

STATEMENT OF ECONOMIC INTERESTS

Date of Initial Filing  
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COVER PAGE

APR 30 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Spitzer Todd A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Orange County Board of Supervisors  
Division, Board, Department, District, if applicable  
3rd District  
Your Position  
County Supervisor

RECEIVED  
2015 APR 30 AM 10:00  
CLERK OF SUPERVISORS  
ORANGE COUNTY  
BOARD OF SUPERVISORS

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

Agency: See Attachment Position: See Attachment

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of Orange
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: 3
- 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
- None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that t

Date Signed 04-30-15 Signature

STATEMENT OF ECONOMIC INTERESTS FORM 700 COVER PAGE  
EXPANDED STATEMENT LIST

<u>Committee Name</u>	<u>Position/Title</u>	<u>Type of Statement</u>
Emergency Management Council	Alternative Member	Annual
Local Agency Formation Commission (LAFCO)	Board Commission Member	Annual
Orange County Fire Authority	Board of Director	Annual
Orange County Transportation Authority (OCTA)	Director, Board of Directors	Annual
Transportation Corridor-Eastern/Foothill	Board Member	Annual
Transportation Corridor-San Joaquin Hills	Board Member	Annual
CalOptima	Alternative Member	Annual
Southern California Regional Rail Authority	Alternative Member	Annual

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**1. BUSINESS ENTITY OR TRUST**

**Law Offices of Todd Spitzer**  
 Name  
 7420 E. Morninglory Way, Orange, CA 92869  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Law Practice**

**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**  
 \$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     Other  
**YOUR BUSINESS POSITION** Attorney/Owner

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold    Yrs. remaining     Other

Check box if additional schedules reporting investments or real property are attached

**Comments:**

**Filer's Verification**

**Print Name** Todd Spitzer  
**Office, Agency or Court** County of Orange, Supervisor, 3rd District  
**Statement Type**     2014/2015 Annual     2014 Annual     Assuming     Leaving     Candidate  
(or)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that

**Date Signed** 04-30-15                      **Filer's Signature** (c)(1)  
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
*(Official Use Only)*



2015 APR -1 AM 10:35

RECEIVED  
CLERK OF SUPERIOR COURT  
OF ORANGE COUNTY  
BOARD OF SUPERVISORS  
2015 MAR 27 AM 11:58

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SPITZER TODD A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

ORANGE COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

3rd District

Your Position

County Supervisor

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

Agency: see attached

Position: various

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Orange
- Other \_\_\_\_\_

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: B

- 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

(c)(1)

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/27/2015

(month, day, year)

Signature

(c)(1)

STATEMENT OF ECONOMIC INTERESTS FORM 700 COVER PAGE  
EXPANDED STATEMENT LIST

<u>Committee Name</u>	<u>Position/Title</u>	<u>Type of Statement</u>
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Local Agency Formation Commission (LAFCO)	Board Commission Member	Annual
Orange County Fire Authority	Board of Director	Annual
Orange County Transportation Authority (OCTA)	Director, Board of Directors	Annual
Transportation Corridor-Eastern/Foothill	Board Member	Annual
Transportation Corridor-San Joaquin Hills	Board Member	Annual
CalOptima	Board Member	Annual
Southern California Regional Rail Authority	Alternative Member	Annual



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**TODD A SPITZER**

**▶ 1. BUSINESS ENTITY OR TRUST**

**LAW OFFICES OF TODD SPITZER**

Name  
**7420 E. Morningglory Way, Orange, CA 92869**

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Law practice**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION Attorney/Owner.

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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\$2,000 - \$10,000                                      / / 14                      / / 14  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold                            Other                         
   Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 14                      / / 14  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

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\$2,000 - \$10,000                                      / / 14                      / / 14  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold                            Other                         
   Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 TODD SPITZER

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 CENTAURUS FINANCIAL, INC.

ADDRESS (Business Address Acceptable)  
 2300 E. Katella Ave., #200, Anaheim, CA 92806

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Investment/Financial planning firm.

YOUR BUSINESS POSITION  
 Attorney for social media/succession plan. initiative.

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other Consultant contract.  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 WORK COMP CENTRAL

ADDRESS (Business Address Acceptable)  
 1320 Flynn Road, #403, Camarillo, CA 93012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 News & Education re: workers' compensation issues

YOUR BUSINESS POSITION  
 None.

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 TODD A SPITZER

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 STRATEGIC REALTY TRUST c/o GLENBOROUGH

ADDRESS (Business Address Acceptable)  
 400 S. El Camino Real, #1100, San Mateo, CA 94402

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Real Estate Investment Trust

YOUR BUSINESS POSITION  
 Member Board of Directors

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 NICHOLAS HOLDINGS, INC.

ADDRESS (Business Address Acceptable)  
 15 Enterprise, #550, Aliso Viejo, CA 92656

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Family office re: management of personal assets

YOUR BUSINESS POSITION  
 Legal Affairs Director - Marsy's Law

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other Cell phone expenses.  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

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

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**TODD A SPITZER**

▶ NAME OF SOURCE (Not an Acronym)  
 Sperry Capital Inc.

ADDRESS (Business Address Acceptable)  
 3 Harbor Island Drive, Suite 101, Sausalito, CA 94965

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 OCTA Rating Agency/Bank Meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 30 / 14	\$ 89.13	dinner meeting
07 / 01 / 14	\$ 28.20	breakfast meeting
07 / 02 / 14	\$ 22.00	breakfast meeting

▶ NAME OF SOURCE (Not an Acronym)  
 Standard & Poor's Corporation

ADDRESS (Business Address Acceptable)  
 55 Water Street, New York, NY 10041

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 OCTA Rating Agency/Bank Meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 01 / 14	\$ 23.75	lunch meeting
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Stantec

ADDRESS (Business Address Acceptable)  
 50 West 23rd Street, New York, NY 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 OCTA Rating Agency/Bank Meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 02 / 14	\$ 16.50	lunch meeting
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_