



Date Received
Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

E-Filed
03/07/2014
17:32:00
Filing ID:
150170747

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Reed, Chuck

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Jose
Division, Board, Department, District, if applicable
40-Mayor's Office
Your Position
Mayor
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Successor Agency to the Redevelopment Agency Position: Chair

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

State Judge or Court Commissioner (Statewide 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
-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: 4
 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
I certify under penalty of perjury under the laws of the State

Date Signed 03/07/2014
(month, day, year)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Palo Alto Medical Foundation

ADDRESS (Business Address Acceptable)
Mountain View, CA 94040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

YOUR BUSINESS POSITION
Spouse's employer

GROSS INCOME RECEIVED
 \$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
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$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
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

Comments: _____

▶ 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address
City
 Guarantor _____
 Other _____
(Describe)

Date Signed _____ 03/07/2014 _____
(month, day, year)

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)
The Pew Charitable Trusts
ADDRESS (Business Address Acceptable) _____

CITY AND STATE
Washington, DC 20004

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

DATE(S): 10 / 25 / 13 - 10 / 25 / 13 AMT: \$ 306.90
(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)
Mahattan Institute for Policy Research
ADDRESS (Business Address Acceptable) _____

CITY AND STATE
New York, NY 10017

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

DATE(S): 10 / 23 / 13 - 10 / 23 / 13 AMT: \$ 388.90
(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 _____

[REDACTED]

Date Signed 03/07/2014
(month, day, year)

[REDACTED]

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

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 Chuck Reed Phone (408) 535-4800

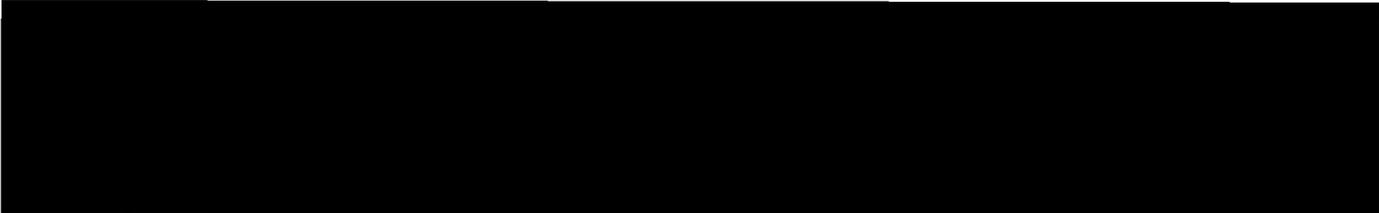
Name of Agency City of San Jose

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



Executed on 03/07/2014, at _____
(Date)

(Signature)



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

E-Filed
03/07/2014
17:27:42
Filing ID:
150170617

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Reed, Chuck

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Jose
Division, Board, Department, District, if applicable
40-Mayor's Office
Your Position
Mayor
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Successor Agency to the Redevelopment Agency Position: Chair

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

State
Multi-County
City of San Jose
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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: 4
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



Date Signed 03/07/2014
(month, day, year)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Palo Alto Medical Foundation</u></p> <p>ADDRESS (Business Address Acceptable) <u>Mountain View, CA 94040</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Medical</u></p> <p>YOUR BUSINESS POSITION <u>Spouse's employer</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe) </p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ (Describe) </p>
<p>Comments: _____</p>	

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 </p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe) </p>
--	--

Date Signed

03/07/2014
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- 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)
Mahattan Institute for Policy Research
ADDRESS (Business Address Acceptable)

CITY AND STATE
New York, NY 10017
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 23 / 13 - 10 / 23 / 13 AMT: \$ 388.90
(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 _____

▶ 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 _____

[REDACTED]

Date Signed 03/07/2014

[REDACTED]

Comments: _____



CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk
 200 East Santa Clara Street, Wing
 San José, California 95113
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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 Chuck Reed Phone (408) 535-4800

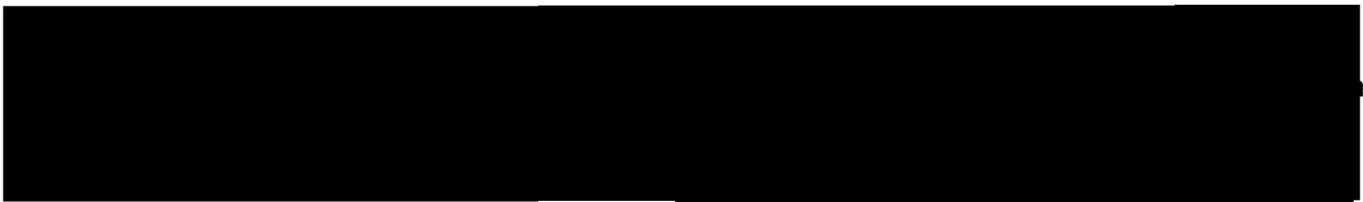
Name of Agency City of San Jose

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



Executed on 03/07/2014, at _____
 (Date)





STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



E-Filed
03/07/2014
17:22:12
Filing ID:
150170381

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Reed, Chuck

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of San Jose

Division, Board, Department, District, if applicable

40-Mayor's Office

Your Position

Mayor

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

Agency: Successor Agency to the Redevelopment Agency

Position: Chair

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

State

Judge or Court Commissioner (Statewide 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.

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: 2

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



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

Date Signed 03/07/2014

(month, day, year)

(File the originally signed statement with your filing official.)



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

FAMILY GIFT REPORTING FORM

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PLEASE TYPE OR PRINT IN INK

Name of Filer Chuck Reed Phone (408) 535-4800

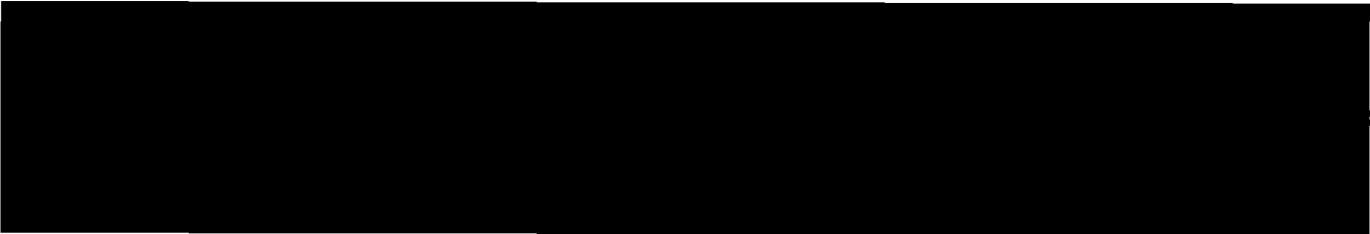
Name of Agency City of San Jose

CHECK APPROPRIATE ITEM

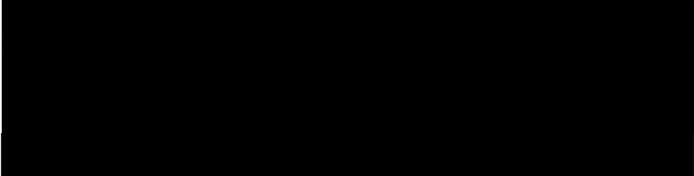
- I do not have a spouse, domestic partner or any dependent children.
- I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.
- My spouse, domestic partner or dependent children have, to my knowledge, received the following gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT (Spouse/Domestic Partner/Child)	GIFT	DONOR	VALUE



Executed on 03/07/2014, at _____
 (Date)



(Signature)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Date Received Official Use Only

E-Filed 03/07/2014 15:57:59 Filing ID: 150165300

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Reed, Chuck

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of San Jose Division, Board, Department, District, if applicable 40-Mayor's Office Your Position Mayor

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

State Multi-County City of San Jose Judge or Court Commissioner (Statewide Jurisdiction) County of Other

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: 3 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



Date Signed 03/07/2014 (month, day, year)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
Reed, Chuck

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Palo Alto Medical Foundation
ADDRESS (Business Address Acceptable)
Mountain View, CA 94040
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical
YOUR BUSINESS POSITION
Spouse's employer

GROSS INCOME RECEIVED
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 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

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(Describe)

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ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF LENDER _____
HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None TERM (Months/Years) _____
SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
Reed, Chuck _____

- 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)
Mahattan Institute for Policy Research
ADDRESS (Business Address Acceptable) _____

CITY AND STATE
New York, NY 10017

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

DATE(S): 10 / 23 / 13 - 10 / 23 / 13 AMT: \$ 388.90
(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)
The Pew Charitable Trusts
ADDRESS (Business Address Acceptable) _____

CITY AND STATE
Washington, DC 20004

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

DATE(S): 10 / 25 / 13 - 10 / 25 / 13 AMT: \$ 306.90
(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 _____

▶ 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: \$ _____
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TYPE OF PAYMENT: (must check one) Gift Income

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Other - Provide Description _____

Comments: _____



CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk
 200 East Santa Clara Street, Wing
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 Telephone 1 (408) 535-1261
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PLEASE TYPE OR PRINT IN INK

Name of Filer Chuck Reed Phone (408) 535-4800

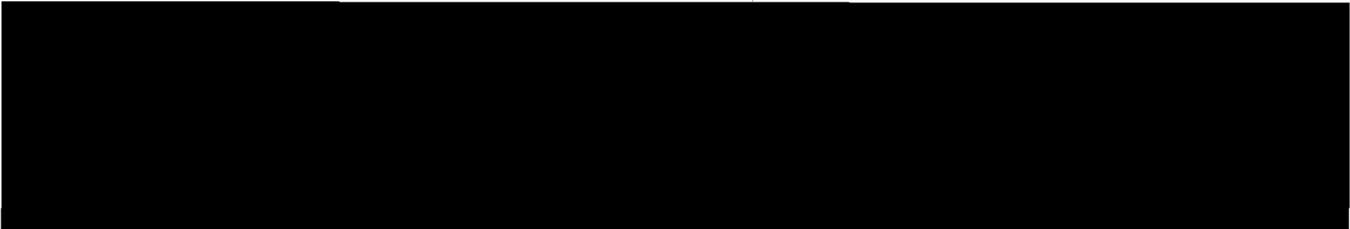
Name of Agency City of San Jose

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



Executed on 03/07/2014, at _____
 (Date)

