

COVER PAGE

JAN 20 2015

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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 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, 2014, through December 31, 2014.
 -or-
 The period covered is _____, through December 31, 2014.
 Assuming Office: Date assumed 01 / 14 / 2015
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary
 Check applicable schedules or "None." ▶ Total number of pages including this cover page: _____
 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) 586-3279 262-8425 raymag@prodigy.net

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 1-20-15
 (month, day, year)

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

JAN 16 2015

COVER PAGE

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

Mohsin Zeya

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

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

Planning Commission

Alternate 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 _____
- Other _____

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____, through December 31, 2014.
- Assuming Office:** Date assumed 01 / 14 / 2015
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- 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) 586-3279

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 16 Jan - 2015
(month, day, year)

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