CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

City Clerk's Office
Date Received

COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Esteves	Jose	S	(408) 586-3029
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
455 E. Calaveras Blvd	Milpitas	CA 95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Milpitas

Division, Board, District, if applicable:
City Council

Your Position:
Mayor

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☒ City of Milpitas
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 5

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed 3/15/07 (month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jose Esteves

SCHEDULE B
Interests in Real Property
(Including Rental Income)

> STREET ADDRESS OR PRECISE LOCATION
788/790 Abel Street
CITY
Milpitas

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

IF APPLICABLE, LIST DATE:
__/__/06 ACQUIRED
__/__/06 DISPOSED

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold ____ Yrs. remaining
- [ ] ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $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.
Filemon Reyno & family

> STREET ADDRESS OR PRECISE LOCATION
604/606 Dempsey St.
CITY
Milpitas

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

IF APPLICABLE, LIST DATE:
__/__/06 ACQUIRED
__/__/06 DISPOSED

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold ____ Yrs. remaining
- [ ] ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $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.
Huy Tran & family
Filemon Esteves

* 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*
Not Reportable
ADDRESS

BUSINESS ACTIVITY 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 ACTIVITY 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: ____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jose Estevez

SCHEDULE B
Interests in Real Property
(Including Rental Income)

> STREET ADDRESS OR PRECISE LOCATION: 406 N. Park Victoria Dr.
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:
__/__/06 ACQUIRED
__/__/06 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.
Brian Cao & family

> STREET ADDRESS OR PRECISE LOCATION: 825 Canada Dr.
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:
__/__/06 ACQUIRED
__/__/06 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.
N/A

* 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*: Not Reportable
ADDRESS:
BUSINESS ACTIVITY 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 ACTIVITY 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jose Efrain

SCHEDULE B
Interests in Real Property
(Including Rental Income)

➤ STREET ADDRESS OR PRECISE LOCATION
398 Landess Ave.
CITY
San Jose CA 95132

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

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 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.
Rodriguez family Villalobos family
Singh " Tran "

➤ STREET ADDRESS OR PRECISE LOCATION

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:
___/___/06 ACQUIRED ___/___/06 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, 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*
Not Reportable.
ADDRESS

BUSINESS ACTIVITY 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 ACTIVITY 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: Jozi Estevez

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Jozi Estevez, R.E. Broker

ADDRESS: 825 Canada St., Milpitas CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate Services

YOUR BUSINESS POSITION: Real Estate Broker

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $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
- [ ] Sale of _____ (Property, car, boat, etc.)
- [x] Commission or
- [ ] Rental income, *list each source of $10,000 or more*
- [ ] Other Referral Services (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: CB Associates

ADDRESS: Sunnyvale, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Computer Services

YOUR BUSINESS POSITION: Spouse – Marketing Director

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental income, *list each source of $10,000 or more*
- [ ] Other _____ (Describe)

2. LOAN RECEIVED

* 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 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

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GIORDANO	DEBRA	J.	(408) 945-8980

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1916 GRAND TETON DR	Milpitas	Ca	95035	Debbiegmilpitas@Aol.com (408) 586-8151

1. Office, Agency, or Court

Name of Office, Agency, or Court: City of MILPITAS

Division, Board, District, if applicable: City Council

Your Position: member

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

Agency: Joint Powers Authority SANTA CLARA LIBRARY

Position: member

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

☐ State

☒ County of Santa Clara

☒ City of MILPITAS

☐ Multi-County

☐ Other

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 6

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed 2/6/07 (month, day, year)

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.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name Debra J. Gordon

➤ NAME OF BUSINESS ENTITY
A. G. Edwards

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
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)

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 DISPOSED

Comments: _____

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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: DEBRA J. GIORDAN

1. BUSINESS ENTITY OR TRUST

Name: MASTER BROKER'S

Address: 1916 GRAND TETON DRIVE, MILPITAS, CA 95035

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: REAL ESTATE

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

IF APPLICABLE, LIST DATE: __/__/06 ACQUIRED; __/__/06 DISPOSED

NATURE OF INVESTMENT: ☒ Sole Proprietorship ☐ Partnership ☐ _____ 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)

MASTER BROKER'S

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

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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: __/__/06 ACQUIRED; __/__/06 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

Name:

Address:

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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

IF APPLICABLE, LIST DATE: __/__/06 ACQUIRED; __/__/06 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)

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

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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: __/__/06 ACQUIRED; __/__/06 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name DEBRA J. GIORDANO

SCHEDULE B
Interests in Real Property
(Including Rental Income)

➤ STREET ADDRESS OR PRECISE LOCATION
887- 889 S. Park Victoria Drive

CITY
MILPITAS, Ca

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

IF APPLICABLE, LIST DATE:
11/04/06 ACQUIRED
/ /06 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.

➤ STREET ADDRESS OR PRECISE LOCATION

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:
/ /06 ACQUIRED
/ /06 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, 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 ACTIVITY 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 ACTIVITY 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: Debra J. Giordano

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: MASTER BROKERS

ADDRESS: 1916 GRAND Teton Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE: MILPITAS, Ca 95035

YOUR BUSINESS POSITION: BROKER / 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
- ☐ Loan repayment
- ☐ Sale of _____ (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

ADDRESS

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

2. LOAN RECEIVED

* 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 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

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Gomez	Armando		(408) 942-1110
MAILING ADDRESS (May use business address) STREET	**CITY**	**STATE ZIP CODE**	**OPTIONAL: FAX / E-MAIL ADDRESS**
1487 Yosemite Dr	Milpitas	CA 95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court: City of San Jose

Division, Board, District, if applicable: Mayor's office

Your Position: Sr. Policy Advisor

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

Agency: City of Milpitas

Position: City Councilmember

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

- ☐ State
- ☐ County of _____
- ☒ City of ~~San Jose~~ Milpitas, San Jose
- ☐ Multi-County _____
- ☐ Other _____

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

- ☒ Assuming Office/Initial Date: ~~1/31/07~~
- ☑ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

- ○ The period covered is ___/___/___, through December 31, 2006.
- ☐ Leaving Office Date Left: ___/___/___ (Check one)
  - ○ The period covered is January 1, 2006, through the date of leaving office.

-or-

  - ○ The period covered is ___/___/___, through the date of leaving office.
- ☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 2

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☑ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed ~~1/31/07~~ 4/2/07
(month, day, year)

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

➤ NAME OF SOURCE
Bob Livengood
ADDRESS
1453 Gingerwood Dr. Milpitas CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Councilmember

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/1/06	$ 80.00	Warriors Tix
11/1/06	$ 80.00	Warriors Tix
/ /	$	

➤ NAME OF SOURCE
AWIN
ADDRESS
1601 Dixon Landing Dr., Milpitas, CA 95035
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Garbage contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/21/06	$ 180.00	Sharks tix
/ /	$ AG reimbursed/Pd AWIN	
/ /	$ cost of tix	

➤ NAME OF SOURCE
Noelle Tabladillo / Kaiser Permanente
ADDRESS
611 S. Milpitas Blvd. Milpitas, CA 95035
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/26/06	$ 75.00	Chamber Power Event
/ /	$ value of meals under $50.00	
/ /	$	

➤ NAME OF SOURCE
24 hr. Fitness
ADDRESS
Jacklyn Rd. Milpitas, CA 95035
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gym

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/6/06	$ 120.00	3 mos. membership offered to general public
/ /	$	
/ /	$	

➤ NAME OF SOURCE
Pete McHugh
ADDRESS
323 Los Pinos Way, Milpitas, CA 95035
BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/4/06	$ 100.00	COPE Dinner
/ /	$ value of dinner under $50	
/ /	$	

➤ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
LIVENGOOD	ROBERT	H.	(650) 363-4714
MAILING ADDRESS (May use business address) STREET	**CITY**	**STATE ZIP CODE**	**OPTIONAL: FAX / E-MAIL ADDRESS**
2336 EDSEL DR.	MILPITAS	CA 95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CITY OF MILPITAS

Division, Board, District, if applicable:

Your Position:
CITY COUNCILMAN/VICE-MAYOR

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

Agency: BAWSCA

Position: MEMBER

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

- ☐ State
- ☐ County of
- ☒ City of MILPITAS
- ☐ Multi-County
- ☐ Other

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 3

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed 3-19-07
(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)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

---

1. BUSINESS ENTITY OR TRUST

Name: RHL CONSULTING

Address: 2336 EOSEL DR. MILPITAS CA 95035

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: CONSULTING FIRM

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

IF APPLICABLE, LIST DATE: __/__/06 ACQUIRED __/__/06 DISPOSED

NATURE OF INVESTMENT: ☒ Sole Proprietorship ☐ Partnership ☐ ____ 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)

ARISTA BUSINESS IMAGING SOLUTIONS (AKA "WIZ FRANCHISING")

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

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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: __/__/06 ACQUIRED __/__/06 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

Name

Address

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE: __/__/06 ACQUIRED __/__/06 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)

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

Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number 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: __/__/06 ACQUIRED __/__/06 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:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
County of San Mateo

ADDRESS
330 Bradford St., Redwood City

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County

YOUR BUSINESS POSITION
Management Analyst

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
- ☐ Sale of _____ (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

ADDRESS

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

2. LOAN RECEIVED

* 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*
Stanley Tinker

ADDRESS
7026 Fulton #4 SF, CA.

BUSINESS ACTIVITY, IF ANY, OF LENDER
Businessman

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

INTEREST RATE
10 % ☐ None

TERM (Months/Years)
24 mos.

SECURITY FOR LOAN
- ☒ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ (Describe)

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Polanski	Althea	L.	(408) 263-9034
MAILING ADDRESS (May use business address) STREET	**CITY**	**STATE ZIP CODE**	**OPTIONAL: FAX / E-MAIL ADDRESS**
2083 Mesa Verde Drive	Milpitas	CA 95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Milpitas City Councilmember

Division, Board, District, if applicable:
City of Milpitas

Your Position:
Councilmember

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☒ City of Milpitas
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ____/____/____, through December 31, 2006.

☐ Leaving Office Date Left: ____/____/____ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 2

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☑ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed 03/27/07
(month, day, year)

Signature Althea L Polanski
(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
Althea L. Polanski

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MetroED

ADDRESS
760 Hillsdale Ave., San Jose, CA 95136

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Institution

YOUR BUSINESS POSITION
Office Manager/Sr. Administrative Assistant

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
- ☐ Sale of _____ *(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

ADDRESS

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

2. LOAN RECEIVED

* 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 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

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Williams	Tom		(408) 586-3051

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
455 E. Calaveras Blvd	Milpitas	CA	95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Milpitas

Division, Board, District, if applicable:

Your Position:

City Manager

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☒ City of Milpitas
☐ Multi-County _____
☐ Other _____

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

☒ Assuming Office/Initial Date: 12 / 15 / 06

☐ Annual: The period covered is January 1, 2005, through December 31, 2005.

-or-

○ The period covered is ____/____/____, through December 31, 2005.

☐ Leaving Office Date Left: ____/____/____ (Check one)

○ The period covered is January 1, 2005, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** _____

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

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

Date Signed 12/15/06 (month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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MAR 30 2007

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
ALI-SANTOSA,	GUNAWAN		(408) 263-4638

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
455 E. CALAVERAS BLVD.	MILPITAS	CA	95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
PLANNING COMMISSION

Division, Board, District, if applicable:

Your Position:
MEMBER OF PLANNING COMMISSION

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☒ City of MILPITAS
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 2

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed 03-28-2007
(month, day, year)

Signature _____
(File this 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
GUNAWAN ALI-SANTOSA

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SUN MICROSYSTEMS, INC

ADDRESS
7788 GATEWAY BLVD.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NEWARK, CA 94560

YOUR BUSINESS POSITION
MANAGER

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Sale of _____ (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

ADDRESS

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
- [ ] Loan repayment
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ (Describe)

2. LOAN RECEIVED

* 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 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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only
MAR 30 2007
RECEIVED

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
AZEVEDO	NORMAN	A.	(408) 946-1725

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
60 WILSON WAY SP 88	MILPITAS	CA	95035	AZEVEDONORMAN@YAHOO.COM

1. Office, Agency, or Court

Name of Office, Agency, or Court:
PLANNING COMMISSIONER

Division, Board, District, if applicable:
PLANNING COMMISSIONER

Your Position:
PLANNING COMMISSIONER

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☑ City of MILPITAS
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ____/____/____, through December 31, 2006.

☐ Leaving Office Date Left: ____/____/____
(Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 4

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

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

Date Signed 3-29-07
(month, day, year)

Signature Norman A Azevedo
(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)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name AZEVEDO

1. BUSINESS ENTITY OR TRUST

Name: NORMAN A AZEVEDO

Address: 60 WILSON WAY SP 88

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 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)

SOCIAL SECURITY PENSION
RETAIL CLERKS PENSION
LOCK IT UP STORAGE

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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:
___/___/06 ACQUIRED ___/___/06 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

Name

Address

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE:
___/___/06 ACQUIRED ___/___/06 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)

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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:
___/___/06 ACQUIRED ___/___/06 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name AZEVEDO

SCHEDULE B
Interests in Real Property
(Including Rental Income)

➤ STREET ADDRESS OR PRECISE LOCATION
60 WILSON WAY SP68

CITY
MILPITAS, CA 95035

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

IF APPLICABLE, LIST DATE:
11/01/99 (ACQUIRED) ___/___/06 (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.

➤ STREET ADDRESS OR PRECISE LOCATION

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:
___/___/06 (ACQUIRED) ___/___/06 (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, 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*
MURPHY BANK

ADDRESS
FRESNO, CA

BUSINESS ACTIVITY OF LENDER
BANK

INTEREST RATE
10.5 % ☐ None

TERM (Months/Years)
15 YRS

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 ACTIVITY 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 AZEVEDO

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
LOCK IT UP STORAGE

ADDRESS
38491 FREMONT BLVD

BUSINESS ACTIVITY, IF ANY, OF SOURCE
STORAGE

YOUR BUSINESS POSITION
ASST. MGR

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Sale of _____ (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

ADDRESS

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
- [ ] Loan repayment
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ (Describe)

2. LOAN RECEIVED

* 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 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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

City Clerk's Office
Date Received
Official Use Only
APR - 2 2007
RECEIVED

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Ciardella	Lawrence	John	650 321 5913 ( )

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
455 E. Calaveras Blvd	Milpitas	CA	95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Milpitas

Division, Board, District, if applicable:
Planning Comm.

Your Position:
Commissioner.

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☒ City of Milpitas
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ____/____/____, through December 31, 2006.

☐ Leaving Office Date Left: ____/____/____ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 1

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

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

Date Signed 4/2/07 (month, day, year)

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

City Clerk's Office
Date Received
Official Use Only
MAR 14 2007
RECEIVED

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MANDAL	SUDHIR	K.	(408) 464-2538

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL FAX / E-MAIL ADDRESS
790 KEVENAIRE DR.	MILPITAS	CA	95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
PLANNING COMMISSION

Division, Board, District, if applicable:

Your Position:

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☑ City of MILPITAS
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☑ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 3

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☑ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☑ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed 3/11/2007
(month, day, year)

Signature Sudhir K Mandal
(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)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: SUDHIR K. MANDAL

1. BUSINESS ENTITY OR TRUST

Name: MANDAL SYSTEMS CONSULTING

Address: 790 KEVENAIRE DR., MILPITAS, CA

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: REAL ESTATE SALES / MANAGEMENT

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

IF APPLICABLE, LIST DATE:
/ /06 ACQUIRED
/ /06 DISPOSED

NATURE OF INVESTMENT
☑ Sole Proprietorship ☐ Partnership ☐ _____ 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)

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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:
/ /06 ACQUIRED
/ /06 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

Name:

Address:

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

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

IF APPLICABLE, LIST DATE:
/ /06 ACQUIRED
/ /06 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)

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number 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:
/ /06 ACQUIRED
/ /06 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
SUDHIR K. MANDAL

SCHEDULE B
Interests in Real Property
(Including Rental Income)

➤ STREET ADDRESS OR PRECISE LOCATION
1327 DANIEL CT.

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:
___/___/06 ACQUIRED ___/___/06 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.**

VEERA SANDIPARTHI

➤ STREET ADDRESS OR PRECISE LOCATION

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:
___/___/06 ACQUIRED ___/___/06 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, 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 ACTIVITY 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 ACTIVITY 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Sandhu	Gurdev	S	(408) 586-3000
MAILING ADDRESS (May use business address) STREET	**CITY**	**STATE ZIP CODE**	**OPTIONAL: FAX / E-MAIL ADDRESS**
455 E. Calaveras Blvd	Milpitas	CA 95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Milpitas

Division, Board, District, if applicable:
Planning Commission

Your Position:
Commissioner

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

Agency: _____

Position: _____

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

- ☐ State
- ☐ County of _____
- ☒ City of Milpitas
- ☐ Multi-County _____
- ☐ Other _____

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

☒ Assuming Office/Initial Date: 01 / 10 / 07

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office, Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 2

➡ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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

Date Signed February 14, 2007
(month, day, year)

Signature Gurdev Singh Sandhu
(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
GURDEV S. SANDHU

1. NAME OF SOURCE OF INCOME

ADDRESS
2701 ORCHARD PARKWAY SJ CA 95134

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ROCKWELL COLLINS

YOUR BUSINESS POSITION
SR. QA ENGINEER

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☒ Spouse's Income ☐ Loan repayment
☒ Sale of PROPERTY IN INDIA (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other (Describe)
☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's Income ☐ Loan repayment
☐ Sale of (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other (Describe)
☐ LOAN RECEIVED (complete box 2)

1. NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's Income ☐ Loan repayment
☐ Sale of (Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other (Describe)
☐ LOAN RECEIVED (complete box 2)

2. LOAN RECEIVED

INTEREST RATE
5 % ☐ None

TERM (Months/Years)
Adjustable

SECURITY FOR LOAN
☐ None ☒ Personal residence
☐ Real Property (Street address)
(City)
☐ Guarantor
☐ Other (Describe)

* 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.

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
TARLADILLO	NOELLA	CA	(408) 910 6728

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
455 E. CALAVERAS BLVD	MILPITAS	CA	95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court: CITY OF MILPITAS MILPITAS PLANNING COMMISSION

Division, Board, District, if applicable:

~~Commissioner~~ N/A

Your Position:

Commissioner

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

Agency: _____

Position: _____

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

☐ State

☐ County of _____

☒ City of MILPITAS

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

○ The period covered is ____/____/____, through December 31, 2006.

☐ Leaving Office Date Left: ____/____/____ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

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Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

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

Date Signed _____ (month, day, year) 3/28/07

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
WILLIAMS	CLIFFORD	RAYMOND	(408) 946-2748

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
455 E. CALAVERAS BL	MILPITAS	CA	95035	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CITY OF MILPITAS

Division, Board, District, if applicable:
PLANNING COMMISSION

Your Position:
COMMISSIONER

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

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☒ City of MILPITAS
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

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-or-

○ The period covered is ___/___/___, through December 31, 2006.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2006, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➡ **Total number of pages including this cover page:** 1

➡ **Check applicable schedules or "No reportable interests."**

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Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

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

Date Signed 26 MAR 07
(month, day, year)

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