

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Glover 2015 APR 15 PM 2:12 Federal D.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable Your Position  
Contra Costa Board of Supervisors Supervisor, District V

► 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 \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2014, 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 C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

5. Verification

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

Date Signed March 9, 2015  
(month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Federal D. Glover

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
676 School Street

CITY  
Pittsburg, CA 94565

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000      /      / 14      /      / 14  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000      /      / 14      /      / 14  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
Chase National Mortgage Corp

ADDRESS (Business Address Acceptable)  
3415 Vision Drive, Columbus OH 43219

BUSINESS ACTIVITY, IF ANY, OF LENDER  
Financial Institution

INTEREST RATE TERM (Months/Years)  
6.8%  None 30 Year

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)  
\_\_\_\_\_%  None \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

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

# SCHEDULE D Income – Gifts

Name  
Federal D. Glover

▶ NAME OF SOURCE (Not an Acronym)  
California State Association of Counties  
ADDRESS (Business Address Acceptable)  
1100 K Street Ste 101, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Executive Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 16 / 14</u>	<u>\$ 107.25</u>	<u>Dinner</u>
<u>4 / 17 / 14</u>	<u>\$ 19.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Rural Counties  
ADDRESS (Business Address Acceptable)  
1215 K Street Ste 1650, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Joint Officers Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 15 / 14</u>	<u>\$ 20.28</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
California State Association of Counties  
ADDRESS (Business Address Acceptable)  
1100 K Street, Ste 101, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Executive Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 06 / 14</u>	<u>\$ 40.00</u>	<u>Reception</u>
<u>08 / 06 / 14</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u>08 / 06 / 14</u>	<u>\$ 27.00</u>	<u>Wine</u>

▶ NAME OF SOURCE (Not an Acronym)  
California State Association of Counties  
ADDRESS (Business Address Acceptable)  
1100 K Street, Ste 101, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Executive Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 07 / 14</u>	<u>\$ 31.00</u>	<u>Breakfast</u>
<u>08 / 07 / 14</u>	<u>\$ 41.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
California State Association of Counties  
ADDRESS (Business Address Acceptable)  
1100 K Street, Ste 101, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CSAC Board of Directors Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 14</u>	<u>\$ 26.21</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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