



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Board of Supervisors  
Division, Board, Department, District, if applicable 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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of Santa Clara
- City of \_\_\_\_\_  Other \_\_\_\_\_

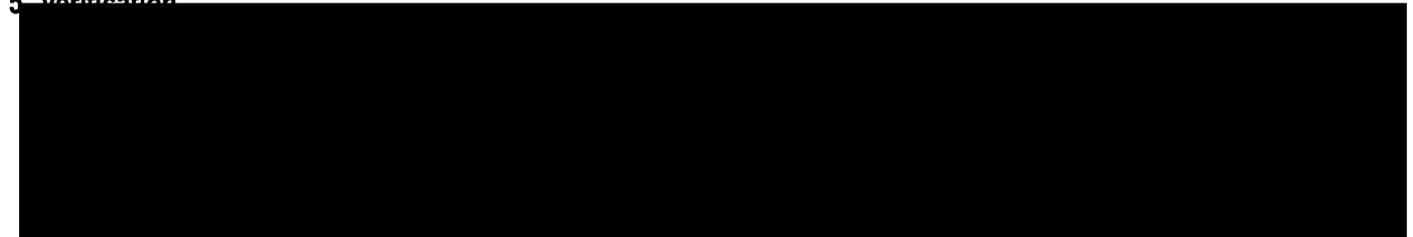
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2014.  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: 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
- or-  None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/26/2015 04:37 PM  
(month, day, year)

**SCHEDULE D**  
**Income – Gifts**

Name  
Ken Yeager

▶ NAME OF SOURCE (Not an Acronym)  
Economy Lumber Company  
 ADDRESS (Business Address Acceptable)  
720 Camden Ave., Campbell CA 95008  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lumberyard

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S)                 |
|---------------------|-----------------|--|
| <u>03 / 22 / 14</u> | <u>\$ 59.00</u> | <u>Celebrate Campbell Event Ticket</u> |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u>              |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u>              |

▶ NAME OF SOURCE (Not an Acronym)  
San Francisco Forty Niners  
 ADDRESS (Business Address Acceptable)  
4949 Marie P. DeBartolo Wy., Santa Clara CA 95054  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional Sports Team

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)      |
|---------------------|------------------|-----------------------------|
| <u>07 / 19 / 14</u> | <u>\$ 440.00</u> | <u>Stadium Gala Tickets</u> |
| <u>   /   /   </u>  | <u>\$      </u>  | <u>                  </u>   |
| <u>   /   /   </u>  | <u>\$      </u>  | <u>                  </u>   |

▶ NAME OF SOURCE (Not an Acronym)  
Silicon Valley Leadership Group  
 ADDRESS (Business Address Acceptable)  
2001 Gateway Pl., Ste 101 E, San Jose CA 95110  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy Business Trade Organization

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)    |
|---------------------|------------------|---------------------------|
| <u>08 / 13 / 14</u> | <u>\$ 100.00</u> | <u>Annual CEO BBQ</u>     |
| <u>   /   /   </u>  | <u>\$      </u>  | <u>                  </u> |
| <u>   /   /   </u>  | <u>\$      </u>  | <u>                  </u> |

▶ NAME OF SOURCE (Not an Acronym)  
Santa Clara Valley Transportation Authority  
 ADDRESS (Business Address Acceptable)  
331 N. First St., San Jose  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
local transportation agency

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S)                            |
|---------------------|-----------------|---|
| <u>10 / 05 / 14</u> | <u>\$ 65.00</u> | <u>Rock 'n' Roll Marathon Festival VIP ticket</u> |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u>                         |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u>                         |

▶ NAME OF SOURCE (Not an Acronym)  
Stanford University  
 ADDRESS (Business Address Acceptable)  
450 Serra Mall, Stanford, CA 94305  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S)      |
|---------------------|-----------------|-----------------------------|
| <u>11 / 15 / 14</u> | <u>\$ 98.00</u> | <u>Football Game Ticket</u> |
| <u>11 / 15 / 14</u> | <u>\$ 33.00</u> | <u>Food/Drink</u>           |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u>   |

▶ 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)    |
|---------------------|-----------------|---------------------------|
| <u>05 / 12 / 14</u> | <u>\$ 98.00</u> | <u>SF Giants Ticket</u>   |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u> |
| <u>   /   /   </u>  | <u>\$      </u> | <u>                  </u> |

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): 01 / 15 / 14 - 01 / 15 / 14 AMT: \$ 119.63  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 attended the CSAC Executive Committee Orientation Dinner

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_ AMT: \$ 49.15  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 participated in the CSAC Executive Committee meeting

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_ AMT: \$ 1185.24  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 participated in a panel at the CSAC Premier Partner Forum

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): 02 / 19 / 14 - 02 / 19 / 14 AMT: \$ 42.95  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 attended the CSAC Board of Directors/Legislator Reception

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 58.82  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 attended the CSAC Board of Directors Meeting

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 126.25  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 attended in CSAC Executive Committee closed session and various committee meetings

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 26.21  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 attended the CSAC Board of Directors Meeting

▶ NAME OF SOURCE (Not an Acronym)  
 California State Association of Counties (CSAC)

ADDRESS (Business Address Acceptable)  
 1100 K Street, Ste 101

CITY AND STATE  
 Sacramento CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Advocacy Organization

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 820.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
 attended the CSAC Executive Committee Meeting and Retreat

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