

Please type or print in ink.

2013 AUG 15 PM 1:05
2013 MAR 25 PM 12:15

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Campos Xavier Eloy

1. Office, Agency, or Court

Agency Name
City of San Jose
Division, Board, Department, District, if applicable
Your Position
Public Official
Councilmember

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

Agency: Santa Clara County Valley Transportation Authority
Position: Boardmember
CAPITAL CORRIDOR JOINT POWER AUTHORITY BOARDED MEMBER

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

State SACRAMENTO, PLACER, ALAMEDA, Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County CUNYA COSTA, SAN FRANCISCO, SANTA CLARA County of
 City of San Jose SOLANO, YOLO Other Santa Clara County

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

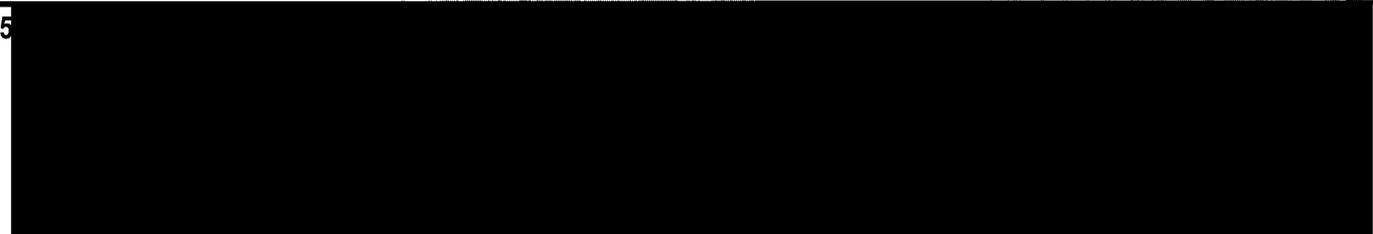
Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____ through December 31, 2012.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury, under the laws of the State of California

Date Signed 3/25/13
(month, day, year)

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

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/12 _____/_____/12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

1209 Adrian Way, San Jose, CA 95122

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Single Home

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/12 _____/_____/12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____/_____/12 _____/_____/12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/12 _____/_____/12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities - Latino Caucus

ADDRESS (Business Address Acceptable)
 770 L Street 1030, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Latino Caucus January Board Meeting/ Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 12	\$ 45.00	Meal
01 / 13 / 12	\$ 46.00	Meal
01 / 14 / 12	\$ 30.00	Meal

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities - Latino Caucus

ADDRESS (Business Address Acceptable)
 770 L Street 1030, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Latino Caucus January Board Meeting/ Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 12	\$ 40.00	Meal
01 / 14 / 12	\$ 131.00	Meal
01 / 15 / 12	\$ 25.00	Meal

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities - Latino Caucus

ADDRESS (Business Address Acceptable)
 770 L Street 1030, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 League of California Cities Legislative Action Day

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 12	\$ 11.98	Refreshments
04 / 25 / 12	\$ 45.80	Meal
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

- You must 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
National Association of Latino Elected and Appointed
 ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd., 3rd floor
 CITY AND STATE
Los Angeles, CA 90015
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Fund for Latino Elected Officials
 DATE(S): 06 / 21 / 12 - 06 / 23 / 12 AMT: \$ 1,202.54
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Attended Emergency Planning and Preparedness
Training.

▶ NAME OF SOURCE (Not an Acronym)
Southern California Edison
 ADDRESS (Business Address Acceptable)
8631 Rush Street
 CITY AND STATE
Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Utility Company
 DATE(S): 08 / 15 / 12 - 08 / 17 / 12 AMT: \$ 420.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Attended League of California Cities CA Civic
Leadership Institute.

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

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

 DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide 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

RECEIVED
San Jose City Clerk

2013 MAR 27 AM 9:04

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 Xavier E. Campos Phone (408) 535-4905

Name of Agency City Council

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
C
I
E

[Redacted Signature]

(Date)

[Redacted Date]