**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

City Clerk's Office
Date Initial Filing Received
Official Use Only
MAR 29 2018
RECEIVED

*Please type or print in ink.*

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| Diaz | Christopher | + J |

## 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, 2017, through December 31, 2017.
-or-
The period covered is ___/___/_____, through December 31, 2017.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____
*(Check one)*
○ The period covered is January 1, 2017, through the date of leaving office.
-or-
○ The period covered is ___/___/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

## 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 (Business or Agency Address Recommended - Public Document) STREET | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 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** 3/16/18 *(month, day, year)*

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

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Initial Filing Received
*Official Use Only*

Filed Date: 03/21/2018 11:56 AM
SAN: FPPC

*Please type or print in ink.*

| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
|---|---|---|
| Diaz | Christopher | J |

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Milpitas

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, 2017, through December 31, 2017.
-or-
The period covered is ___/___/_____, through December 31, 2017.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____
*(Check one)*
○ The period covered is January 1, 2017, through the date of leaving office.
-or-
○ The period covered is ___/___/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

## 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 *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 2001 N Main St Ste 390 | Walnut Creek | CA | 94596-7274 |

| 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 03/21/2018 11:56 AM
*(month, day, year)*

Signature Electronic Submission
*(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

NAME OF SOURCE OF INCOME
Best Best & Krieger LLP

ADDRESS *(Business Address Acceptable)*
2001 N. Main St., #390, Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

YOUR BUSINESS POSITION
Of Counsel

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $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 (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)*

### ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $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:** _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Christopher Diaz

# SCHEDULE D
## Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Bob Nunez
ADDRESS *(Business Address Acceptable)*
455 E. Calaveras Blvd, Milpitas, CA 95035
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 10 / 01 / 17 | $ 150.00 | BayMEC Gala |
| / / | $ | |
| / / | $ | |

▶ 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:

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Initial Filing Received
Official Use Only
City Clerk's Office
MAR 28 2018
RECEIVED

*Please type or print in ink.*

NAME OF FILER (LAST): Fuentes
(FIRST): Will
(MIDDLE):

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Milpitas

Division, Board, Department, District, if applicable: Finance Department

Your Position: Finance Director

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: Calif. Society of Municipal Finance Ofc. (CSMFO)
Position: Committee Vice-Chair

## 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, 2017, through December 31, 2017.

-or-

The period covered is ____/____/_____, through December 31, 2017.

☐ **Assuming Office:** Date assumed ____/____/_____

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

○ The period covered is January 1, 2017, through the date of leaving office.

-or-

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

☐ **Candidate:** Date of Election _____ 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 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) *(Business or Agency Address Recommended - Public Document)*: 455 E Calaveras Blvd
CITY: Milpitas
STATE: CA
ZIP CODE: 94568

DAYTIME TELEPHONE NUMBER: ( 408 ) 586-3111
E-MAIL ADDRESS: wfuentes@ci.milptas.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** 03-28-2018 *(month, day, year)*

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Will Fuentes

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

- **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 gift limit, but may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

▶ NAME OF SOURCE *(Not an Acronym)*
California Society of Municipal Finance Ofc. (CSMFO)
ADDRESS *(Business Address Acceptable)*
700 R Street, Suite 200
CITY AND STATE
Sacramento, CA 95811
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional organization for municipal finance
DATE(S): 01/01/17 - 12/31/17 *(If gift)* AMT: $ 624.59
▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income
○ Made a Speech/Participated in a Panel
● Other - Provide Description
Planning activities for committee vice-chair role
▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
○ Made a Speech/Participated in a Panel
○ Other - Provide Description
▶ If Gift, Provide Travel Destination

**Comments:**

**CALIFORNIA FORM 700**
**FAIR POLITICAL PRACTICES COMMISSION**
**A PUBLIC DOCUMENT**

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Initial Filing Received
City Clerk's Office
Official Use Only
OCT 10 2017
RECEIVED

*Please type or print in ink.*

NAME OF FILER (LAST): WILLIAMS (FIRST): THOMAS (MIDDLE): CHARLES

### 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF MILPITAS

Division, Board, Department, District, if applicable:

Your Position: CITY MANAGER - RET

► 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, 2016, through December 31, 2016.

-or-

The period covered is ___/___/___, through December 31, 2016.

☐ **Assuming Office:** Date assumed ___/___/___

☒ **Leaving Office:** Date Left 9/16/17 *(Check one)*

○ The period covered is January 1, 2016, through the date of leaving office.

-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:* _____

*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

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 9/28/17 *(month, day, year)*

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