

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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San Jose City Clerk

ID - 16676164 87200

Please type or print in ink.

2011 MAR 21 P 3:53

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Liccardo, Samuel T.

1. Office, Agency, or Court

Agency Name

City of San Jose

Division, Board, Department, District, if applicable

Your Position

City Council

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Santa Clara Valley Transp. Authority

Position: Board Member

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
11 APR 22 AM 11:14

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

State

Judge (Statewide Jurisdiction)

Multi-County _____

County of Santa Clara

City of San Jose

Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

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

-or-

The period covered is ____/____/____, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____

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

Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

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

-or-

None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that
Date Signed 03/18/2011 Signature _____
(month, day, year)

Section 1 Additional Agency(ies)/Position(s) for Liccardo, Samuel T.:

Agency	Position
Association of Bay Area Governments	Director
Local Agency Formation Commission of SCC	Alternate Commissioner
Metropolitan Transportation Commission	Commissioner

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
Clearwire Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Wireless Internet Service

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)

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

▶ NAME OF BUSINESS ENTITY
Bristol-Meyers Squibb

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

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)

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

▶ NAME OF BUSINESS ENTITY
Intuitive Surgical

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Device

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)

IF APPLICABLE, LIST DATE:
01 / 05 / 09 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hewlett Packard

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer and Printer Equipment

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)

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

▶ NAME OF BUSINESS ENTITY
Genentech

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

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)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED 04 / 24 / 09
 DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Network Equipment

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)

IF APPLICABLE, LIST DATE:
03 / 08 / 10 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

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
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Network Equipment

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)

IF APPLICABLE, LIST DATE:
06 / 02 / 10 _____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
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 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
Liccardo, Samuel T.

▶ NAME OF SOURCE
Competitor Group
 ADDRESS (Business Address Acceptable)
9477 Waples St, Ste 150
San Diego CA 92121
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

San Jose Rock 'n Roll Half Marathon
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10/03/10 \$ 75.00 VIP Package
/ / \$ _____
/ / \$ _____

▶ NAME OF SOURCE
Santa Clara Valley Transportation Auth.
 ADDRESS (Business Address Acceptable)
3331 North First Street
San Jose CA 95134
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Jazz Festival
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
06/04/10 \$ 75.00 Jazz Preview
08/14/10 \$ 160.00 Jazz Festival VIP
08/14/10 \$ 48.00 Mayor's Jazz Brunch

▶ NAME OF SOURCE
Chamber PAC
 ADDRESS (Business Address Acceptable)
101 W. Santa Clara Street
San Jose CA 95113
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Action Committee
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
08/26/10 \$ 150.00 COMPAC BBQ
/ / \$ _____
/ / \$ _____

▶ NAME OF SOURCE
San Jose Jazz Society
 ADDRESS (Business Address Acceptable)
145 W. San Carlos Street
San Jose CA 95113
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Jazz Music and Education
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
08/13/10 \$ 80.00 Jazz Festival
/ / \$ _____
/ / \$ _____

▶ NAME OF SOURCE
Downtown Parking Board
 ADDRESS (Business Address Acceptable)
200 E. Santa Clara Street 14th Floor
San Jose CA 95113
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

RDA/City Council Commission
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
04/30/10 \$ 180.00 Ticket for Partner
/ / \$ _____
/ / \$ _____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Liccardo, Samuel T.</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
People Acting in Community Together
 ADDRESS (Business Address Acceptable)
1100 Shasta Avenue Suite 210
 CITY AND STATE
San Jose CA 95126
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Community organization
 DATE(S): 03/05/10 - 03/05/10 AMT: \$ 211.40
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Delegation meeting in Los Angeles

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: _____

Comments: _____



CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk
200 East Santa Clara Street, Wing
San José, California 95113
Telephone 1 (408) 535-1261
FAX 1 (408) 292-6207

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San Jose City Clerk

2011 MAR 29 A 11:17

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 Redevelopment Agency must file this form with the City or Agency, 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 T. LICCARDO Phone 408-535-4903

Name of Agency CITY OF SAN JOSE, SANTA CLARA VALLEY TRANSPORTATION AUTHORITY, ABAG & MTC

CHECK APPROPRIATE ITEM

- I do not have a spouse, domestic partner or any dependent children.
- I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.
- My spouse, domestic partner or dependent children have, to my knowledge, received the following gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT (Spouse/Domestic Partner/Child)	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 3-24-11, at San Jose, CA
(Date) (City, State)

[Signature]
(Signature)