

JAN 15 2019

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dominguez Karina R

1. Office, Agency, or Court

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

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

Agency: City of Milpitas Position: City Councilmember

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, 2017, through December 31, 2017.
- or- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed 12 / 18 / 2018
- 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: 1

Schedules attached

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

-or-

None - No reportable interests on any schedule

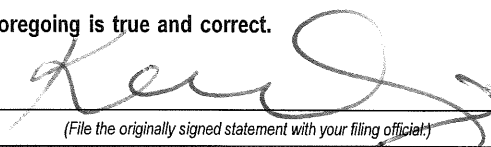
5. Verification

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

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 1/14/2019
(month, day, year)

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

COVER PAGE

JAN 04 2019

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Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

- State
- 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 12 / 18 / 2018
- 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: _____

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- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

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

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed December 29, 2018
(month, day, year)

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