CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

GP

COVER PAGE

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NAME OF FILER (LAST) TISSIER (FIRST) ADRIENNE (MIDDLE) MTC

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
COUNTY OF SAN MATEO

Division, Board, Department, District, if applicable / Your Position
BOARD OF SUPERVISORS, DIST 5, BOARD MEMBER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*
Agency: MTC, SAMTRANS, JPB CALTRAIN, CALTO LAFCO, SM HEALTH AUTHORITY, CCP, EMERGENCY SERVICES COUNCIL Position: BOARD MEMBER

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

☐ State
☑ Multi-County 9 BAY AREA COUNTIES
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☑ County of SAN MATEO
☐ Other

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FAIR POLITICAL PRACTICES COMMISSION

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 ___ 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. [redacted]

herein and in any attached schedules is true and complete. I ackn[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 3/25/14
(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: ADRIENNE TISSIER

► NAME OF BUSINESS ENTITY: SCHWAB

GENERAL DESCRIPTION OF THIS BUSINESS: FINANCIAL

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

► NAME OF BUSINESS ENTITY: ORACLE

GENERAL DESCRIPTION OF THIS BUSINESS: TECHNOLOGY/COMPUTER

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

► NAME OF BUSINESS ENTITY: FORD MOTOR COMPANY

GENERAL DESCRIPTION OF THIS BUSINESS: AUTO

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

► NAME OF BUSINESS ENTITY: PG+E

GENERAL DESCRIPTION OF THIS BUSINESS: UTILITY

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

► NAME OF BUSINESS ENTITY: GENERAL ELECTRIC

GENERAL DESCRIPTION OF THIS BUSINESS: UTILITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

► NAME OF BUSINESS ENTITY: XYLEM, INC

GENERAL DESCRIPTION OF THIS BUSINESS: WATER TECHNOLOGY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

Comments: _____

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: ADRIENNE TISSIER

▶ NAME OF BUSINESS ENTITY: PROSHS ULTRASHORT-30 DOW

GENERAL DESCRIPTION OF THIS BUSINESS: PROSHARES TRUST

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY: DIREXION SHS ETF

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY: PFIZER

GENERAL DESCRIPTION OF THIS BUSINESS: PHARMACEUTICAL

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY: FIRST NAT'L BANK

GENERAL DESCRIPTION OF THIS BUSINESS: FINANCIAL

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY: UNITED ST. NAT GAS UNG

GENERAL DESCRIPTION OF THIS BUSINESS: NATURAL GAS

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:

___/___/ 13 ACQUIRED ___/___/ 13 DISPOSED

▶ NAME OF BUSINESS ENTITY:

GENERAL DESCRIPTION OF THIS BUSINESS:

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 ACQUIRED ___/___/ 13 DISPOSED

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: ADRIENNE TISSIER

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: RECOLOGY
ADDRESS *(Business Address Acceptable)*: 50 CALIFORNIA ST. #24 SF CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: WASTE/DISPOSAL CO

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/9/13	$225	DC/COLMA CHAMBER GOLF TOURNAMENT
12/5/13	$75	DC/COLMA HOLIDAY + AWARDS DINNER
/ /	$	

▶ 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)*: SAN MATEO CITY CENTRAL LABOR COUNCIL
ADDRESS *(Business Address Acceptable)*: 1153 CHESS DRIVE, #200, FOSTER CITY, CA 94404
BUSINESS ACTIVITY, IF ANY, OF SOURCE: LABOR COUNCIL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/6/13	$55	HOLIDAY PARTY
/ /	$	
/ /	$	

▶ 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)*: BANK OF AMERICA / MERRILL LYNCH
ADDRESS *(Business Address Acceptable)*: 333 SO. HOPE ST. #2310, LOS ANGELES, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: MUNICIPAL FINANCING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/15/13	$119.99	HOME RUN 2012 MEMENTO
/ /	$	
/ /	$	

▶ 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: