

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only



COVER PAGE

FILED
SANTA CRUZ CO ELECTIONS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEOPOLD JOHN LANDIS
2015 MAR 17 PM 1:13

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 County Supervisor

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

Agency: See attached

Position:

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
15 MAR 20 PM 4:23

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, 2014, through December 31, 2014.
-or-
The period covered is / / , through December 31, 2014.

Assuming Office: Date assumed / /

Candidate: Election year and office sought, if different than Part 1: / /

Leaving Office: Date Left / / (Check one)

The period covered is January 1, 2014, 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: 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.

I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete. I acknowledge that I understand the consequences of providing false information.

I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete. I acknowledge that I understand the consequences of providing false information.

Date Signed

3-17-15

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
FORM 700 – 2014/15
JOHN LEOPOLD

Expanded Statement

Agency: Central California Alliance for Health (Santa Cruz-Monterey-Merced Managed Medical Care Commission)
Position: Commissioner

Agency: Highway 1 Construction Authority
Position: Director

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

Agency: Santa Cruz County Capital Financing Authority
Position: 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 Local Agency Formation Commission
Position: Alternate Commissioner

Agency: Santa Cruz Metropolitan Transit District
Position: Director

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 <u>John Leopold</u>

▶ NAME OF BUSINESS ENTITY
Go Pro

GENERAL DESCRIPTION OF THIS BUSINESS
Camera Manufacturer

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:
06 / 26 / 14 12 / 11 / 14
ACQUIRED 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:
____ / ____ / 14 ____ / ____ / 14
ACQUIRED 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:
____ / ____ / 14 ____ / ____ / 14
ACQUIRED 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:
____ / ____ / 14 ____ / ____ / 14
ACQUIRED 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:
____ / ____ / 14 ____ / ____ / 14
ACQUIRED 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:
____ / ____ / 14 ____ / ____ / 14
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

Name
John Leopold

▶ NAME OF SOURCE (Not an Acronym)
Steve Berlin

ADDRESS (Business Address Acceptable)
3439 NE Sandy Blvd, #224, Portland, OR 97232

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Musician

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 14	\$ 150.00	Tickets
09 / 13 / 14	\$ 100.00	Tickets
12 / 13 / 14	\$ 50.00	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)
Michael Terris

ADDRESS (Business Address Acceptable)
400 Montgomery St. #700, San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 29 / 14	\$ 80.00	Baseball ticket
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____