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.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cappio	Claudia	A.

1. Office, Agency, or Court

Agency Name
California Housing Finance Agency (CalHFA)

Division, Board, Department, District, if applicable: CalHFA Board of Directors

Your Position: Executive Director / Board Member

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

Agency: Please see attachment

Position:

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

- [x] State
- [ ] Multi-County
- [ ] City of
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of
- [ ] Other

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

- [x] **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/___, through December 31, 2011.
- [ ] **Assuming Office:** Date assumed ___/___/___
- [ ] **Candidate:** Election Year ___ Office sought, if different than Part 1:
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2011, 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:*** 13

- [x] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
500 Capitol Mall, Suite 1400	Sacramento	CA	95814

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(916) 326-8088	

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 February 21, 2012 *(month, day, year)*

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

Claudia A. Cappio

Attachment to Form 700 (2011/2012)

Multiple Position List:

1) California Tax Credit Allocation Committee (TCAC)
2) California Debt Limit Allocation Committee (CDLAC)
3) Housing Finance Committee for the Housing and Homeless Bond Act of 1988
4) Housing Finance Committee for the Housing and Homeless Bond Act of 1990
5) Housing Finance Committee for the Housing and Emergency Shelter Trust Fund Act of 2002
6) Housing Finance Committee for the Housing and Emergency Trust Fund Act of 2006

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Claudia A. Cappio

► NAME OF BUSINESS ENTITY: Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Conglomerate holding company

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Applied Materials

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Equipment, services, software

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: American Express

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Diversified financial services global

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Boeing

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Commercial airplanes, defense systems, capital

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Advanced technology, services, finance

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Celgene

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Biopharmaceuticals

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: Amount includes total family holdings

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Claudia A. Cappio (A-1, pg. 2)

► NAME OF BUSINESS ENTITY
Citigroup

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial services and banking conglomerate

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Micro processors and silicon technology

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Emerson Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Diversified manufacturing and technology

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
India Fund Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Indian equity securities sector fund

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Closed end mutual fund (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Genzyme

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Biopharmaceuticals

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED 04 / 08 / 11 DISPOSED

► NAME OF BUSINESS ENTITY
Intuitive Surgical

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Minimally invasive robotic surgical systems

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: Genzyme disposition was a tender to Sanofi Aventis.

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
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Name: Claudia A. Cappio (A-1, pg. 3)

► NAME OF BUSINESS ENTITY: Charles Schwab

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Investment services and banking

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: GE Capital

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Diversified business, industrial, real estate

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Corporate bonds (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Genworth Financial

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Financial security company

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Corporate bond (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Johnson Controls

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Diversified industrial and technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Hartford Financial Services

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Investment and insurance

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Corporate bond (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Kinder - Morgan Limited Partnership

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Pipeline transportation and energy storage

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [x] Partnership
  - ○ Income Received of $0 - $499
  - ⊗ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Claudia A. Cappio (A-1, pg. 4)

► NAME OF BUSINESS ENTITY
Proctor & Gamble

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Consumer product, pharmaceuticals, food, pets

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Tessara Technologies

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Micro electronics, imaging, optics

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Sempra Energy

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy Producer

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Texas Instruments

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Digital and analog technology products

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
Starbucks

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Coffee and related goods

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY
US Bancorp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Diversified financial services holding company

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Claudia A. Cappio (A-1, pg. 5)

► NAME OF BUSINESS ENTITY: Wells Fargo

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Diversified financial services

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Solazyme

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Biotechnology - fuels and consumer products

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

10 / 19 / 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Walgreen

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Retail drugstore chain

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Amazon

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Online retailer - diversified consumer products

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

10 / 19 / 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Johnson & Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Healthcare and biopharmaceuticals

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Franklin Utilities Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Public utilities sector fund

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other Mutual fund (Describe)
- ☐ Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Claudia A. Cappio (A-1, pg. 6)

► NAME OF BUSINESS ENTITY: Vanguard Energy Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Energy business sector fund

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual fund (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Powershares Dynamic Biotech & Genome Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Biotechnology and genetics sector fund

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Exchange traded fund (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Vanguard Health Care Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Health care industry sector fund

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual fund (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: Templeton Global Bond Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Foreign government bonds and corporate bonds

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual fund (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: FBR Gas Utility Index Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Natural gas company sector fund

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual fund (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY: First Eagle Gold Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Gold and precious metal sector fund

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual fund (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

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
Claudia A. Cappio

▶ 1. BUSINESS ENTITY OR TRUST

Sparticles LLC *
Name
4521 Montgomery Street, Oakland, CA 94611
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Planning and development consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED
12 / 30 / 11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ limited liability corp Other

YOUR BUSINESS POSITION Managing partner

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

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

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

California Capital & Investment Group
Lakeshore Partners

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED
___/___/ 11 DISPOSED

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

▶ 1. BUSINESS ENTITY OR TRUST

Claudia Ann Cappio Living Trust
Name
4521 Montgomery Street, Oakland, CA 94611
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED
___/___/ 11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ ____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

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

CalPERS pension (until 04/01/11; currently reinstated)
Sparticles LLC *
~~Kinder Morgan Limited Partnership~~

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

(1) 4521 Montgomery Street, Oakland, CA 94611
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

(2) 1201 Pine Street, # 316, Oakland, CA 94608
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/ 11 ACQUIRED
___/___/ 11 DISPOSED

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: * ceased doing business 04/01/11; dissolved 12/30/11

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Claudia A. Cappio

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1201 Pine Street, # 316

CITY
Oakland, CA 94608

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

Sparticles LLC (through 03/31/11)

Amstutz Associates (since 05/03/11)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Claudia A. Cappio

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Kinder Morgan Limited Partnership

ADDRESS *(Business Address Acceptable)*
500 Dallas Street, Suite 1000, Houston, TX 77002

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pipeline transportation and energy storage

YOUR BUSINESS POSITION
(spouse / domestic partner is a limited partner)

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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sparticles LLC

ADDRESS *(Business Address Acceptable)*
4521 Montgomery Street, Oakland, CA 94611

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Planning and development consulting

YOUR BUSINESS POSITION
Managing partner

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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☒ Other Distribution of assets upon dissolution of LLC *(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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Claudia A. Cappio

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Farimah Faiz
ADDRESS (Business Address Acceptable): 2263 Santa Clara Ave., #280, Alameda, CA 94501
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Assistant City Attorney, City of Alameda

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 07 / 11	$ 40.00	Bottle of bourbon *
/ /	$	
/ /	$	

► NAME OF SOURCE: L & M Development Partners
ADDRESS (Business Address Acceptable): 419 Park Avenue South, New York, NY 10016
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Affordable housing sponsor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 11	$ 100.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE: CitiBank (Michael Kessel, Director of Global Markets)
ADDRESS (Business Address Acceptable): 390 Greenwich, 2nd Floor, New York, NY 10013
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Banking and financial services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 11	$ 85.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE: Hawkins Delafield & Wood (Howard Zucker, Attorney)
ADDRESS (Business Address Acceptable): One Chase Manhattan Plaza, New York, NY 10005
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Law Firm (legal counsel to CalHFA)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 11	$ 30.00	Breakfast
10 / 17 / 11	$ 80.00	Dinner
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: * Gift is part of fundraising event for Breast Cancer Action / Kentucky Derby Party.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Claudia A. Cappio

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

- **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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE
California Council for Affordable Housing
ADDRESS *(Business Address Acceptable)*
1006 4th Street, 6th Floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
501(c)(6) Activities in support of affordable housing
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $ 25.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel reimbursement for affordable housing conference.

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: