

COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE

(PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER)

FILER INFORMATION: (Please type or print in ink)

California State Association of Counties

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

(TELEPHONE NO. - INCLUDING AREA CODE) (916) 608-3223

CONTRACTOR LOBBYIST (Check one)

SUPPLEMENTAL FORM (Check if presenting at Board of Supv. Mtg.)

DISCLOSURE COVERS PERIOD FROM 05-01-2012 TO 04-30-2013

(Disclosure must cover the year preceding the date of the disclosure)

NAME AND ADDRESS OF CONTRACTOR :

California State Association of Counties, 1100 K Street #101, Sacramento, CA 95814

ADDRESS OF REGISTERED LOBBYIST (IF APPLICABLE)

(Clerk's Use Only - Date and Time Stamp)
 COUNTY OF SAN DIEGO
 BOARD OF SUPERVISORS
 2013 JUN 7 AM 11 19
 THOMAS J. PASTUSZKA
 CLERK OF THE BOARD
 OF SUPERVISORS
 Board Mtg. Date: 6/18/13
 Agenda Item: 10
 Communication Rec'd.: _____

County Department Contact:

Name Jess Guzman

Department Health & Human Services

Phone: (619) 338-2877

REPORTABLE DISCLOSURE: (Check Yes or No below)

- YES** If you **HAVE** gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E
- NO** If you have **NO** gifts and **NO** contributions to report, please complete Section D and E only

A. REPORTABLE DISCLOSURE - GIFTS * (AGGREGATING \$50.00 OR MORE)

NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/VALUE

* Attach additional pages if necessary

B. REPORTABLE DISCLOSURE - CAMPAIGN CONTRIBUTIONS * (ANY AMOUNT)

NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION	AMOUNT

* Attach additional pages if necessary

C. TOTAL NUMBER OF PAGES (including this page) _____

D. VERIFICATION

I have used all reasonable diligence in preparing this disclosure. I declare under penalty of perjury that I have reviewed this disclosure and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

Stu Mail Director of Finance

Signature of Lobbyist or Signature & Title of Person Submitting Disclosure for Contractor)

Executed at: Sacramento, CA

(City and State)

Date: 5/3/13

E. CONTRACTOR'S CERTIFICATION

The contractor and the contractor's registered lobbyist, if any, have complied with the disclosure requirements imposed by San Diego County Charter section 1000.1.

Stu Mail
Signature of Contractor or Representative

Director of Finance

Title

5/3/13

Date