,  
Zone 7  
Position: Director

Agency: Santa Cruz County Redevelopment Successor Agency  
Position: Director

Agency: Santa Cruz County Redevelopment Successor Agency Oversight Board  
Position: Director

Agency: Santa Cruz County Regional Transportation Commission  
Position: Commissioner

Agency: Santa Cruz County Sanitation District  
Position: Director

Agency: Santa Cruz Metropolitan Transit District  
Position: Director

**SCHEDULE D  
 Income – Gifts**

Name  
**John Leopold**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Steve Berlin**

ADDRESS *(Business Address Acceptable)*  
**3439 NE Sandy BL#224, Portalnd OR 97232**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Musician**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	\$ 80.00	Concert tickets
12 / 19 / 13	\$ 100.00	Concert tickets
12 / 20 / 13	\$ 100.00	Concert tickets

▶ 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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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

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

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