

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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13 APR 19 PM 5:02

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cox Lori Ayn

1. Office, Agency, or Court

Agency Name

Alameda County Social Services

Agency Director

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED Position: _____

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

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Alameda
☐ City of _____ ☐ Other _____

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

- ☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is 01 / 31 / 2012, through December 31, 2012.
☐ **Assuming Office:** Date assumed _____
☐ **Leaving Office:** Date Left _____ (Check one)
○ The period covered is January 1, 2012, through the date of leaving office.
○ 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: 5

- ☐ **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**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2000 San Pablo Avenue Oakland CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(510) 271-9100 Lori.Cox@acgov.org

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 acknowledge this is a public document.

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

Date Signed 4/15/13
(month, day, year)

Signature _____
(Print the signature appearing on the statement with your filing official.)

OFFICE OF THE CLERK
CITY OF OAKLAND

13 APR 14 PM 5:02

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) City of Oakland Workforce Investment Board | Board Member |
| 3) Alameda County Workforce Investment Board | Board Member |

13 APR 19 PM 5:02

SCHEDULE D Income - Gifts

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

► NAME OF SOURCE (Not an Acronym)

Nate Miley

ADDRESS (Business Address Acceptable)

1221 Oak Street, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 12	\$	Raider Tickets (2)
/ /	\$	
/ /	\$	

► 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)
/ /	\$	
/ /	\$	
/ /	\$	

► 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: _____

13 APR 19 PM 5:02

SCHEDULE E
Income – Gifts
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

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

Honorarium

DATE(S): 05 / 07 / 12 - / / AMT: \$ 150.00
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

- ☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

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► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

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ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

- ☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

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 <i>Honorarium</i>	May/17/2012	SQ032734	150.00	0.00	150.00
<div>13 APR 19 PM 5:02</div>					
Check Number	Date	Total Gross Amount	Total Discounts	Total Late Charges	Total 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

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13 APR -3 AM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cox Lori Ayn

1. Office, Agency, or Court

Agency Name

Alameda County Social Services Agency

Agency Director

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

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-or-

☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

2000 San Pablo Avenue

Oakland

CA

94612

DAYTIME TELEPHONE NUMBER

(510) 271-9103

E-MAIL ADDRESS (OPTIONAL)

Lori.Cox@acgov.org

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 acknowledge this is a public document.

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

Date Signed 02/13/2013

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS ATTACHMENT

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AGENCY

POSITION

- | | | |
|----|--|--------------|
| 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

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

► NAME OF SOURCE (Not an Acronym)
 Nate Miley

ADDRESS (Business Address Acceptable)
 1221 Oak Street, Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 12	\$	Raider Tickets (2)
/ /	\$	
/ /	\$	

► 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)
/ /	\$	
/ /	\$	
/ /	\$	

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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: _____

SCHEDULE E
Income – Gifts
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.
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Honorarium

DATE(S): 05 / 07 / 12 - / / AMT: \$ 150.00
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

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

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☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

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

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CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

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

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Notes: _____

Check No.20175166

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

Customer Service Support
(510) 643-2199
Email: disburse@berkeley.edu