

2013 AN

STATEMENT OF ECONOMIC INTERESTS

FILED
Date Received
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MAR 04 2014

COVER PAGE

COUNTY OF SANTA CLARA
Clerk of the Board of Supervisors

Please type or print in ink.



NAME OF FILER (LAST) (FIRST) (MIDDLE)
Yeager Ken E

1. Office, Agency, or Court

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

► 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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Santa Clara
- Other _____

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2014 APR -4 PM 2:14

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 2014 and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

- Check applicable schedules or "None."
- Total number of pages including this cover page: 2
- 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. V [Redacted Signature]

I have used all reasonable diligences in preparing this statement. I know the information herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

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

SCHEDULE D
Income – Gifts

Name
Ken Yeager

▶ NAME OF SOURCE *(Not an Acronym)*
David Miller, Hanson Bridgett LLP

ADDRESS *(Business Address Acceptable)*
425 Market St., 26th FL San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 09 / 13	\$ 160.00	SF Giants 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)
/ /	\$	
/ /	\$	
/ /	\$	

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

Comments: _____