CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

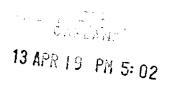
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Please type or print in ink.		1	3 APR 19 PH 5:0	2
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	****
Cox	Lori		<u>Ayn</u>	
1. Office, Agency, or Court				
Agency Name		***************************************		
Alameda County Social Services	Agen	cy Director		
Division, Board, Department, District, if applicable	Your P	osition		
► If filing for multiple positions, list below or on an atta	SEE A-17	TACKED		
2. Jurisdiction of Office (Check at least one be				
		a ar Caurt Camminaianan (C	المسائمة المشامة المسائمة	
☐ State	-	e or Court Commissioner (S	tatewide Jurisdiction)	
Multi-County	☑ Coun	ity of Alameda		
☐ City of	Other	r		
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2012, 1 December 31, 2012.		ving Office: Date Left eck one)		
The period covered is	2012 through	The period covered is Janua eaving office.	ary 1, 2012, through the date	of
Assuming Office: Date assumed		The period covered is the date of leaving office.	_/, throug	j h
Candidate: Election year	and office sought, if different than I	Part 1:		
4. Schedule Summary	^		_	
Check applicable schedules or "None."	► Total number of	pages including this	cover page: 5	_
Schedule A-1 - Investments – schedule attached	☐ Schedule	C - Income, Loans, & Busin	ness Positions – schedule atta	ched
Schedule A-2 - Investments – schedule attached		D - Income - Gifts - sched		
Schedule B - Real Property - schedule attached	✓ Schedule	E - Income - Gifts - Travel	Payments - schedule attache	ed
_	-or-			
	 No reportable interests on any sch 	hedule		
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
2000 San Pablo Avenue	Oakland	CA	94612	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRES	•		
(510) 271-9100	Lori.Cox@	②acgov.org		
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and comp			nowledge the information cont	ained
I certify under penalty of perjury under the laws of	the State of California that the fo	regoing is Due and correc	et.	
Date Signed 4/15/13	Signature			
• (month, day, year)		(1 no tito auditant aiditer arase	mon war your filing official.)	

STATEMENT OF ECONOMIC INTERESTS ATTACHMENT

If filing for multiple positions, list additional agency(ies) /position(s): Attach a separate sheet if necessary:

AGENCY		POSITION	
1)	First 5 Commission	Board Member	
2) 3)	City of Oakland Workforce Investment Board Alameda County Workforce Investment Board	Board Member Board Member	

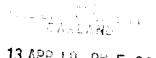


SCHEDULE D Income - Gifts



Lori A. Cox

NAME OF SOURCE	E (Not an Acronym))	► NAME OF SOURCE	(Not an Acron	ym)
ADDRESS (Busines			ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVIT	Y, IF ANY, OF SOI	URCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 , 18 , 12	\$	Raider Tickets (2)		\$	
	\$			\$	
	\$			\$	
NAME OF SOURCE	E (Not an Acronym,)	► NAME OF SOURCE	(Not an Acron	ут)
ADDRESS (Busines	s Address Accepta	ble)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVIT	TY, IF ANY, OF SO	URCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
NAME OF SOURCE	E (Not an Acronym)	► NAME OF SOURCE	E (Not an Acron	nym)
ADDRESS (Busines	ss Address Accepta	ble)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVIT	ry, if any, of so	URCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
Comments:					



SCHEDULE E Income - Gifts 13 APR 19 PR Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Lori A. Cox

- You must 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) BASSC	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CUTY AND STATE
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) Honorarium	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 05 / 07 / 12 / AMT: \$ 150.00	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
✓ Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
	I I
0	
Comments:	

Vendor N	Number: 0000807136	Cox-Jones,Lori	Check No	o.20175166
Invoice Date	Voucher ID	Gross Amount	Discount Taken	Paid Amount
May/17/2012	SQ032734	150.00	0,00	150.00
	Invoice Date		Invoice Date Voucher ID Gross Amount	Invoice Date Voucher ID Gross Amount Discount Taken

NDS 19 PH 5: 02

	_				
Check Number	Date	Total	Total	Total	Total
		Gross Amount	Discounts	Late Charges	Paid Amount
20175166	Jun/21/2012	\$150.00	\$0.00	\$0.00	\$150.00

Questions regarding payments should refer to your invoice number and should be directed to:

UNIVERSITY OF CALIFORNIA, BERKELEY DISBURSEMENTS BERKELEY, CA 94720-1101 Customer Service Support (510) 643-2199 Email: disburse@berkeley.edu



STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

13 APR -3 AM!

NA	ME OF FILER	(LAST)	(FIRST)		(MIDDLE)
C	ox	Lori		· A	yn
1.	Office, Agency, or Court				
	Agency Name	<u>y</u>			
	Alameda County Social Service	es Agency	Agency Dire	ctor	
	Division, Board, Department, District, if	applicable	Your Position		
	► If filing for multiple positions, list belo	w or on an attachment.		NO CONTRACTOR OF THE PROPERTY	
	Agency:		Position:		4999
2.	Jurisdiction of Office (Check	at least one box)			
	☐ State		☐ Judge or Court	Commissioner (Sta	atewide Jurisdiction)
	Multi-County		∠ County of Ala	meda	
	City of				
3.	Type of Statement (Check at le	ast one box)			
	Annual: The period covered is Jan December 31, 2012.	nuary 1, 2012, through	Leaving Office (Check one)	e: Date Left	
	The period covered is December 31, 2012.	, through	The period leaving off		y 1, 2012, through the date of
	Assuming Office: Date assumed		-	I covered is f leaving office.	/, through
	Candidate: Election year	and office sought	, if different than Part 1:		
4.	Schedule Summary				
	Check applicable schedules or "None	e." ► To	tal number of pages	including this	cover page:
	Schedule A-1 - Investments - sche	edule attached	Schedule C - Incom	ne, Loans, & Busine	ess Positions - schedule attached
	Schedule A-2 - Investments - sche	edule attached	Schedule D - Incon	ne – Gifts – schedu	le attached
	Schedule B - Real Property - sche	edule attached	Schedule E - Incon	ne – Giffs – Travel i	Payments – schedule attached
		-or- None - No reportable int	erests on any schedule		
5.	Verification	,			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY CITY		STATE	ZIP CODE
	2000 San Pablo Avenue	Oakland		CA	94612
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTION)		
	(510) 271-9103		Lori.Cox@acgov	.org	
	I have used all reasonable diligence in pherein and in any attached schedules is				owledge the information contained
	I certify under penalty of perjury und	er the laws of the State of Calif	ornia that the foregoing i	triand correct	•
	Date Signed 02/13/2013		Signature	M	
	(month, day, ye	ar)	-	the originally signed statem	ent with your filing official.)

STATEMENT OF ECONOMIC INTERESTS ATTACHMENT

If filing for multiple positions, list additional agency(ies) /position(s): Attach a separate sheet if necessary:

<u>AGI</u>	ENCY	<u>POSITION</u>		
1)	First 5 Commission	Board Member		
2)	City of Oakland Workforce Investment Board	Board Member		
3)	Alameda County Workforce Investment Board	Board Member		

SCHEDULE D Income - Gifts

NAME OF SOURCE (Not an Acronym) Nate Miley	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1221 Oak Street, Oakland, CA 94612	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 , 18 , 12 s Raider Tickets (2)	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\ \ \s
	\$
	/
,	
Comments:	

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

CALIFORNIA FORM	
Name	
Lori A. Cox	

- You must mark either the gift or income box.
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NAME OF SOURCE (Not an Acronym)	➤ NAME OF SOURCE (Not an Acronym)				
BASSC					
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
CITY AND STATE	CITY AND STATE				
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)				
Honorarium					
DATE(S): 05 / 07 / 12 / AMT: \$ 150.00	DATE(S):/				
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)				
☑ Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel				
Other - Provide Description	Other - Provide Description				
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
CITY AND STATE	CITY AND STATE				
JSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)				
E(S):/	DATE(S):// AMT: \$				
OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income				
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel				
ther - Provide Description	Other - Provide Description				
nts:					

· Check Date: Jun/21/2012	Vendor Number: 0000807136		Cox-Jones,Lori	Check No.20175166	
Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Paid Amount
421016 Honorarium	May/17/2012	SQ032734 ·	150.00	0.00	150.00

Check Number	Date	Total	Total	Total	Total
		Gross Amount	Discounts	Late Charges	Paid Amount
20175166	Jun/21/2012	\$150.00	\$0.00	\$0.00	\$150.00

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