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FAIR POLITICAL PRACTICES COMMISSION	RECONOMIC INTERESTS	Date Received Official Use Only RECEIVED San Jose City Cler
Please type or print in ink. 2014 MA	R20 PH 2:07	2011 1110
NAME OF FILER (LAST)	(FIRST)	2011 (MIDDLE) -7 11110: 0
Liccardo Sam	T.	
1. Office, Agency, or Court	·	
Agency Name (Do not use acronyms) City of San Jose		· · · · · · · · · · · ·
Division, Board, Department, District, if applicable	Your Position	•
City Council	Councilmember	
► If filing for multiple positions, list below or on an attachment. (Do not u	se acronyms)	
Agency: See attachment	Position:	
2. Jurisdiction of Office (Check at least one box)	· · · · · · · · · · · · · · · · · · ·	
State	Judge or Court Commissioner (State	ewide Jurisdiction)
Multi-County	County of	•
City of San Jose	Other	:
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2013, through December 31, 2013.	Leaving Office: Date Left/. (Check one)	
-or- The period covered is/, through December 31, 2013.	O The period covered is January leaving office.	1, 2013, through the date of
Assuming Office: Date assumed/	O The period covered is/ the date of leaving office.	/, through
Candidate: Election year 2014 and office sought, i	f different than Part 1: <u>Mayor</u>	
4. Schedule Summary	· · · · · · · · · · · · · · · · · · ·	15
	I number of pages including this co	over page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule	
Schedule B • Real Property – schedule attached	Schedule E - Income – Gifts – Travel Pa	yments - schedule attached
-or-		•
None - No reportable inter	rests on any schedule	

5. Verification	•							
	penatty of perjury	under the laws o	or the State or					
		under the laws o	or the State or					
i certity under Date Signed	3/06/2014	day, year)	or the State or (
	3/06/2014		or the State of (
	13/06/2014 (month.e		or the State of (FPPC Toll-F	ree Helpline: 8	366/275-3772 w	vww.tppc.ca.go	v
	13/06/2014 (month.e		or the State of (FPPC Toll-F	ree Helpline: 8	366/275-3772 w	vww.tppc.ca.go	V
	13/06/2014 (month.e			FPPC Toll-F	ree Helpline: 8	166/275-3772 w	vww.fppc.ca.go	v

Section 1 Additional Agencies/ Positions for Samuel T. Liccardo

Agency

2

Division, Board, Department District

Position

Santa Clara Valley Transportation Authority

Association of Bay Area Governments Metropolitan Transportation Commission Board of Directors

Executive Board Commission

Ex-Officio Board Member Director Commissioner

	SCHEDU	
	Investm	
	Stocks, Bonds, and	
	(Ownership Interest is	
	Do not attach brokerage o	r financial statements.
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Bristol-Meyers Squibb GENERAL DESCRIPTION OF THIS BUSINESS	Intuitive Surgical GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals	Medical Device
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
	S100,001 - \$1,000,000	S100,001 - \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Partnership O Income Received of \$0 - \$499	(Describe)
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/_13/13	//_13//_13 ACQUIRED DISPOSED
_	ACQUIRED DISPOSED NAME OF BUSINESS ENTITY	ACQUIRED DISPOSED
•	JP Morgan Chase & Co	Cisco
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Financial Services	Computer Network Equipment
	FAIR MARKET VALUE	FAIR MARKET VALUE
	✓ \$2,000 - \$10,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □	
	NATURE OF INVESTMENT Stock Other	Stock Other (Describe)
	(Describe)	Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	05 / 31 / 13 / / 13 ACQUIRED DISPOSED	// 13// 13 ACQUIRED DISPOSED
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
*	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
		FAIR MARKET VALUE
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
	Stock Other (Describe) (Describe)	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments:

	SCHEDULE A-1	CALIFORNIA FORM 700
	Investments	FAIR POLITICAL PRACTICES COMMISSION
Stocks,	Bonds, and Other Interests	Name
(Owne	ership Interest is Less Than 10%)	sam liccardo
Do not al	ttach brokerage or financial statements.	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS E	NTITY
Senior Housing Properties Trust	Nationwide Healt	h Properties, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTIC	ON OF THIS BUSINESS
REIT	REIT	
FAIR MARKET VALUE	FAIR MARKET VALUE	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
S2,000 - \$10,000 S10,000 S10,000		10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,00	00 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTME	
Stock Other (Describe)	💭 Stock 🔲 Oth	er (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Re		me Received of \$0 - \$499 me Received of \$500 or More (Report on Schedule
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST D	ATE:
// 13// 13		<u>//_13</u>
//13	ACQUIRED	/_13 DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS E	INTITY
Microsoft	American States	······································
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTIC	N OF THIS BUSINESS
Software	Water Utility	
FAIR MARKET VALUE	FAIR MARKET VALUE	
		\$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,00	00 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTME	
Stock Other(Describe)	V Stock Oth	er (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Received of \$500 or More (Received of \$500))		me Received of \$0 - \$499 me Received of \$500 or More (Report on Schedule
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST D	ATE:
// 13// 13 ACQUIRED DISPOSED	//_13 ACQUIRED	<u> </u>
ACQUIRED DISPOSED	ACQUIRED	DISPOSED
NAME OF BUSINESS ENTITY	NAME QF BUSINESS E	NTITY
Federal Express	Merci	•
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTIO	N OF THIS BUSINESS
Freight Delivery	Pharmaceuticals	
FAIR MARKET VALUE	FAIR MARKET VALUE	
∑ \$2,000 - \$10,000 □ \$10,001 - \$100,000		□ \$10,001 - \$100,000
S100,001 - \$1,000,000	\$100,001 - \$1,000,00	00 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTME	
Stock Other(Describe)	[] [] Stock [] Oth	er (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Re		me Received of \$0 - \$499 me Received of \$500 or More (Report on Schedule
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST D	ATE:
// 13// 13		<u>//_13_</u>

SCHEDULE	FAIR BOUTICAL BRACTICES COMMISSION
Investments, Incom	e, and Assets
of Business Enti (Ownership Interest is 1	
► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Revocable Trust	
Name Samuel A. Liccardo, Saratoga, CA 95070	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 13 \$10,000 13 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 1_13 \$2,000 - \$10,000 13 \$10,001 - \$100,000 ACQUIRED \$10,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None
Sale of only real estate asset in trust. (See below)	
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
1002 N. 5th Street Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
San Jose, CA 95112 Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 /_/13 12/01/13 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000 DISPOSED	\$2,000 - \$10,000 13 13 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000 13
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
Leasehold <u>Yrs, remaining</u> Other Beneficiary in Trust	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: 10% interest in late grandfather's house	FPPC Form 700 (2013/2014) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov

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FPPC Advice Email: advice@tppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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Positic (Other than Gifts and	
	► 1. INCOME RECEIVED
AME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
City of San Jose	
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
200 E. Santa Clara Street, San Jose, CA 95113	
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government	
OUR BUSINESS POSITION	YOUR BUSINESS POSITION
Councilmember	
ROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered doméstic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
] Sale of	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
1 0/1-0	Other
Other(Describe)	(Describe)
. I	l i i i i i i i i i i i i i i i i i i i
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOP

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% [] Non	e
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Pe	ersonal residence
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD		Street address
\$500 - \$1,000	<u> </u>	City
\$1,001 - \$10,000		
\$10,001 - \$100,000	Guarantor	- <u> </u>
OVER \$100,000	Other	
		(Describe)
Comments:		
· · ·		EPPC Form 700 (2013/2014) Sch

CALIFORNIA FORM 700

Name

SAM Liccardo

NAME OF SOURCE (Not an Acro	onym)	► NAME OF SOURCE (Not an Acronym)	
Ron & Mary Lou Strong		Brian & Karen Marshall	
ADDRESS (Business Address Acc	ceptable)	ADDRESS (Business Address Acceptab	le)
•		319 W Vinedo Ln, Tempe, A	-
BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOU	
	500.02		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
05,23,13 50.0	00 Wedding Gift	03,28,13 50.00	Wedding Gift
<u>05,23,13</u> <u>50.0</u>		<u>03,28,13</u> <u>50.00</u>	
/ \$		\$\$	
		\$\$	
NAME OF SOURCE (Not an Acro	onym)	► NAME OF SOURCE (Not an Acronym)	· · · · · · · · · · · · · · · · · · ·
Dean & Susan Munro		Jason, Cathy, Will Portman	
ADDRESS (Business Address Acc	ceptable)	ADDRESS (Business Address Acceptab	le)
912 Campisi Way, #309		1677 Fairwood Ave, San Jos	
BUSINESS ACTIVITY, IF ANY, OF		BUSINESS ACTIVITY, IF ANY, OF SOU	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
o			
<u>04 07 13 s 50.0</u>	00 Wedding Gift	<u>05,03,13</u> <u>\$</u> 50.00	Wedding Gift
			`
/\$	·	\$\$	
	· · · · · · · · · · · · · · · · · · ·		
/\$		\$\$	
NAME OF SOURCE (Not an Acro		► NAME OF SOURCE (Not an Acronym)	······································
The Pizarro Family		Pam & Vitto Nasorri West &	Family
ADDRESS (Business Address Acc	ceptable)	ADDRESS (Business Address Acceptab	
120 N 14th St, San Jose			• •
BUSINESS ACTIVITY, IF ANY, OF		BUSINESS ACTIVITY, IF ANY, OF SOU	RCE
	· · · · · · ·		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
05,08,13 50.0	00 Wedding Gift	05,12,13 50.00	Wedding Gift
<u>05,08,13</u> <u>\$</u> 50.0		s	
\$	· · · · · · · · · · · · · · · · · · ·	\$\$	
·			
\$	·····	li/ \$	
Comments:			

CALIFORNIA FORM 700

Name

say viccardo

NAME OF SOURCE	E (Not an Acronym)	*	► NAME OF S	OURCE (Not an Ac	ronym)	
John Malinow			11	nily Wilcox		
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Business Address A	cceptable) •	
• •				ster Dr, San Jo	ose, CA 95118	
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS A	CTIVITY, IF ANY, C	F SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/d	d/yy) VALUE	DESCRIPTION OF	GIFT(S)
05,07,13	<u>\$50.00</u>	Wedding Gift		13 <u>\$</u> 50	.00 Wedding Gift	
//	\$.	\$		
	\$	······	.	\$		
NAME OF SOURCI	E (Not an Acronym)		NAME OF S	OURCE (Not an Ac	ronym)	
Priscilla & Ge	rald Olivas		David Lic	cardo		
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (I	Business Address A	cceptable)	
			1031 N 5	ith St, San Jos	e, CA 95112	
BUSINESS ACTIVIT	FY, IF ANY, OF SOU	RCE	BUSINESS A	CTIVITY, IF ANY, C	OF SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/d	d/yy) VALUE	DESCRIPTION OF	GIFT(S)
05 , 22 , 13	<u>\$50.00</u>	Wedding Gift		13 <u>\$</u> 50	.00 Wedding Gift	
	• \$.	\$		
//	\$.	\$		
NAME OF SOURC	E (Not an Acronym)		► NAME OF S	OURCE (Not an Ac	ronym)	
	nma Samuel-B	urnétt	Tom Ber	-		
	ss Address Acceptab		ADDRESS (Business Address A	cceptable)	
			97 E Sair	nt James St, #	25, San Jose, CA 95	112
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS A	CTIVITY, IF ANY, C	OF SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/d	d/yy) VALUE	DESCRIPTION OF	GIFT(S)
05,23,13	\$50.00	Wedding Gift	. 05,24,	<u>13</u> s 50	.00 Wedding Gift	
	\$.	\$		
//	\$.	\$		
Comments:		· · · · · · · · · · · · · · · · · · ·				

CALIFORNIA FORM 700

sanciccardo

Name

and the second				
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
Jonathan Schmidt		Miriam & Mic	hael Kohl	
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busine	ss Address Acceptab	le)
335 Hugo St, San Francisco	, CA 94122			
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
				•
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05,25,13</u> <u>\$</u> 50.00	Wedding Gift	05,25,13	\$50.00	Wedding Gift
	·		s	,
		· ·		•
\$	· · · · · · · · · · · · · · · · · · ·	_ /	\$	
NAME OF SOURCE (Not an Acronym)	.	► NAME OF SOURC	E (Not an Acronym)	
Richard Bruni	· ·	Julie & Floyd	Ota	
ADDRESS (Business Address Acceptab	le)	- 11	ss Address Acceptab	le)
2218 Central Park Dr, Camp	bell, CA 95008	660 Oak Hill	Dr, Southlake T	X, 76092
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05,25,13</u> <u>\$</u> 50.00	Wedding Gift	05,25,13	\$50.00	Wedding Gift
/\$	· · ·	_	\$	
	i.			
/\$		_ /	\$	· · · · · · · · · · · · · · · · · · ·
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
Alan Dial		Jacques & Te	ess Majarrez- D	alma
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busine	ss Address Acceptab	le)
5668 Clouds Mill Dr, Alexand	dria, VA 22310			
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05,25,13 <u>s</u> 50.00	Wedding Gift	05,26,13	\$50.00	Wedding Gift
•				
\$		- //	\$	
· · ·	· · · ·			
/ \$	·	_ //	\$	<u> </u>
Comments:				

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

sam liccardo

Karesha McGae Scott Burd ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) J44 S 3rd St, #306, San Jose, CA 95112 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddyy) VALUE DESCRIPTION OF GIFT(S) 05 _ 26 _ 13 _ 5_0.00 Wedding Gift	NAME OF SOURC	E (Not an Acronym)			ME OF SOURCE	E (Not an Acronym)	
ADDRESS (diusiness Address Acceptable) 144 S 3rd S1, #306, San Jose, CA 95112 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/y) VALUE DESCRIPTION OF GIFT(S) 05 _ 26 _ 13 50.00 Wedding Gift				11			
144 S 3rd St, #306, San Jose, CA 95112 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 26 / 13 s 50.00 Wedding Gift			le)	- II		s Address Acceptab	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S) 05 / 26 / 13 s 50.00 Wedding Gift 05 / 31 / 13 s 50.00 Wedding Gift 05 / 31 / 13 s 50.00 Wedding Gift -/-/- s -/-/- s -/-/- s -/-/- s -/-/- s NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) John Slavin NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE DESCRIPTION OF GIFT(S) DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S) D6 / 08 / 13 s 50.00 Wedding Gift /	•				•		
05 / 26 / 13 s 50.00 Wedding Gift s s s							
05 / 26 / 13 s 50.00 Wedding Gift s s s			<u> </u>				
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	D4	TE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
John Slavin Kathy Liccardo ADDRESS (Business Address Acceptable) 1122 Palms Blvd, Los Angeles, CA 90291 BUSINESS ACTIVITY, IF ANY, OF SOURCE 2101 Thornwood Ave, Wilmette, IL 60091 DATE (mmvlddiyy) VALUE DESCRIPTION OF GIFT(S) 06 , 08 , 13 , 50.00 Wedding Gift 05 , 19 , 13 , 60.00	05,26,13	\$50.00	Wedding Gift	<u>_</u>	5,31,13	\$50.00	Wedding Gift
John Slavin Kathy Liccardo ADDRESS (Business Address Acceptable) 1122 Palms Blvd, Los Angeles, CA 90291 BUSINESS ACTIVITY, IF ANY, OF SOURCE 2101 Thornwood Ave, Wilmette, IL 60091 DATE (mmvlddiyy) VALUE DESCRIPTION OF GIFT(S) 06 , 08 , 13 , 50.00 Wedding Gift 05 , 19 , 13 , 60.00	//	\$			//	\$	
John Slavin Kathy Liccardo ADDRESS (Business Address Acceptable) 1122 Palms Blvd, Los Angeles, CA 90291 BUSINESS ACTIVITY, IF ANY, OF SOURCE 2101 Thornwood Ave, Wilmette, IL 60091 DATE (mmvlddiyy) VALUE DESCRIPTION OF GIFT(S) 06 , 08 , 13 , 50.00 Wedding Gift 05 , 19 , 13 , 60.00	JJ	\$				\$	
1122 Palms Blvd, Los Angeles, CA 90291 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 08 / 13 s 50.00 Wedding Gift / \$ / \$ / \$ / \$ / \$ / \$ / \$ / \$ / \$ / \$ / \$ \$ / \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ MAME OF SOURCE (Not an Acronym) Nancy & Bob Bernal ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 / 29 / 13 \$ 60.00 Yedding Gift		E (Not an Acronym)					
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 19 / 13 s _ 60.00 Wedding Gift / S	ADDRESS (Busines	ss Address Acceptab	le)	AC	DRESS (Busines	s Address Acceptab	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	1122 Palms E	Blvd, Los Angel	es, CA 90291	2	101 Thornwo	ood Ave, Wilme	ette, IL 60091
$06 \ 08 \ 13 \ s$ 50.00 Wedding Gift $05 \ 19 \ 13 \ s$ 60.00 Wedding Gift $-/-/$ s $-/-/ s$ $-/-/ s$ $-/-/ s$ $-/-/ s$ $-/-/ s$ s $-/-/ s$ 0.00 Wedding Gift $04 \ 27 \ 13 \ s$ 60.00 Wedding Gift $-/-/ s -/-/ s -/-/ s -/-/ -/-/ $	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE		JSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DA	TE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Trecia & Bruno Tapolsky Nancy & Bob Bernal ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 / 29 / 13 \$ 60.00 Wedding Gift / \$ / / \$	06,08,13	s50.00	Wedding Gift		5,19,13	\$60.00	Wedding Gift
Trecia & Bruno Tapolsky Nancy & Bob Bernal ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 / 29 / 13 \$ 60.00 Wedding Gift / \$ / / \$	//	\$		-		\$	
Trecia & Bruno Tapolsky Nancy & Bob Bernal ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 / 29 / 13 \$ 60.00 Wedding Gift / \$ / / \$]/	\$				\$	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 / 29 / 13 60.00 Wedding Gift /	NAME OF SOURC	E (Not an Acronym)					
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 , 29 , 13 s 60.00 Wedding Gift \$ \$ \$	Trecia & Brun	o Tapolsky		<u>N</u>	ancy & Bob	Bernal	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 03 / 29 / 13 \$ 60.00 Wedding Gift \$ 60.00 Wedding Gift \$ 60.00 Wedding Gift \$ \$ 60.00 \$ \$ \$ \$	ADDRESS (Busines	ss Address Acceptab	le)	AC	DRESS (Busines	s Address Acceptab	le)
03,29,13 \$ 60.00 Wedding Gift 04,27,13 \$ 60.00 Wedding Gift //\$	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE	BL	JSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		TE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ \$ / \$ / \$ \$ / \$ Comments:	03,29,13	<u>\$60.00</u>	Wedding Gift		4 , 27 , 13	\$60.00	Wedding Gift
/ \$ / \$ Comments:	/	\$		_		\$	
Comments:	/	\$		_		\$	
Comments:							
	Comments:						
			· · · · · · · · · · · · · · · · · · ·				

CALIFORNIA FORM 700

Name

san liccardo

Ruth Cueto ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S) OS , 0S , 13 s 60.00 Wedding Gift 05 / 22 / 13 s	NAME OF SOURCE (Not an Acror	nym)	NAME OF SOURC	E (Not an Acronym)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) D5_05_13 60.00 Wedding Gift	Ruth Cueto		Lenny & Johr	n Liccardo	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 05 / 05 / 13 s 60.00 Wedding Gift / s 05 / 22 / 13 s 60.00 Wedding Gift / s s 60.00 Wedding Gift / s	ADDRESS (Business Address Acce	eptable)	ADDRESS (Busine		
05_05_13 60.00 Wedding Gift	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Brian & Jeannie Schafer Ronald & Judi Morgan ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 15 / 13 \$ 60.00 Wedding Gift Jappen Stress Address Acceptable) Jappen Stress MAKE OF SOURCE (Not an Acronym) Usiness Address Acceptable) NAME OF SOURCE (Not an Acronym) Lisa & Ken Traverso ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	<u>05,05,13</u> <u>s</u> 60.0	0 Wedding Gift	05 , 22 , 13	<u>\$60.00</u>	Wedding Gift
Brian & Jeannie Schafer Ronald & Judi Morgan ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 15 / 13 \$ 60.00 Wedding Gift /		•		_	,
Brian & Jeannie Schafer Ronald & Judi Morgan ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 15 / 13 \$ 60.00 Wedding Gift DATE (mm/dd/yy)	\$			\$	
Brian & Jeannie Schafer Ronald & Judi Morgan ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 15 / 13 \$ 60.00 Wedding Gift 05 / 23 / 13 \$ 75.00	<i></i> \$		//	\$	<u> </u>
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 15 / 13 \$ 60.00 Wedding Gift 05 / 23 / 13 \$	NAME OF SOURCE (Not an Acror	nym)	► NAME OF SOURC	E (Not an Acronym)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 j 15 j 13 s 60.00 Wedding Gift 05 j 23 j 13 s 75.00 Wedding Gift	Brian & Jeannie Schafer		Ronald & Jud	li Morgan	_
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 06 / 15 / 13 60.00 Wedding Gift 05 / 23 / 13 75.00 Wedding Gift /	ADDRESS (Business Address Acce	ptable)	ADDRESS (Busine	ss Address Acceptab	le)
06 15 13 0.00 Wedding Gift 05 23 13 75.00 Wedding Gift	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Juan Masini Lisa & Ken Traverso ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	<u>06,15,13</u> <u>\$60.0</u>	0 Wedding Gift	05,23,13	s75.00	Wedding Gift
Juan Masini Lisa & Ken Traverso ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	\$		/	\$	<u> </u>
Juan Masini Lisa & Ken Traverso ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	// \$		· · · · · · · · · · · · · · · · · · ·	\$	<u></u>
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE (Not an Acror	nym)	► NAME OF SOURC	E (Not an Acronym)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Juan Masini		Lisa & Ken T	raverso	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acce	ptable)	ADDRESS (Busine	ss Address Acceptab	le)
	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE
04,19,13 \$ 80.00 Wedding Gift 05,24,13 \$ 80.00 Wedding Gift / \$ \$ / \$ \$	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	04,19,13 \$ 80.0	0 Wedding Gift	05,24,13	\$80.00	Wedding Gift
\$ \$ \$	/ \$			\$	• •
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CALIFORNIA FORM 700

Name

Sam Liccardo

► NAME OF SOUR	CE (Not an Acronym)			► NAME OF SOURCE	(Not an Acronym)	· · · · · · · · · · · · · · · · · · ·
	o & Lucy Carlton		1	Leah Toenisk		
	ess Address Acceptab		-	ADDRESS (Busines		le)
BUSINESS ACTIV	TTY, IF ANY, OF SOU	IRCE	-	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
				856 N 8th St,	San Jose, CA	95112
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 , 07 , 13	\$85.00	Wedding Gift	→	05,23,13	\$87.50	Wedding Gift
/	. \$	• •	-	//	\$	<u></u>
I	. \$		-		\$	
NAME OF SOUR	CE (Not an Acronym)			► NAME OF SOURCE	E (Not an Acronym)	
Dan, Gerry, I	Maddie & Danie	I Markey		Gina & Gabrie	el Dalma	
ADDRESS (Busine	ess Address Acceptab	ile)	-	ADDRESS (Busines	s Address Acceptab	le)
				3201 Greer R	d, Palo Alto, C	A 94303
BUSINESS ACTIV	ITY, IF ANY, OF SOU	IRCE	-	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05,23,13	\$90.00	Wedding Gift	-	<u> </u>	s90.00	Wedding Gift
//	_ \$		-	/	\$	
//	\$		-	/	\$	
NAME OF SOUR	CE (Not an Acronym)	· · · · · · · · · · · · · · · · · · ·		► NAME OF SOURCE	E (Not an Acronym)	······································
Tony Mesa				David Rice &	Barry Mehew	
ADDRESS (Busine	ess Address Acceptab	le)	-	ADDRESS (Busines	s Address Acceptab	le)
BUSINESS ACTIV	ITY, IF ANY, OF SOU	IRCE	-	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 , 21 , 13	<u>\$ 100.00</u>	Wedding Gift	-	04,28,13	\$100.00	Wedding Gift
	\$		-		\$	<u> </u>
////	. \$				\$	
Comments:		·				
oonninenta						

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

son uccardo

NAME OF SOURCE	(Not an Acronym)	· · · ·		NAME OF SOURCE	E (Not an Acronym)	
Norman & Allis				Lourenco & Ki		e Matos
ADDRESS (Busines	s Address Acceptab	e)	-	ADDRESS (Busines	s Address Acceptab	le)
1677 Universit	y Way, San Jo	ose, CA 95126 ·				
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	-	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
,			- 11			
04 , 29 , 13	\$ <u>100.00</u>	Wedding Gift		05,15,13	\$100.00	Wedding Gift
/	\$		-	·//	\$	
//	\$		-	/	\$	- <u></u>
NAME OF SOURCE	(Not an Acronym)	· · ·		► NAME OF SOURCE	E (Not an Acronym)	
Patrick & Kerry	y Ann Ruff			Dan McFadde	n & Nora Frim	ann
ADDRESS (Busines:	s Address Acceptabl	e)	-	ADDRESS (Busines	s Address Acceptab	le)
2577 Somerse	et Dr, Belmont,	CA 94002	_ 11	204 Sacramer	nto Ave, Santa	Cruz, CA 95060
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05,19,13	\$100.00	Wedding Gift	- []	05,22,13	<u>\$100.00</u>	Wedding Gift
//	\$	<u> </u>	-	·	\$	•
<i>!!</i> !	\$.	//	\$	
► NAME OF SOURCE	(Not an Acronym)			NAME OF SOURCE	E (Not an Acronym)	
Ragan Hennin	ger & Franciso	o Flores		Leslie & Jasor	n Rodriguez	
ADDRESS (Busines	s Address Acceptabl	e)	-	ADDRESS (Busines	s Address Acceptab	le)
4830 Pine For	est Place, San	Jose CA 95118	- 11	4057 Holly Dr,	, San Jose, CA	95127
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05,24,13	<u>\$100.00</u>	Wedding Gift	-	05,28,13	\$100.00	Wedding Gift
/	\$	·	.	/	\$	· · · · · · · · · · · · · · · · · · ·
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	v				· ·	• <u></u>
0					· . ·	с. ¹
Comments:						

CALIFORNIA FORM 700

sam Liccardo

Name

NAME OF SOURCE (Not an Acron	ym)	► NAME OF SOURCE (Not an Acronym)	•
Tom & Robin Barrett		Trevor & Judith Castor	
ADDRESS (Business Address Acce	ptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DES	CRIPTION OF GIFT(S)
05,20,13 \$ 120.00	0 Wedding Gift	<u>05,23,13</u> <u>s</u> 120.00 W	edding Gift
/\$	<u> </u>	\$	•
		\$ \$	
NAME OF SOURCE (Not an Acron Sam & Julie Pakbaz ADDRESS (Business Address Acce	plable)	 NAME OF SOURCE (Not an Acronym) Lisa & John Gomez ADDRESS (Business Address Acceptable) 	
102 Mangrove Ave, Anna BUSINESS ACTIVITY, IF ANY, OF S		BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)
<u>05,27,13</u> <u>\$</u> 120.00	0 Wedding Gift	<u>05,15,13</u> <u>\$ 130.00</u> W	edding Gift
		s	<u> </u>
// \$	· · · · · · · · · · · · · · · · · · ·	\$\$	
NAME OF SOURCE (Not an Acron Maria DeLuca & Giamoco		 NAME OF SOURCE (Not an Acronym) Carl & Leslie Guardino 	
ADDRESS (Business Address Acce 2145 Highway 28A, Olive		ADDRESS (Business Address Acceptable) 16060 Rose Ave, Monte Sereno,	CA 95030
BUSINESS ACTIVITY, IF ANY, OF S	SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)
<u>04,14,13</u> <u>\$ 150.00</u>	0 Wedding Gift	<u>04,30,13</u> <u>s</u> 150.00 W	edding Gift
\$		\$	
\$		/ \$	
Comments:			

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM 700

Name

sam Liccardo

7 1	
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Arnold & Mary Ellen Bruni	Paul & Toni Liccardo
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
236 Loma Alta Ave, Los Gatos, CA 95030	21215 Sullivan Way, Saratoga, CA 95070
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 / 11 / 13 s 150.00 Wedding Gift	<u>06 , 02 , 13</u> <u>\$ 180.00</u> Wedding Gift
\$	\$\$
\$	\$ \$ \$
► NAME OF SOURCE (Not an Acronym) Mary Ellen & Michael Fox	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
04 , 22 , 13 <u>\$</u> 200.00 Wedding Gift	\$\$
	\$ \$
/ \$	\$ \$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$ \$	\$
/ \$	\$\$
/\$	\$ \$

Comments:

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS San Jose City Clark

AMENDMENT] COV	'ER PAGE		
Please type or print in ink.	-		2019 FEB 14 PM L	4: 16
NAME OF FILER	(LAST)	(FIRST)	MIDDLE)	
Liccardo	Sam		Т	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of San Jose				
Division, Board, Department, District, if	applicable	Your Position		
Office of the Mayor		Mayor		
► If filing for multiple positions, list believed	ow or on an attachment. (Do not use acr	ronyms)		
Agency: See attached		Position:		
2. Jurisdiction of Office (Check	at least one box)		an ta tha an	
State		Judge or Court Commission	ner (Statewide Jurisdiction)	
Multi-County		County of		
City of San Jose				
3. Type of Statement (Check at le	east one box)			1111 - 11-11 - Xa
Annual: The period covered is Jan December 31, 2013.	•	Leaving Office: Date Left (Check one)	t//	
-or- The period covered is December 31, 2013.	/, through	 The period covered is J leaving office. 	January 1, 2013, through the date	e of
Assuming Office: Date assumed	///	O The period covered is the date of leaving offic	/, throug	ıgh
Candidate: Election year	and office sought, if differ	ent than Part 1:		<u>.</u> _
4. Schedule Summary	an a			
Check applicable schedules or "None	." ► Total nun	nber of pages including	this cover page: <u>3</u>	
Schedule A-1 • Investments sche	dule attached 🛛 🗖 S	Schedule C - Income. Loans. & I	Business Positions – schedule atta	ached
Schedule A-2 - Investments - sche	dule attached	Schedule D - Income - Gifts - se		
Schedule B - Real Property - sche	dule attached	chedule E - Income - Gifts - Ti	Fravel Payments - schedule attach	ped
	-or-	n anv schedule		
5. Verification			esen an a sea ann an ann an an an agus a bhainte ann ann an an ann an ann an ann an ann ann ann ann ann an a	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	CITY	STATE	ZIP CODE	,
200 E. Santa Clara St.	San Jose	CA	95113	
DAYTIME TELEPHONE NUMBER	E-MAI	IL ADDRESS (OPTIONAL)		·
(408) 535-4800		yoremail@sanjoseca.go		
I have used all reasonable diligence in pr herein and in any attached schedules is	eparing this statement. I have reviewed the true and complete. I acknowledge this is	nis statement and to the best of n	my knowledge the information contain	tained
	r the laws of the State of California tha	\sim	orrect.	
Data Signad $2-14-1$	19	Common and the second sec		
Date Signed(month, day, year		ite -		

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Cover Page Attachment – Multiple Positions help by filer

Agency	Division/Board/Dept	Position	Type of Statement
Valley Transportation Authority	Board of Directors	Boardmember	Annual
Metropolitan Transportation		Boardmember	Annual
Commission Treatment Plant		Boardmember	Annual
Advisory Commission		boarumember	Almudi
Bay Area Water Supply and Conservation Agency		Boardmember	Annual
Agency			

SCHEDULE B Interests in Real Property

CALIFORNIA FORM 700

AMENDMENT

(Including	Rental	Income)	
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ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
144 S. 3rd St. #305	
CITY	CITY
San Jose, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 13 \$10,001 - \$100,000 / 13 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 13 \$10,001 - \$1,000,000 / 13 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Drs. remaining Other	Leasehold During Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000	S10,001 - \$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.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	
 Abdulraham Abatain	
You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:	Comments:
	Print Name Sam Liccardo
ADDRESS (Business Address Acceptable)	Office, Agency or Court Mayor, City of San Jose
BUSINESS ACTIVITY, IF ANY, OF LENDER	Statement Type 🛛 2013/2014 Annual Assuming Leaving
INTEREST RATE TERM (Months/Years)	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
% [] None	I certify under penalty of perjury under the laws of the State o
	California that the foregoing is true and correct.
St0.001 \$10000 S10.000 S10.000	2-14-19
\$10,001 - \$100,000OVER \$100,000	Date Signed
Guarantor, if applicable	Filer's Sig
I	FPPC Form 700 Amendment (2013/20

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov CALIFORNIA FORM 700

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RECEIVED Received Date Initial Filing COVER PAGE San Jose City Officiality of the control of the control

Please type or print in ink.	2015 JAN 30 PM 4: 22
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Liccardo	Sam T.
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
City of San Jose	
Division, Board, Department, District, if applicable	Your Position
City Council	Councilmember
▶ If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
✓ City of San Jose	
3. Type of Statement (Check at least one box)	10 01 0011
Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left <u>12</u> <u>31</u> 2014 (Check one)
The period covered is////	, through O The period covered is January 1, 2014, through the date of leaving office.
Assuming Office: Date assumed//	The period covered is/, through the date of leaving office.
Candidate: Election year and office	e sought, if different than Part 1:
4. Schedule Summary	A
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 - <i>No repor</i>	table interests on any schedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ack	have reviewed this statement and to the best of my knowledge the information contained knowledge 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 30 - 15	Signature _
(month, day, year)	(r no the originally signed statement than your ninny official.)
i.	FPPC Form 700 (2014/2015) FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

5

SCHEDULE A-1 Investments

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Stocks, Bonds, and Other Interests

(Ownership Interest is

Do not attach brokerage or

NAME OF BUSINESS ENTITY
Federal Express
GENERAL DESCRIPTION OF THIS BUSINESS
Freight Delivery
FAIR MARKET VALUE
✓ \$2,000 - \$10,000 ↓ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT
Stock Other
(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule

_/_14

\$10,001 - \$100,000 Over \$1,000,000

DISPOSED

Name

\$10,001 - \$100,000

(Describe)

O Income Received of \$500 or More (Report on Schedule C)

O Income Received of \$500 or More (Report on Schedule C)

/ 14

Over \$1,000,000

	/14	//
	ACQUIRED	DISPOSED
_		

IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY American States Water Co GENERAL DESCRIPTION OF THIS BUSINESS

Water Utility FAIR MARKET VALUE \$2,000 - \$10,000

✓ Stock

\$100,001 - \$1,000,000

NATURE OF INVESTMENT

Other

Partnership O Income Received of \$0 - \$499

NAME OF BUSINESS ENTITY

Merck GENERAL DESCRIPTION OF THIS BUSINESS

Dharm	naceutic	ala
Phalli	laceutic	ais

IF APPLICABLE, LIST DATE:

FAIR MARKET VALUE	
✓ \$2,000 - \$10,000	\$10,001
\$100,001 - \$1,000,000	Over \$1
NATURE OF INVESTMENT	

 ▶ \$2,000 - \$10,000 ■ \$100,001 - \$1,000,000 	\$10,001 - \$100,000 Over \$1,000,000	\$2,000 - \$10,000 \$100,001 - \$1,000,000
NATURE OF INVESTMENT	(Describe)	NATURE OF INVESTMENT
Partnership O Income	(Partnership O Income

.

	(Describe)
Partnership	 O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)

_____14

\$10,001 - \$100,000

(Describe)

O Income Received of \$500 or More (Report on Schedule C)

Over \$1,000,000

DISPOSED

IF	APP	LICAB	LE, I	LIST	DATE:	ŝ
----	-----	-------	-------	------	-------	---

NAME OF BUSINESS ENTITY

ACQUIRED

FAIR MARKET VALUE

\$2,000 - \$10,000

Stock

\$100,001 - \$1,000,000

NATURE OF INVESTMENT

IF APPLICABLE, LIST DATE:

/ 14

GENERAL DESCRIPTION OF THIS BUSINESS

Other .

Partnership O Income Received of \$0 - \$499

/ 14

GENERAL DESCRIPTION OF THIS BUSINESS

ACQUIRED

FAIR MARKET VALUE

▶ NAME OF BUSINESS ENTITY

14 1____ / 14 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

Stock Other _ (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_/_14 1 ACQUIRED DISPOSED

//_14	/ / 14
ACQUIRED	DISPOSED

Comments: _

SCHEDULE A-1 Investments

CALIFORNIA FORM 700

Name

Charles	Danda	a la d	Othow	Interests
STOCKS.	Bonds.	and	Other	Interests
,	,			
10	later later		I and The	- 100/1

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

%) Liccardo, Sam

•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	Bristol-Meyers Squibb		Intuitive Surgical
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		Medical Device
	FAIR MARKET VALUE		FAIR MARKET VALUE
	☑ \$2,000 - \$10,000 □ \$10,001 - \$100,000		✓ \$2,000 - \$10,000 ↓ \$10,001 - \$100,000
	S100,001 - \$1,000,000		S100,001 - \$1,000,000
	NATURE OF INVESTMENT Image: Stock Other Image: Other (Describe)		NATURE OF INVESTMENT Stock Other
	(Describe) Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)		(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 14 / / 14		<u> </u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	JP Morgan Chase & Co		Cisco
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Financial Services		Computer Netowrk Equipment
	FAIR MARKET VALUE		FAIR MARKET VALUE
	▶ \$2,000 - \$10,000		✓ \$2,000 - \$10,000 ↓ \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe)		(Describe)
	Partnership () Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$455 O Income Received of \$500 or More (Report on Schedule C)
,	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		1	
	//_14/_14 ACQUIRED DISPOSED		//_14
_			
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Senior Housing Properties Trust		Microsoft
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	REIT		Software
	FAIR MARKET VALUE	(a)	FAIR MARKET VALUE
	S2,000 - \$10,000 ✓ \$10,001 - \$100,000		✓ \$2,000 - \$10,000 ↓ \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other (Describe)
	(Describe)		(Describe)
	Partiership O income Received of \$0 - \$455 O Income Received of \$500 or More (Report on Schedule C)		O Income Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	/ / 14 / 14		// 14// 14
	ACQUIRED DISPOSED		ACQUIRED DISPOSED

Comments: _

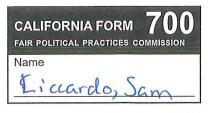
SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Liccardo, Sam

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Revocable Trust	
Name	Name
Samuel A. Liccardo, Saratoga, CA 95070	
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000/ <u>/ 14</u> / <u>/ 14</u>
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 \$1,000,000
S100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT	Partnership Sole Proprietorship
Partnership Sole ProphetorshipOther	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	□ \$0 - \$499
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
☑ \$1,001 - \$10,000	\$1,001 - \$10,000 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
	· · · · · · · · · · · · · · · · · · ·
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S10,001 \$10,000 / / 14 / / 14	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
· · · · ·	FPPC Form 700 (2014/2015) Sch. A-2
Comments:	FPPC Advice Email: advice@fppc.ca.gov
	FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C Income, Loans, & Business Positions



(Other than Gifts and Travel Payments)

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Association of Bay Area Governments	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
101 8th St. Oakland	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Boardmember	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☑ \$500 - \$1,000	S500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	: Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
✓ Other	Other
(Describe) ► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(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. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR L	None None OAN Personal re	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property .		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000	Guarantor		City
S10,001 - \$100,000	_		
			(Describe)
Comments:	· · · · · · · · · · · · · · · · · · ·		

 ▶ 1. INCOME RECEIVED ▶ 1. INCOME RECEIVED NAME OF SOURCE OF INCOME Metropolitian Transportation Commission ADDRESS (Business Address Acceptable) 101 8th St. Oakland, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Boardmember GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$alary 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 Commission or Rental Income, fist each source of \$10,000 or more (Describe) (Describe) (Describe) 	SCHEDU Income, Loans, Positio (Other than Gifts and	& Business FAIR POLITICAL PRACTICES COMMISSION Ons Name
Metropolitian Transportation Commission ADDRESS (Business Address Acceptable) 101 8th St. Oakland, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Boardmember GROSS INCOME RECEIVED \$500 - \$1,000 \$510,001 - \$100,000 OKINSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 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 Sale of Commission or Rental Income, list each source of \$10,000 or more		
ADDRESS (Business Address Acceptable) 101 8th St. Oakland, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Boardmember GROSS INCOME RECEIVED \$500 - \$1,000 \$510,001 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$10,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$530 - \$1,000 \$10,001 - \$10,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$530 - \$1,000 \$530 - \$1,000 \$510,001 - \$10,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$530 - \$1,000 \$530 - \$1,000 \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$530 - \$1,000 \$5310 - \$10,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$5310 - \$10,000 \$5310 - \$10,000 Conside of		
101 8th St. Oakland, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Boardmember GROSS INCOME RECEIVED \$5500 \$1,000 \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Wissalary Partnership (Less than 10% ownership. For 10% or greater 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 Commission or Rental Income, list each source of \$10,000 or more		
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Boardmember GROSS INCOME RECEIVED \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 ONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 ONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$510,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$5200 - \$1,000 \$2000 - \$1,000 or greater use Schedule A-2.) Sale of	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
YOUR BUSINESS POSITION Boardmember GROSS INCOME RECEIVED \$ \$500 - \$1,000 \$ \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary \$ \$pouse'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.) Salar of (Real property, car, boat, etc.) Loan repayment Salar of Commission or Rental Income, list each source of \$10,000 or more	101 8th St. Oakland, CA	3331 N. First St. San Jose, CA
Boardmember GROSS INCOME RECEIVED \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$500 - \$1,000 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	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
GROSS INCOME RECEIVED GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$10,001 - \$100,000 \$Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) CONSIDERATION FOR WHICH INCOME WAS RECEIVED Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) 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	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$10,001 - \$100,000 \$200 - \$1,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$200 - \$10,000 \$200 - \$10,000 OVER \$100,000 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) \$200 - \$10,000 or greater use Schedule A-2.) Sale of	Boardmember	
Other Other Other	\$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	\$590 \$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

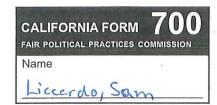
* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None
÷	SECURITY FOR L	OAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None None	Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _	Street address
\$500 - \$1,000		City
\$1,001 - \$10,000	_	
\$10,001 - \$100,000	Guarantor	4 ia
OVER \$100,000	Other	(Describe)
Comments:		

Posi	s, & Business tions nd Travel Payments)
1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
City of San Jose	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
200 E. Santa Clara St.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
City Councilmember	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
✔ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	
_ Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or n
(Describe)	(Describe)
Other (Describe)	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. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street ac	Idress
 □ \$500 - \$1,000 □ \$1,001 - \$10,000 	Cit	
S10,001 - \$100,000	Guarantor	-
	Other (Describe)	
Comments:		



► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
San Francisco 49ers	San Jose Sports Authority
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4949 Marie P. DeBartolo Way; Santa Clara	345 Park Aveune; San Jose
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Sports Club	Sports Commission
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>07 / 19 / 14</u> <u>\$</u> 350.00 <u>Tickets to team gala</u>	<u>11,17,14</u> <u>\$</u> 500.00 <u>Tickets to Hall of Fame</u>
\$ \$	/ \$ Dinner
<i>l</i>	/\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	/\$
\$	/\$
	/\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	/ \$
\$	/\$
<u> </u>	\$\$
Comments:	,

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STATEMENT OF ECONOMIC INTERESTS

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Received Official Use Only MAR 0 2 2018

AMENDMENT	COVER PA	IGE	MAR 0 2 2018
Please type or print in ink.			City of San Jose
NAME OF FILER (LAST)	(FIRST)	y na	(MIDDLE)
Liccardo	Sam		Т
1. Office, Agency, or Court	<u>zanio na seconda de la constanta de la constan</u>		
Agency Name (Do not use acronyms)		,	
City of San Jose	X		:
Division, Board, Department, District, if applicate	Je Your F	Position	
Office of the Mayor	Mayo	or	
► If filing for multiple positions, list below or or			
	Tan anachment, (Do not use acronyms)		
Agency: *See Attached	Positi	on:	
			101001
2. Jurisdiction of Office (Check at least	one box)		
State		e or Court Commissioner ((Statewide Jurisdiction)
Multi-County	Cour	ity of	· · · · · · · · · · · · · · · · · · ·
- San Jose	_		
3. Type of Statement (Check at least one	e box)	and and a second second and a second seco	
Annual: The period covered is January 1,	· · · · · · · · · · · · · · · · · · ·	ving Office: Date Left	
December 31, 2014.		eck one)	,
-or- The period covered is/	, through O 7	The period covered is Janu	ary 1, 2014, through the date of
December 31, 2014.		eaving office.	
Assuming Office: Date assumed/			, through
•	ti	he date of leaving office.	
Candidate: Election year			
4. Schedule Summary			
Check applicable schedules or "Non	o." ► Total number of	narios including this	s cover page:
oneck applicable schedules of Non		pages moluting the	s cover page.
Schedule A-1 • Investments – schedule att			iness Positions – schedule attached
Schedule A-2 - Investments - schedule att		D - Income - Gifts - schee	
Schedule B - Real Property - schedule att	ached Schedule I	E - Income – Gifts – Trave	I Payments - schedule attached
	-or-		
	None - No reportable interests on any sch	edule	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE	ZIP CODE
200 E. Santa Clara Street	San Jose	CA	95113
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(408) 535-4800	mayorema	il@sanjoseca.gov	
I have used all reasonable diligence in preparing herein and in any attached schedules is true an	this statement. I have reviewed this statem	ent and to the best of my k	mowledge the information contained
I certify under penalty of perjury under the la			
-21-11/n	014		
Date Signed	JID		
(month, day, year)			

Cover Page Attachment – Multiple Positions help by filer

. . . · ·

Agency	Division/Board/Dept	Position	Type of Statement
Valley Transportation Authority	Board of Directors	Boardmember	Annual
Metropolitan	· · · · · · · · · · · · · · · · · · ·	Boardmember	Annual
Transportation		boardmeniber	Annuar
Commission			
Treatment Plant Advisory Commission		Boardmember	Annual
Bay Area Water Supply and Conservation		Boardmember	Annual
Agency		· · · · · · · · · · · · · · · · · · ·	

• •

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700

AMENDMENT

Assesso	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY San JOSC, CA	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: $1 $2,000 - $10,000$ $5 10,001 - $100,000$ $1 $100,001 - $1,000,000$ $1 $000,000$ $2 $100,001 - $1,000,000$ $1 $000,000$ $2 $000 + $1,000,000$ $1 $000,000$ $2 $000 + $1,000,000$ $1 $000,000$	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 // / 14 \$100,001 - \$100,000 // / 14 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Cther	Leasehold C Cther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
∑] \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None $Ablulramman$	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 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*	Filer's Verification
ADDRESS (Business Address Acceptable)	- Print Name <u>Sam Licrario</u> Office, Agency MAYOR City of Sa Jac
BUSINESS ACTIVITY, IF ANY, OF LENDER	Statement Type 2014/2015 Annual Assuming Leaving
INTEREST RATE TERM (Months/Years)	Annual Candidate
% None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	 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 Filer's
omments:	
	FPPC Form 700 (2014/2015) Sch. B

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing	
Received	
Official Use Only	
E-Filed	
04/01/2016	
10:54:52	

Please type or print in ink.			Filing ID: 160032557
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Liccardo, Samuel T.			
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CITY OF SAN JOSE			
Division, Board, Department, District, if applicable	Your Position		
40-Mayor's Office	Mayor		
► If filing for multiple positions, list below or on an attachment. (De	o not use acronyms)		
Agency:*SEE ATTACHED FOR ADDITIONAL POSITIONS	Position:		
2. Jurisdiction of Office (Check at least one box)			
☐ State	Judge or Cou	rt Commissioner (State	ewide Jurisdiction)
Multi-County	X County of	anta Clara	
X City of	-		
3. Type of Statement (Check at least one box)	_		
 Annual: The period covered is January 1, 2015, through December 31, 2015 -or- 	Leaving Offi (Check one)	ice: Date Left	//
The period covered is/, through December 31, 2015	n O The peri leaving o		ary 1, 2015, through the date of
X Assuming Office: Date assumed <u>01 / 01 / 2015</u> See attached	 The period of leaving 		/, through the date
Candidate: Election Year and office so	ught, if different than Part 1:		
4. Schedule Summary (must complete) ► Total nu			0
Schedules attached	mber of pages including	this cover page:	0
 Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached 	Schedule C - Inco		ss <i>Positions</i> – schedule attached
Schedule B - Real Property – schedule attached			ayments – 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
200 E Santa Clara St. DAYTIME TELEPHONE NUMBER	San Jose	CA	95113
(408) 535-4903	sam.liccardo@sa	anioseca.gov	
I have used all reasonable diligence in preparing this statement. I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I ackn	ave reviewed this statement and	to the best of my kno	wledge the information contained
I certify under penalty of perjury under the laws of the State of	· ·		
Date Signed04/01/2016 (month, day, year)	Signature <u>Samuel T</u>	• Liccardo	at with your filing official)
(ווטוונו, עמאָ, אָכּמוֹ)	(File	and originally signed stateme	a mar your ming omoal.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Samuel T. Liccardo

* This table lists all positi	ons including the primary position I	isted in the Office, Agency, o	r Court section of the Cover Page.
			-

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SAN JOSE	40-Mayor's Office	Mayor	Assuming Office 1/1/2015
Treatment Plant Advisory Committee		Boardmember	Annual 1/1/2015 - 12/31/2015

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

Liccardo, Samuel T.

►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Senior Housing Properties Trust		Microsoft
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	REIT		Software
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X \$2,000 - \$10,000 \$10,001 - \$100,000		X \$2,000 - \$10,000
	S100,001 - \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT X Stock Other		NATURE OF INVESTMENT X Stock Other
	(Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
►	NAME OF BUSINESS ENTITY	►	NAME OF BUSINESS ENTITY
	American States Water Co.		Federal Express
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Water Utility		Freight Delivery
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X \$2,000 - \$10,000		X \$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other (Describe)		X Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)		□ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
►	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	Merck		Bristol-Meyers Squibb
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		Pharmaceuticals
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X \$2,000 - \$10,000 \$10,001 - \$100,000		X \$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other (Describe)		X Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	////		////
	ACQUIRED DISPOSED		ACQUIRED DISPOSED

Comments: _

Comments: _

SCHEDULE A-1 Investments

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Liccardo, Samuel T.

Name

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Hewlett Packard	Cisco
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Commuters and Decistors Devicement	Commuter Network Empirement
Computer and Printer Equipment	Computer Network Equipment
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>X</u> \$2,000 - \$10,000	X \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
X Stock Other (Describe)	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
////	/
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Intuitive Surgical	JP Morgan Chase Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Madinal Device	Ringersial Counting
Medical Device	Financial Services
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$10,000 X \$10,000	X \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Tesla	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Clean Tech Manufacturer	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$10,000 X \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

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

Liccardo, Samuel T.

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Revocable Trust	
Name Samuel A Liccardo Saratoga, CA 95070	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Image: Check one Image: Check one Image: Check	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 ////////////////////////////////////	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
NATURE OF INVESTMENT	NATURE OF INVESTMENT
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 X \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 \$10,000
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
1002 North Fifth Street Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
San Jose, CA 95112	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2015/2016) Sch. A-2

031300022-NFH-0022

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Liccardo, Samuel T.

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Metropolitan Transportation Commission ADDRESS (Business Address Acceptable) 101 8th St. Oakland, CA 94607 BUSINESS ACTIVITY, IF ANY, OF SOURCE	Valley Transportation Authority ADDRESS (Business Address Acceptable) 3331 N. 1st. St. San Jose, CA 95134 BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 X \$1,001 - \$10,000	X \$500 - \$1,000
\$10,001 - \$100,000OVER \$100,000	□ \$10,001 - \$100,000 □ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other Stipend	X Other Stipend
(Describe)	(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	DAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000	-		City
□ \$10,001 - \$100,000 □ OVER \$100,000	_		
	Other		(Describe)

Comments: _

CALIFORNIA FORM 700

Name

Liccardo, Samuel T.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
San Jose/Silicon Valley Chamber of Commerce	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
101 W. Santa Clara St.	
San Jose , CA 95113	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>11 / 19 / 15</u> <u>\$ 150.00</u> tickets to gala	\$ \$
/\$	\$
/\$	\$ \$
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	\$
/\$	\$
/\$	\$ *
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	
/\$	/\$
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //
/\$	II/ \$
Commente	
Comments:	

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

CALIFORNIA FORM 700

Name

Liccardo, Samuel T.

- Mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

Sustainable Development Solutions Network DRESS (Business Address Acceptable) Id Hall - 4 Rue De Chevreuse Y AND STATE Cis, Fr 75006 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Agency E(S): 07 / 20 / 15 / (If gift) ST CHECK ONE: X Gift Made a Speech/Participated in a Panel Other - Provide Description
Y AND STATE tis, Fr 75006 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Agency E(S): 07 / 20 / 15 (If gift) - 07 / 22 / 15 AMT: \$ 211.47 (If gift) ST CHECK ONE: X Gift -or- Income Made a Speech/Participated in a Panel
Fis, Fr 75006 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Agency E(S): 07 / 20 / 15 (If gift) E(S): 07 / 20 / 15 (If gift) ST CHECK ONE: X Gift Off OF Income Made a Speech/Participated in a Panel
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Agency E(S): 07 / 20 / 15 (If gift) - 07 / 22 / 15 (AMT: \$ 211.47 (If gift) ST CHECK ONE: X Gift - Or- Income Made a Speech/Participated in a Panel
E(S): <u>07 / 20 / 15</u> - <u>07 / 22 / 15</u> AMT: <u>\$211.47</u> (<i>If gift</i>) ST CHECK ONE: <u>X</u> Gift -or- Income Made a Speech/Participated in a Panel
Made a Speech/Participated in a Panel
Other - Provide Description
ift, Provide Travel Destination <u>Vatican City</u>
ME OF SOURCE (Not an Acronym)
DRESS (Business Address Acceptable)
Y AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
E(S):// AMT: \$
ST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel
Other - Provide Description
ift, Provide Travel Destination

CITY OF SAN JOSÉ, CALIFORNIA



Office of the City Clerk 200 East Santa Clara Street 14th Floor San José, California 95113 Telephone 1 (408) 535-126 FAX 1 (408) 292-6207

FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Successor Agency to the Redevelopment Agency must file this form with the City, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer <u>Sam Liccardo</u>

Phone (408) 535-4800

Name of Agency Mayor

CHECK ONE

To my knowledge there are no reportable gifts.

The following are reportable gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT	GIFT	DONOR	VALUE

VERIFICATION

I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein 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.

Executed on	04/01/2016	, at	San Jose, CA	
_	(Date)		(City, State)	
			Samuel T. Liccardo	
			(Signature)	
(Rev. 1/15)				

CALLFORMATORM TODO Not POSITION PROCEDURE CONSISTION AM END MENT STATEMENT OF ECONOMIC INTERESTS Date Initial Filling Resolved Som Not Som Under			originals e fppc
Intege type or path in al. Set these City Critic Made of TLBK UCCA(L) 1. Office, Agency, or Court Amministry Agency Name (Do rot use acompres) Set these City Critic Division, Beed, Desaftment, Dieloci, It subjects ToSE Division, Beed, Desaftment, Dieloci, It subjects Mady Critic - Y Lie Court Mady Critic - State Dodge or Court Commissioner (Statewide Jurisdiction) Bilde Dadge or Court Commissioner (Statewide Jurisdiction) Bilde Dadge or Court Commissioner (Statewide Jurisdiction) Bilde Docember 31, 2015. Control Courty of Card Aronal: The period covered is January 1. 2015, through December 31, 2015. Through Office: Date Left - Or The period covered is January 1. 2015, through the date of beering office. - Asseming Office: Each of a subschaft attached - Schedule Statement (Check at least one box) Schedule Statewide Jurisdiction of pages Insturisdicting the covered is January 1. 2015, through the	FAIR POLITICAL PRACTICES COMMISSION		RESTS Official Use Only
Matter of Files ULCARD Sensor 2018 FED_HERDER 1. Office, Agency, or Court Agency Name (Do not use accompted) Sensor José Agency Name (Do not use accompted) Sensor José José Division, Bezchaddenet, Eldelade Your Position Market Alegency > H fing for multiple positions, Bet bolaw or on an attalament. (Do not use seconyms) Agency Position: Agency / Bose Gladge or Court Commissioner (Statewide Judadcion) Other 2. Jurisdiction of Office (Check at feast one box) Gladge or Court Commissioner (Statewide Judadcion) State Gladge or Court Commissioner (Statewide Judadcion) MMIL: Guiny Gladge or Court Commissioner (Statewide Judadcion) Monte: County Gladge of Court Commissioner (Statewide Judadcion) Monte: County Gladge of Court Commissioner (Statewide Judadcion) Other Gladge of Court Commissione		COVER PAGE	San Jose Cliv Cha
UILERATE Additional and the second secon		/EiDCT)	
Agency Name (Do not are acronyme) Image: Construction of the production of		Sam	2018 FEB 72 AM 11:45
City Other Your Position Division, Based, Department, Distict, if appeable Your Position If fling for multiple positions, Bit below or on an attachment. (Do not use accoryms) Agency: Sec. at Huthrid Agency: Sec. at Huthrid 2. Jurisdiction of Office (Check at loss tone box) State Outry of City of Outry of City of Other 3. Type of Statement (Check at least one box) Other "Grammat: The poind covered is January 1, 2015, through December 31, 2015. Isaawing Office: Date Left "Or The period covered is January 1, 2015, through December 31, 2015. Other Chard office: Date assumed Other Chard office: Date assumed Other Assuming Office: Date assumed Other Grandidate: Election year and office scoght, if different than Pat 1: 4. Schedule Summary (nust complete) Total number of pages including this cover page; Schedule A - Investments - schedule attached Schedule C - Income, Laans, & Business Publicine - schedule attached Schedule A - Investments - schedule attached Schedule C - Income, Cans, & Business Publicine - schedule attached Schedule B - No reportable interests on any schedule Schedule C -	1. Office, Agency, or Court		
Harding of multiple positions, six balow or on an ettachment. (Do not use ecronyms) Agency:	City OF 2	CA JUSE Your Position	
Agency: Sce Agency: Sce Agency: 2. Jurisdiction of Office (Check at least one box)			01
2. Jurisdiction of Office (Check at least one box) □ State □ Multi-County □ Gity of ☑ Gity of ③ Type of Statement (Check at least one box) □ Cher ③ Type of Statement (Check at least one box) □ Gity of ○ Other ③ Type of Statement (Check at least one box) □ Check one) ○ Other ○ Other ○ The period covered is January 1, 2015, through □ Leaving Office: Date Left ○ The period covered is January 1, 2015, through □ Candidate: Election year □ Check one) ○ The period covered is January 1, 2015, through the date of leaving office. □ Candidate: Election year □ Candidate: Election year and office sought, if different than Part 1: ■ Schedule Summary (must complete) > Total number of pages including this cover page: Schedule S attached □ Schedule B - Real Property - schedule attached □ Schedule C - Income - Gits - Travil Payments - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule B - Real Property - schedule attached	► If filing for multiple positions, list below or on a	n attachment. (Do not use acronyms)	
State □ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County □ County of Image: State in the paried covered is January 1, 2015, through December 31, 2015. □ Other •or •or •or • December 31, 2015. • Candidate: Election year • And office sought, if different than	Agency: " See attached	Position:	
State □ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County □ County of Image: State in the paried covered is January 1, 2015, through December 31, 2015. □ Other •or •or •or • December 31, 2015. • Candidate: Election year • And office sought, if different than	2 Inviation of Office (a		
Multi-County □ County of Image: Structure in the period covered is January 1, 2015, through December 31, 2015. □ Leaving Office: Date Left or □ The period covered is January 1, 2015, through December 31, 2015. □ Leaving office: Date Left or □ The period covered is January 1, 2015, through December 31, 2015. □ The period covered is January 1, 2015, through the date of teaving office. □ Candidate: Election year		·	designer (Olstandda bod B.B.)
⊠City of	_		· ,
3. Type of Statement (Check at least one box) Statement in the period covered is January 1, 2015, through December 31, 2015. -or- or- The period covered is January 1, 2015, through December 31, 2015. Or The period covered is	$() \circ C $	•	· · · · · · · · · · · · · · · · · · ·
Manual: The period covered is January 1, 2015, through December 31, 2015. □ <td>City of</td> <td> Other</td> <td></td>	City of	Other	
Manual: The period covered is January 1, 2015, through December 31, 2015. □ <td>3. Type of Statement (Check at least one b</td> <td>ox)</td> <td><u></u></td>	3. Type of Statement (Check at least one b	ox)	<u></u>
The period covered is	December 31, 2015.		le Left//
Assuming Office: Date assumed	The period covered is/	leaving office.	ed is January 1, 2015, through the date of
□ Candidate: Election year	Assuming Office: Date assumed/	O The period covere	
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 - schedule attached • OF- Schedule E · Income - Gifts - Travel Payments - schedule attached • None - No reportable interests on any schedule 5. Verification MALLING ADDRESS Street CHY State CHY State Jayrime releptione number Mall NOR May O f Mary O f M	Candidate: Election year		· .
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 State MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CITY State JSCA DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (H & 3) SSS - 4 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 th day year)	이 것은 사람은 가장 가지만 수 없는 것이 있을 것 같아요. 중 집 사람은 방송에 들었다. 여러 가지만 말했다.) ► Total number of pages including this	cover page:
Image: None - No reportable interests on any schedule 5. Verification Image: None - No reportable interests on any schedule State Image: None - No reportable interests on any schedule State Image: None - No reportable interests on any schedule Image: None - No reportable interests on any schedule Image: None - No reportable interests on any schedule Image: None - No reportable interests on any schedule Image: None - No reportable interests on any schedule Image: None - No reportable interests on any schedule Image: None - No reportable interests on any schedule Image: None - None	□ Schedule A-2 - Investments – schedule at ⊠ Schedule B - Real Property – schedule at	ttached	- schedule attached
5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CITY STATE ZIP CODE 200 E Sch 2 A 95/13 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS IE-MAIL ADDRESS 1000 Control of the statement. 1 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 th Date Signed 2/2/1/18 Signation of the state of California th Signa	승규와 아파 전화가 같아? 승규는 것은 것은 것이 같아요. 것은 것은 것을 수 있는 것을 것을 것을 것을 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을	y schedule	
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DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER Image: Construct of the statement of the statement of the statement of the 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 the Date Signed		CITY S	ITATE ZIP CODE
(403) 535-4800 Mayor Unail O Sanjosc (a: jo) 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 th Date Signed 2/21/18 Signation Signation	200 E. Serly Cla	wast San Jose Cu	A 15/13
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 th Date Signed			ullosaniosaria. sali
I certify under penalty of perjury under the laws of the State of California th Date Signed 2/2/1/8 (month, day, year) Signate	I have used all reasonable diligence in preparing thi	s statement. I have reviewed this statement and to the be	
(month, day, year)	I certify under penalty of perjury under the laws	of the State of California th	
		Signati	
	(nionin, day, year)		FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Cover Page Attachment - Multiple Positions help by filer

Agency	Division/Board/Dept	Position	Type of Statement
Valley Transportation Authority	Board of Directors	Boardmember	Annual
Metropolitan Transportation Commission		Boardmember	Annual
Treatment Plant Advisory Commission		Boardmember	Annual
Bay Area Water Supply and Conservation Agency		Boardmember	Annual

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700

AMENDMENT

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY CITY FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$2,000 - \$10,000 / 15 \$10,001 - \$100,000 / 15 __/__/ <u>15</u> DISPOSED / 15 ACQUIRED DISPOSED 🔀 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Ownership/Deed of Trust Easement Ownership/Deed of Trust Easement Leasehold Leasehold _ Yrs. remaining Other Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 ∑ \$10,001 - \$100,000 OVER \$100,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of interest, list the name of each tenant that is a single source of income of \$10,000 or more. income of \$10,000 or more. None None

You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	Filer's Verification
ADDRESS (Business Address Acceptable)	- Print Name Sam Liceardo
BUSINESS ACTIVITY, IF ANY, OF LENDER	or Court M (Y 01, C 1 / Y 0T San JO) (Statement Type 2015/2016 Annual Assuming Leaving
INTEREST RATE TERM (Months/Years)	
% None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	 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. Data Simulation (1997)

С

FPPC Form 700 (2015/2016) Sch. B FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing	
Received	
Official Use Only	
E-Filed	
03/30/2017	
16:35:07	

Please type or print in ink.		Filing ID: 164449418
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Liccardo, Samuel T.		
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of San Jose		
Division, Board, Department, District, if applicable	Your Position	
40- Mayor and Council Offices	Mayor	
► If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)	
Agency: <u>*SEE ATTACHED FOR ADDITIONAL POSITIONS</u>	Position:	
2. Jurisdiction of Office (Check at least one box)		
State	Judge or Court Commissioner (State	wide Jurisdiction)
Multi-County	X County of <u>Santa Clara</u>	
X City of San Jose	Other	
3. Type of Statement (Check at least one box)		
X Annual: The period covered is January 1, 2016, through December 31, 2016	Leaving Office: Date Left (Check one)	ll
-or- The period covered is/, through December 31, 2016	 The period covered is Janua leaving office. 	ry 1, 2016, through the date of
Assuming Office: Date assumed//	 The period covered is/_ of leaving office. 	, through the date
Candidate: Election Year and office sought,	if different than Part 1:	
4. Schedule Summary (must complete) → Total numbe	6 I I II AI	7
Schedules attached	r of pages including this cover page:	
 Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached 	 Schedule C - Income, Loans, & Busines Schedule D - Income – Gifts – schedule Schedule E - Income – Gifts – Travel Page 	attached
-or-		
□ None - No reportable interests on any schedule		
5. Verification		
MAILING ADDRESS STREET CITY	STATE	ZIP CODE
herein and in any attached schedules is true and complete. I acknowle	dge this is a public document.	
I certify under penalty of perjury under the laws of the State of Cal		
Date Signed 03/30/2017 (month, day, year)	Signature _	ur filing official.)

FPPC Form 700 (2016/2017) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

STATEMENT OF ECONOMIC INTERESTS COVER PAGE Expanded Statement Attachment

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Samuel T. Liccardo

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SAN JOSE	40-Mayor's Office	Mayor	Annual 1/1/2016 - 12/31/2016
Treatment Plant Advisory Committee		Boardmember	Annual 1/1/2016 - 12/31/2016
City of San Jose	40- Mayor and Council Offices	Mayor	Annual 1/1/2016 - 12/31/2016

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

Liccardo, Samuel T.

	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Senior Housing Properties Trust	1	licrosoft
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	REIT		Software
	FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		AIR MARKET VALUE X] \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$0 - \$499		IATURE OF INVESTMENT X Stock Other ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$0 - \$499
	IF APPLICABLE, LIST DATE:		Income Received of \$500 or More (Report on Schedule C) F APPLICABLE, LIST DATE:
	I AFFLICADLE, LIST DATE.	'	AFFLICADLE, LIST DATE.
		-	
_	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	NAME OF BUSINESS ENTITY		JAME OF BUSINESS ENTITY
	American States Water Co. GENERAL DESCRIPTION OF THIS BUSINESS	-	Federal Express GENERAL DESCRIPTION OF THIS BUSINESS
	Water Utility	1	Freight Delivery
	FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		AIR MARKET VALUE X \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Image: Stock Other		ATURE OF INVESTMENT Stock Other Partnership Olncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		F APPLICABLE, LIST DATE:
	//// ACQUIRED DISPOSED	-	ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY		JAME OF BUSINESS ENTITY
	Merck		Bristol-Meyers Squibb
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		Pharmaceuticals
	FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		AIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT X Stock Other (Describe)		JATURE OF INVESTMENT X Other
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership (Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		F APPLICABLE, LIST DATE:
	////	_	////
	ACQUIRED DISPOSED		ACQUIRED DISPOSED

Comments: _

FPPC Form 700 (2016/2017) Sch. A-1 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

Liccardo, Samuel T.

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
Hewlett Packard	Intuitive Surgical	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Computer and Printer Equipment	Medical Device	
FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 X \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT X Stock Other (Describe) Partnership Income Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule)	∋ C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
//// ACQUIRED DISPOSED	//// ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
JP Morgan Chase Co. GENERAL DESCRIPTION OF THIS BUSINESS	Tesla GENERAL DESCRIPTION OF THIS BUSINESS	
Financial Services	Clean Tech Manufacturer	
FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 X \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Image: Constraint of the constra	NATURE OF INVESTMENT Image: Constraint of the constra	∋ C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
//// ACQUIRED DISPOSED	<u>05 / 12 / 15</u> / / / ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	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)	NATURE OF INVESTMENT	
Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule) C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
//// ACQUIRED DISPOSED	//// ACQUIRED DISPOSED	

Comments: _

SCHEDU	CALIFORNIA FORM 700
Interests in Re	eal Property Name
(Including Rent	
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
#118 Chinquapin	
CITY	CITY
Tahoe City, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 IF APPLICABLE, LIST DATE: \$10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 IF APPLICABLE, LIST DATE: \$10,001 - \$100,000 //
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold I/4 owner Other	Leasehold Dther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 X \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$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.	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 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*	NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
% None	% None	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
Guarantor, if applicable	Guarantor, if applicable	

031300022-NFH-0022

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Liccardo, Samuel T.

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Metropolitan Transportation Commission	Valley Transportation Authority		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
101 8th St.	3331 N. 1st. St.		
Oakland, CA 94607	San Jose, CA 95134		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 X \$1,001 - \$10,000	X \$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
X Other Stipend	X Other Stipend		
(Describe)	(Describe)		

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LO	AN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
 □ \$500 - \$1,000 □ \$1,001 - \$10,000 	-		City
□ \$10,001 - \$100,000 □ OVER \$100,000	Guarantor Other		
			(Describe)

Comments: _

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

Liccardo, Samuel T.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Goolge	Kaiser Foundation Health Plan Inc.		
ADDRESS (Business Address Acceptable) 1600 Amphitheater Pkwy Mountain View, CA 94043	ADDRESS (Business Address Acceptable) 19000 Homestead Rd. Bldg. 1 Cupertino, CA 95014		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Technology	Health Care		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
<u>07 / 28 / 16</u> <u>\$ 124.63</u> <u>DNC Event</u>	<u>06 / 24 / 16</u> <u>\$ 219.00</u> <u>Ceremonial Shovel</u>		
/\$	/\$		
/\$	/\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
/\$	/\$		
/\$	/\$		
/ \$	/\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
/\$	/\$		
/\$			
/\$	/ \$		
Comments:			

CITY OF SAN JOSÉ, CALIFORNIA



Office of the City Clerk 200 East Santa Clara Street 14th Floor San José, California 95113 Telephone 1 (408) 535-126 FAX 1 (408) 292-6207

FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Successor Agency to the Redevelopment Agency must file this form with the City, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer Sam Liccardo

Phone (408) 535-4800

Name of Agency Mayor's Office

CHECK ONE

To my knowledge there are no reportable gifts.

The following are reportable gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT	GIFT	DONOR	VALUE
06/21/16	Jessica Garcia-Kohl: Spouse	Dinner	Comcast Corp.	67.00

VERIFICATION

I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein 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.

Executed on	03/30/2017	, at	San Jose, CA	
_	(Date)		(City, State)	
			Samuel T. Liccardo	
			(Signature)	
(Rev. 1/15)				

FAIR POLITICAL PRACTICES COMMISSION A M E N D M E N T Please type or print in ink.	T OF ECONOMIC INTERESTS RECEIVED COVER PAGE AIR POLITICAL COVER PAGE AIR POLITICAL TICES COMMISSION AN JOSE City Clerk
VAME OF FILER (LAST)	(FIRSTIPIN MAR - 7 PM 2: 32018 FED (MIDDLE)
. Office, Agency, or Court	
Agency Name (Do not use acronyms) <u>CITY</u> <u>OF</u> <u>SAN</u> <u>JOSIE</u> Division, Board, Department, District, if applicable <u>Mayor's</u> OFFice ► If filing for multiple positions, list below or on an attachment. (Do	Your Position MAYOR not use acronyms)
¥ SPR attached	Position:
Agency:	Position:
. Jurisdiction of Office (Check at least one box)	
State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of SAN JOSE	Other
. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left//////
-or- The period covered is//, thro December 31, 2016.	leaving office.
Assuming Office: Date assumed///	 Or- The period covered is/, through the date of leaving office.
Candidate: Election year and office sources	ught, if different than Part 1:
. Schedule Summary (must complete) ► Total nu. Schedules attached	mber of pages including this cover page:
 Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - No reportable interests on any schedule 	 Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
. Verification	
MAILING ADDRESS STREET C (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
	ve reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
I certify under penalty of perjury under the laws of the State of C	California that the foregoing is true and correct. Signature
(month, day, year)	(File the originally signed statement with your initing original.) FPPC Form 700 (2016/2017)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Cover Page Attachment – Multiple Positions help by filer

Agency	Division/Board/Dept	Position	Type of Statement
Valley Transportation Authority	Board of Directors	Boardmember	Annual
Metropolitan Transportation Commission		Boardmember	Annual
Treatment Plant Advisory Commission		Boardmember	Annual
Bay Area Water Supply and Conservation Agency		Boardmember	Annual

SCHEDULE B Interests in Real Property

(Including Rental Income)

►

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 144 S. 3rd St # 305	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
$\frac{1}{\text{CITY}} = \frac{1}{2} \frac{1}$	CITY		
SAN JOSE, CA			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 16 \$10,001 \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 \$10,001 \$10,000		
\$10,001 - \$100,000	\$10,001 - \$100,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Ownership/Deed of Trust	Ownership/Deed of Trust		
Leasehold Interview Other	Leasehold Yrs. remaining Other		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ 	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000		
💢 \$10,001 - \$100,000 🗌 OVER \$100,000	S10,001 - \$100,000		
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Abdulrahman Abgfain	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.		
	· · · · · · · · · · · · · · · · · · ·		
۱ 			

^{*} You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	Filer's Verification
ADDRESS (Business Address Acceptable)	Print Name Sam Liccardo Office, Agency Mayor, City of San Jose
BUSINESS ACTIVITY, IF ANY, OF LENDER	Statement Type 2016/2017 Annual Assuming Leaving Annual Candidate
INTEREST RATE TERM (Months/Years)	(yr)
% None	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
\$500 - \$1,000 \$1,001 - \$10,000	California that the foregoing is true and correct.
S10,001 - \$100,000 OVER \$100,000	Date Signed
Guarantor, if applicable	- Filler's Sig
Comments:	

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

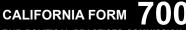
AMENDMENT

CALIFORNIA FORM 70	
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STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT	COVER PAGE	Filed Date: 03/09/2018 04:43 PM		
Please type or print in ink.		SAN: 111700193-STH-0193		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Liccardo	Samuel	Т		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of San Jose				
Division, Board, Department, District, if applicable	Your Position			
City Council	Mayor			
► If filing for multiple positions, list below or on an at	ttachment. (Do not use acronyms)			
Agency:	Position:			
2. Jurisdiction of Office (Check at least one b	box)			
State	Judge or Court	t Commissioner (Statewide Jurisdiction)		
	· ·	· · · ·		
∑ City of San Jose	•			
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2017, December 31, 2017.	through Leaving Offic (Check one)	e: Date Left//		
-or- The period covered is// December 31, 2017.	, through O The period leaving off - or -	I covered is January 1, 2017, through the date of ice.		
Assuming Office: Date assumed/		d covered is/, through f leaving office.		
Candidate: Date of Election	and office sought, if different than Part 1:			
4. Schedule Summary (must complete)	► Total number of pages including	g this cover page:5		
Schedules attached				
X Schedule A-1 - Investments – schedule attact	hed X Schedule C - Income,	Loans, & Business Positions – schedule attached		
Schedule A-2 - Investments – schedule attack	hed Schedule D - Income	- Gifts - schedule attached		
Schedule B - Real Property – schedule attack	hed Schedule E - Income	- Gifts - Travel Payments - schedule attached		
-Or-	aabadula			
□ None - No reportable interests on any s 5. Verification	schedule			
MAILING ADDRESS STREET	CITY	STATE ZIP CODE		
(Business or Agency Address Recommended - Public Document)				
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed03/09/2018 04:43 PM	Signature			
(month, day, year)	(File a	the originally signed statement with your filing official.)		

SCHEDULE A-1 Investments



FAIR POLITICAL PRACTICES COMMISSION

Stocks, Bonds, and Other Interests Name

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

Samuel Liccardo

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
Senior Housing Properties Trust	Microsoft	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
REIT	Software	
FAIR MARKET VALUE	FAIR MARKET VALUE	
	X \$2,000 - \$10,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000	
Stock Other (Describe)	Stock Other (Describe)	
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
<u>/ 17/ 17 </u>	<u>/17/_17_</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
American States Water Co.	Federal Express	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Water Utility	Freight Delivery	
FAIR MARKET VALUE	FAIR MARKET VALUE	
X \$2,000 - \$10,000	X \$2,000 - \$10,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
// <u>17</u> / <u>17</u> ACQUIRED DISPOSED	// <u>17</u> // <u>17</u>	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
Merck	Bristol-Meyers Squibb	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Pharmaceuticals	Pharmaceuticals	
FAIR MARKET VALUE	FAIR MARKET VALUE	
X \$2,000 - \$10,000 S \$10,001 - \$100,000	\$ 2,000 - \$10,000 \$ 10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
Stock Other (Describe)	Stock Other	
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
/ / 17 / / 17	/ / 17 / / 17	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	

SCHEDU Investm	
Stocks, Bonds, and (Ownership Interest is Do not attach brokerage o	s Less Than 10%) Samuel Liccardo
 NAME OF BUSINESS ENTITY Hewlett Packard, Inc. GENERAL DESCRIPTION OF THIS BUSINESS Computer and Printer Equipment 	 NAME OF BUSINESS ENTITY Intuitive Surgical GENERAL DESCRIPTION OF THIS BUSINESS Medical Device
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Deducation
Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: /_17 /17 /17 /17	Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: /_17 /17 /17 /17 /17 /17 /17 /17 /17 /17 /17
 NAME OF BUSINESS ENTITY JP Morgan Chase GENERAL DESCRIPTION OF THIS BUSINESS Financial Services FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 	 NAME OF BUSINESS ENTITY Tesla GENERAL DESCRIPTION OF THIS BUSINESS Clean Tech Manufacurer FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	↓ \$10,001 - \$1,000,000 □ ↓ \$10,001 - \$1,000,000 □ NATURE OF INVESTMENT Image: Constraint of the const
IF APPLICABLE, LIST DATE: //_1705_/_17_/_17 ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE: /
NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS	NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) Income Received of \$500 or More (Report on Schedule C)	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: 	IF APPLICABLE, LIST DATE:

SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Samuel Liccardo

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
#118 Chinquapin	144 S. 3rd St. #305	
CITY	CITY	
Tahoe City, CA	San Jose, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Ownership/Deed of Trust Easement	Ownership/Deed of Trust	
Leasehold I/4 owner Other	Leasehold Description Cher	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
□ \$0 - \$499 □ \$500 - \$1,000 ▼ \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	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.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Abdulrahman Abatain	

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
% None	% None	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
□ \$500 - \$1,000 □ \$1,001 - \$10,000	S500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
Guarantor, if applicable	Guarantor, if applicable	

Comments:

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Samuel Liccardo

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Metropolitian Transportation Commission	Valley Transportation Authority	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
375 Beale St. San Francisco	3331 N. 1st St. San Jose	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Transportation Agency	Transportation Agency	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Commissioner	Board Member	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only \$\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$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.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
(Describe)	(Describe)	

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%] None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000		City
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

FPPC Form 700 (2017/2018) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov