



2014 MAR 21 P 1:30

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
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: (Do not use acronyms)

Agency: Santa Clara County Valley Transportation Authority
CAPITOL CORRIDOR JOINT POWER AUTHORITY
Position: Boardmember
BOARDMEMBER

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

State Sacramento, Placer, Alameda, Contra Costa, San Francisco, Santa Clara
Multi-County Solano, Yuba
City of San Jose
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other Santa Clara County

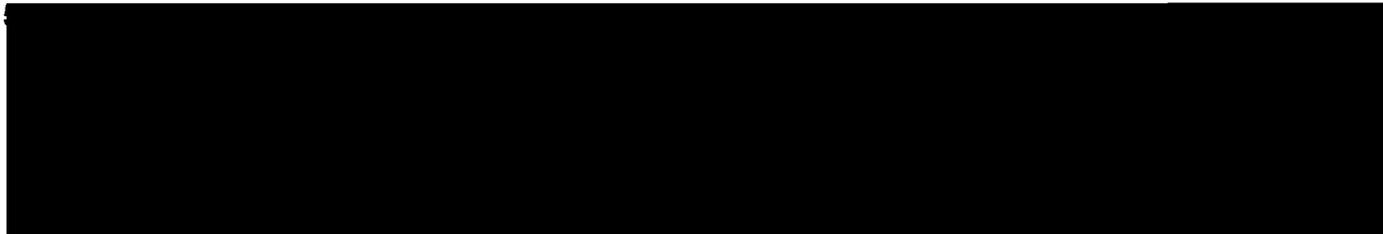
3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.
-or- The period covered is through December 31, 2013.
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, 2013, 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

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 APR 17 PM 4:22



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 3/17/14
(month, day, year)

Handwritten initials

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 _____

▶ 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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/13 _____/_____/13

\$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 95112

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 _____/_____/13 _____/_____/13

\$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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/13 _____/_____/13

\$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 _____/_____/13 _____/_____/13

\$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 _____

▶ 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 / 19 / 13	\$ 79.00	Meals
01 / 20 / 13	\$ 32.00	Meals
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Valley Transportation Authority

ADDRESS (Business Address Acceptable)
 3331 N. 1st Street, San Jose, CA 95134

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Joint Venture SV - State of Valley Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 13	\$ 75.00	Meal Ticket
/ /	\$	
/ /	\$	

▶ 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 April Board Meeting/Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 13	\$ 33.00	Meal
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Carpenters Local Union 405

ADDRESS (Business Address Acceptable)
 2102 Almaden Road #115, San Jose, CA 95125

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Annual NCCRC Central District Fundraiser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 10 / 13	\$ 175.00	Ticket to Event
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Kosmont Companies

ADDRESS (Business Address Acceptable)
 865 S. Figueroa St., Ste. 3500, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sponsor for a January Latino Caucus Board Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 13	\$ 100.00	Meal
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Financial Service Providers Association

ADDRESS (Business Address Acceptable)
 1215 K St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sponsor for a January Latino Caucus Board Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 13	\$ 95.00	Meal
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name _____

▶ 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 July Board Meeting/Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	\$ 73.00	Meals
07 / 13 / 13	\$ 167.00	Meals
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Pharmaceutical Research and Manufacturers of America
 ADDRESS (Business Address Acceptable)
 950 F Street, NW Suite 300 Washington, DC 20004
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sponsor of a July Latino Caucus Board Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 13	\$ 68.00	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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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

Name _____

- 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)
Water Education for Latino Leaders
 ADDRESS (Business Address Acceptable)
930 Colorado Blvd., Building 2
 CITY AND STATE
Los Angeles, CA 90041
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Fund for Latino Elected Officials
 DATE(S): 03 / 21 / 13 - 03 / 22 / 13 AMT: \$ 682.00
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Attended Conference on Water issues in California.

▶ NAME OF SOURCE (Not an Acronym)
California League of Cities - Civic Leadership Institute
 ADDRESS (Business Address Acceptable)
1400 K Street Suite 400
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 08 / 29 / 13 - 08 / 30 / 13 AMT: \$ 221.01
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Attended Civic Leadership Institute events.

▶ 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 95015
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education Fund for Latino Elected Officials
 DATE(S): 11 / 22 / 13 - 11 / 24 / 13 AMT: \$ 2,203.60
 (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)

 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: _____