



COVER PAGE

Filed Date: 03/10/2015 03:15 PM  
SAN: 021300013-STH-0013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mitchoff Karen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Board of Supervisors  
Division, Board, Department, District, if applicable  
Your Position  
County Supervisor District 4

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

Agency: SEE ATTACHED LIST 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)
- Multi-County
- City of
- Other
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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 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
- None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this statement. 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 correct.

Date Signed 03/10/2015 03:15 PM  
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE  
 EXPANDED STATEMENT LIST

<b>CALIFORNIA FORM</b> <span style="font-size: 2em; font-weight: bold;">700</span>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="border: 1px solid black; padding: 2px; text-align: center;">Karen Mitchoff</div>

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
First 5 Contra Costa Children and Families Commission	Alternate Commissioner	County of Contra Costa	Annual	01/01/14 - 12/31/14
Central Contra Costa Transit Authority (County Connection)	Alternate Board Member	County of Contra Costa	Annual	01/01/14 - 12/31/14
CCC Redevelopment Successor Agency	Board Member	County of Contra Costa	Annual	01/01/14 - 12/31/14
Contra Costa Transportation Authority	Commissioner	County of Contra Costa	Annual	01/01/14 - 12/31/14
Delta Diablo	Alternate Board Member	County of Contra Costa	Annual	01/01/14 - 12/31/14
Central Contra Costa Solid Waste Authority	Board Member	County of Contra Costa	Annual	01/01/14 - 12/31/14

**SCHEDULE D**  
**Income – Gifts**

Name

Karen Mitchoff

▶ NAME OF SOURCE *(Not an Acronym)*  
**The Bowlby Group**  
 ADDRESS *(Business Address Acceptable)*  
 3000 F Danville Blvd. #409 Alamo, CA 94507  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 14	\$ 300.00	Ticket to event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Republic Services**  
 ADDRESS *(Business Address Acceptable)*  
 3260 Blume Drive Suite 113 Richmond, CA 94806  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste management**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 14	\$ 52.50	Ticket to event
11 / 11 / 14	\$ 52.50	Ticket to event
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Concord Disposal**  
 ADDRESS *(Business Address Acceptable)*  
 4080 Mallard Drive Concord, CA 94520  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Management**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 13 / 14	\$ 80.00	Ticket to event
07 / 16 / 14	\$ 50.00	Ticket to event
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Contra Costa Realtors Association**  
 ADDRESS *(Business Address Acceptable)*  
 1870 Olympic Blvd. Walnut Creek, CA 94596  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Association of local realtors**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 14	\$ 125.00	Ticket to event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**International Brotherhood of Electrical Workers**  
 ADDRESS *(Business Address Acceptable)*  
 1875 Arnold Drive Martinez, CA 94553  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Labor Union**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 14	\$ 40.00	Ticket to event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**East Bay Leadership Council**  
 ADDRESS *(Business Address Acceptable)*  
 1355 Willow Way Suite 253 Concord, CA 94520  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Business advocacy**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	\$ 135.00	Ticket to event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D  
 Income – Gifts**

Name  
Karen Mitchoff

▶ NAME OF SOURCE (Not an Acronym)  
John & Sunne Wright-McPeak  
 ADDRESS (Business Address Acceptable)  
5 Third Street Suite 320 San Francisco, CA 94113  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 14</u>	\$ <u>75.00</u>	<u>Ticket to event</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Claremont Homes  
 ADDRESS (Business Address Acceptable)  
380 Civic Drive Ste 200-C Pleasant Hill, CA 94523  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Building Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 14</u>	\$ <u>28.00</u>	<u>Book</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Kristina Lawson  
 ADDRESS (Business Address Acceptable)  
One Embarcadero Center San Francisco, CA 94111  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 14</u>	\$ <u>100.00</u>	<u>Wine</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>

▶ 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>

▶ 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: \_\_\_\_\_