

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Date Received
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RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2014 MAR 28 PM 4: 09 (DLE)

Please type or print in ink.

NAME OF FILER (LAST) Tucker (FIRST) Denise C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Gilroy

Division, Board, Department, District, if applicable

City Council

Your Position

City Council Member

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

Agency: Community Development Agency

Position: Board Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Gilroy

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.

The period covered is January 1, 2013, 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 sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

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

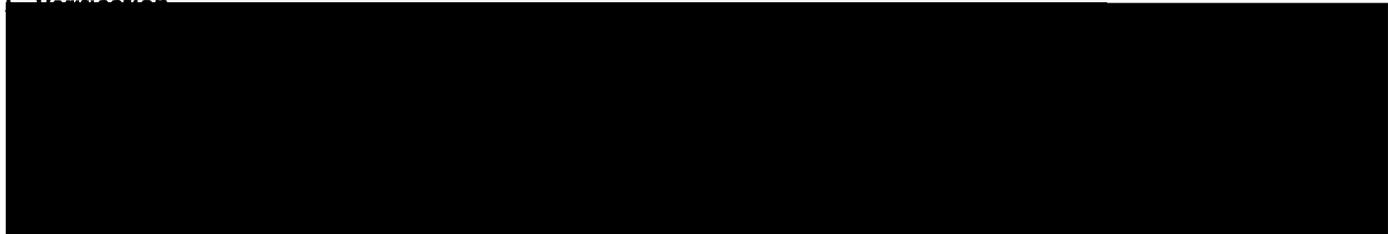
Schedule B - Real Property - schedule attached

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

-or-

None - No reportable interests on any schedule

F. Verification



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

Date Signed 03/24/2014
(month, day, year)

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

Denise C. Tucker

▶ NAME OF BUSINESS ENTITY
Sean Anthony's Refinishing

GENERAL DESCRIPTION OF THIS BUSINESS
Furniture Refinishing

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

NATURE OF INVESTMENT Sole Proprietorship
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Applied Materials

GENERAL DESCRIPTION OF THIS BUSINESS
Semiconductor

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:
 / / 13 / / 13
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)
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IF APPLICABLE, LIST DATE:
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GENERAL DESCRIPTION OF THIS BUSINESS

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IF APPLICABLE, LIST DATE:
 / / 13 / / 13
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

| |
|--|
| CALIFORNIA FORM 700 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name Denise C. Tucker |

▶ NAME OF SOURCE *(Not an Acronym)*
Terra Law Partners

ADDRESS *(Business Address Acceptable)*
177 Park Ave #3, San Jose CA, 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 12 / 20 | \$ 256.00 | 2 Sharks Tickets |
| _ / _ / _ | \$ _____ | _____ |
| _ / _ / _ | \$ _____ | _____ |

▶ 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)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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|-----------------|----------|------------------------|
| _ / _ / _ | \$ _____ | _____ |
| _ / _ / _ | \$ _____ | _____ |
| _ / _ / _ | \$ _____ | _____ |

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|-----------------|----------|------------------------|
| _ / _ / _ | \$ _____ | _____ |
| _ / _ / _ | \$ _____ | _____ |
| _ / _ / _ | \$ _____ | _____ |

Comments: _____