

APR - 1 2016

**COVER PAGE**

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Barbadillo Garry Domingo

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

City Council

Your Position

City Councilmember

► 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 \_\_\_\_\_  
 City of Milpitas  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2015, through the date of leaving office.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

- 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**

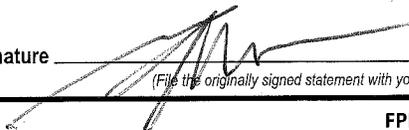
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 455 E Calaveras Blvd. Milpitas Ca 95035

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 408 ) 772-1784 garrybarbadillo@yahoo.com

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 3/30/16  
 (month, day, year)

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
Garry Barbadillo

**▶ 1. BUSINESS ENTITY OR TRUST**

Law Office of Garry Barbadillo  
Name  
1578 Centre Pointe Dr., Milpitas, CA 95035  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
LAW PRACTICE

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ 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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Law Ofc. of Garry Barbadillo 1578 Centre Pointe Dr. Milp  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Law Office

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold 8                       Other \_\_\_\_\_  
   Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ 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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

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

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/15                      \_\_\_\_\_/\_\_\_\_\_/15  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
   Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Garry Barbadillo

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Law Office of Garry Barbadillo

ADDRESS (Business Address Acceptable)  
 1578 Centre Pointe Dr., Milpitas, CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Law Practice

YOUR BUSINESS POSITION  
 Attorney/ Owner

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (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      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address  
 \_\_\_\_\_  
 City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

City Clerk's Office  
Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Estevés Jose Sison

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Milpitas  
Division, Board, Department, District, if applicable City Council Your Position Mayor

► 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 \_\_\_\_\_
- City of Milpitas  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.  Leaving Office: Date Left \_\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_\_ through December 31, 2015.  The period covered is January 1, 2015, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_  -or- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

Schedules attached

- Schedule A-1 - 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)  
455 E. Calaveras Blvd. Milpitas CA 95035

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(408) 263-1153 estevésj@aol.com

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 3/27/16  
(month, day, year)

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name Jose Esteves

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
788/790 Abel St.  
CITY Milpitas

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      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.  
 None  
Lumandez Family  
Ayenza "

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
604 KCCO Pennington St.  
CITY Milpitas

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      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.  
 None  
Mhao Tran family  
Abbey "

\* 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\* Not Reportable

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\* Not Reportable

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 Joel Esteves

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Joel Esteves, R. E. Broker

ADDRESS (Business Address Acceptable)  
825 Canada Dr. Newport A 95055

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Services

YOUR BUSINESS POSITION  
Real Estate Broker

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
see Schedule B  
 (Describe)

Other Referral Services  
 (Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Susan R. Esteves

ADDRESS (Business Address Acceptable)  
825 Canada Dr. Newport A 95055

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Property Management

YOUR BUSINESS POSITION  
Property Manager

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
see Schedule B  
 (Describe)

Other \_\_\_\_\_  
 (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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		(Describe)

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

**SCHEDULE D**  
**Income – Gifts**

Name: Jose Esteves

▶ NAME OF SOURCE (Not an Acronym)  
Golden Sun Palace Restaurant  
 ADDRESS (Business Address Acceptable)  
1678 N. Milpitas Blvd. Milpitas CA 95035  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dim Sum / Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/16/15</u>	<u>\$ 150.-</u>	<u>Food</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Northern CA Chinese Culture Athletic Federation  
 ADDRESS (Business Address Acceptable)  
48761 Wato Road, Fremont CA 94538  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cultural & Performing Arts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/08/15</u>	<u>\$ 100.-</u>	<u>Performing Arts</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_

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

Name Jon Esteves

- 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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Holiday Inn - Carlsbad

ADDRESS (Business Address Acceptable)  
2725 Palomar Airport Rd, Carlsbad CA

CITY AND STATE  
Carlsbad CA 92009

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Hotel business

DATE(S): 06/24/15 - 06/25/15 AMT: \$ 426.00  
 (If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel Opening Ceremony

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

MAR 1 2016

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Indihar Giordano DEBRA Jo

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) City of MILPITAS  
 Division, Board, Department, District, if applicable City Council Your Position MEMBER

► 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
- Multi-County \_\_\_\_\_
- City of MILPITAS
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Expressway Planning Study
- Other Advisory Board

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_\_
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**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4**

**Schedules attached**

- 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  
455 E. CALAVERAS Blvd MILPITAS CA 95035  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(408) 586-3000 GIORDANO05@AOC.COM

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 2/26/16  
 (month, day, year)

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

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
Do not attach brokerage or financial statements.

Name  
*Debra J. Indihar Golden*

▶ NAME OF BUSINESS ENTITY  
Wells Fargo Advisors

GENERAL DESCRIPTION OF THIS BUSINESS  
ONE Almaden Blvd. #150, SAN JOSE Ca 95113

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 15      \_\_\_\_\_ / \_\_\_\_\_ / 15  
 ACQUIRED                                      DISPOSED

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
*Debra J. Indihar (Vardana)*

**▶ 1. BUSINESS ENTITY OR TRUST**

Name MASTER BROKER  
Address (Business Address Acceptable) 1916 GRAND Teton Dr  
Milpitas, CA 95035  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
REAL ESTATE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  
ACQUIRED      /      / 15 DISPOSED      /      / 15

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION OWNER

**▶ 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.)**

None or  Names listed below  
Old Republic Title  
Chicago Title

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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 IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  
ACQUIRED      /      / 15 DISPOSED      /      / 15

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**

Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  
ACQUIRED      /      / 15 DISPOSED      /      / 15

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  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.)**

None or  Names listed below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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 IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  
ACQUIRED      /      / 15 DISPOSED      /      / 15

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: \_\_\_\_\_



**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

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 Date Initials Printed  
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 FEB 24 2016  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Grilli Marsha

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Milpitas  
 Division, Board, Department, District, if applicable  
 Your Position  
 City council

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2015, through the date of leaving office.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 455 E Calaveras Blvd Milpitas Ca 95035  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 408 ) 586-3031 Mgrilli@ci.milpitas.ca.gov

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 02/22/2016  
 (month, day, year)

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



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

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Marsha Grilli  
 ADDRESS (Business Address Acceptable)  
 1182 Pescadero St  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Daycare  
 YOUR BUSINESS POSITION  
 Owner

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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 Dennis Grilli  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Retired  
 YOUR BUSINESS POSITION  
 \_\_\_\_\_

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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
MAR 31 2016  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Montano Carmen

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Milpitas  
Division, Board, Department, District, if applicable Your Position  
City Council City Councilmember

► 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 \_\_\_\_\_  
 City of Milpitas  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2015, through December 31, 2015.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2015.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2015, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**Schedules attached**  
 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**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
455 E Calaveras Blvd Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 408 ) 586-3023

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 3/30/2016  
(month, day, year)

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Well-Water Education for Latino Leaders

ADDRESS (Business Address Acceptable)  
930 Colorado Blvd Bldg 2 Los Angeles CA 90041

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educational Symposium 3/5-6/2015

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/5/2015</u>	<u>\$ 174</u>	<u>Room &amp; Board</u>
<u>3/6/2015</u>	<u>\$ 174</u>	<u>Hotel Fees</u>
<u>3/6/2015</u>	<u>\$ 348</u>	<u>total</u>

▶ 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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office

MAR 30 2016

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DIAZ CHRISTOPHER

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Milpitas, City of  
Division, Board, Department, District, if applicable Your Position  
City Attorney\*

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.  
-or-  
The period covered is 09 / 23 / 2015, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_  
(Check one)
  - The period covered is January 1, 2015, through the date of leaving office.
  - or-
  - The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**Schedules attached**

- 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)  
2001 N. Main Street, Suite 390 Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 925 ) 977-3300 christopher.diaz@bbklaw.com

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 3/29/16 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

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

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
CHRISTOPHER DIAZ

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Best Best &amp; Krieger LLP</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>2001 N. Main St., #390, Walnut Creek, Ca 94596</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Firm</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Of Counsel</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____		
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
Official Use Only

FEB 25 2016

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ciardella Lawrence

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► 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 \_\_\_\_\_

City of Milpitas

Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2015, through December 31, 2015.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

**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 (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

**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**

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

455 E Calaveras Blvd

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

(408) 972-9710

E-MAIL ADDRESS

Ciardella.L@AOL.COM

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 Feb 24, 2016  
(month, day, year)

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

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Lien Hon

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable Your Position

Planning Commission

Commissioner

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- 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)

455 E Calaveras Blvd

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

( )

E-MAIL ADDRESS

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 02/24/16  
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
MAR 12 2016  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Madnawat Rajeev Kumar

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4**

**Schedules attached**

- 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)  
1578 Centre Pointe Drive Milpitas CA 95035

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 408 ) 905-6161

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 03/16/2016  
(month, day, year)

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

# 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

Rajeev K Madnawat

▶ NAME OF BUSINESS ENTITY  
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS  
IT/Telecom Equipments

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED                      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  
Rajeev K Madhawat

**1. BUSINESS ENTITY OR TRUST**

Madhawat Law Office  
Name

1578 Centre Pointe Dr, Milpitas, CA 95035  
Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Law Practice

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$2,000 - \$10,000                              \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                              \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                              \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ACQUIRED                                      DISPOSED

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Owner

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

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

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

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

1578 Centre Point Drive, Milpitas CA 95035  
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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ACQUIRED                                      DISPOSED

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold 1                       Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

CaseFox, Inc.  
Name

1578 Centre Pointe Drive, Milpitas, CA 95035  
Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ACQUIRED                                      DISPOSED

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Shareholder

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

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

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

None    or     Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ACQUIRED                                      DISPOSED

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Rajeev K Madnawat

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Madnawat Law Office

ADDRESS (Business Address Acceptable)  
 1578 Centre Pointe Drive, Milpitas CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Law Office

YOUR BUSINESS POSITION  
 Owner

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 CaseFox, Inc.

ADDRESS (Business Address Acceptable)  
 1578 Centre Pointe Drive, Milpitas, CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Internet Based Service

YOUR BUSINESS POSITION  
 Shareholder and Officer

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
 RECEIVED  
 MAR 4 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Maglalang Ray

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Milpitas  
 Division, Board, Department, District, if applicable  
 Planning Commission  
 Your Position  
 Commissioner

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- 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)  
 455 E Calaveras Blvd Milpitas CA 95035

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 (408) 262-8425 raymag72@yahoo.com

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 2-28-16  
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
 Date Initial Filing Received  
 MAR 14 2016  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Mandal Sudhir

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Milpitas  
 Division, Board, Department, District, if applicable  
 Planning Commission  
 Your Position  
 Commissioner

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

- 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)  
 455 E Calaveras Blvd Milpitas CA 95035

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 (408) 464-2538

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 3/7/2016  
 (month, day, year)

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



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
SUDHIR MANDAL

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
MANDAL SYSTEMS CONSULTING  
Address (Business Address Acceptable)  
790 KEVENAIRE DR., MILPITAS  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
SYSTEMS CONSULTING

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 15                      DISPOSED     /     / 15

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION OWNER

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

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

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

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 15                      DISPOSED     /     / 15

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**

Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 15                      DISPOSED     /     / 15

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

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

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 15                      DISPOSED     /     / 15

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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mohsin Zeya

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Milpitas, CA  
Division, Board, Department, District, if applicable  
Planning Commission  
Your Position  
Alternate Commissioner

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas, CA
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
○ The period covered is January 1, 2015, through the date of leaving office.
- or-**  
○ The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- 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**

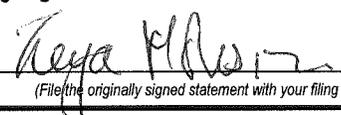
**5. Verification**

MAILING ADDRESS <small>(Business or Agency Address Recommended - Public Document)</small>	STREET	CITY	STATE	ZIP CODE
455 East Calaveras Blvd.		Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER ( 408 ) 946-6199		E-MAIL ADDRESS zmohsin13@gmail.com		

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 02/24/2016  
(month, day, year)

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

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
 Morris Demetress

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
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- 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**

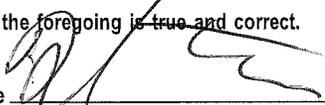
MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 455 E Calaveras Blvd Milpitas CA 95035

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 (408) 935-8074

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 2/24/16  
 (month, day, year)

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



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City Clerk's Office Date Filed Received March 8, 2016 RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) Sandhu (FIRST) Gurdev (MIDDLE) Dave

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Milpitas
Division, Board, Department, District, if applicable Planning Commission
Your Position Commissioner

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, Multi-County, City of Milpitas, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought

4. Schedule Summary (must complete) Total number of pages including this cover page: 1
Schedules attached: Schedule A-1, A-2, B, C, D, E
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
455 E Calaveras Blvd Milpitas CA 95035
DAYTIME TELEPHONE NUMBER (408) 586-9556
E-MAIL ADDRESS gs.sandhu@hotmail.com

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 March 7, 2016 Signature Gurdev Singh Sandhu

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Williams Thomas C.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Milpitas  
 Division, Board, Department, District, if applicable  
 Your Position  
 City Manager

► 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
- Multi-County \_\_\_\_\_
- City of Milpitas
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2015, through the date of leaving office.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
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- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

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

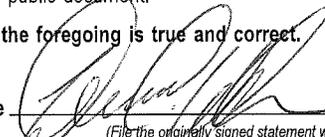
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 455 E Calaveras Blvd Milpitas CA 95035  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 408 ) 586-3000

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 3/1/16  
 (month, day, year)

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