

SR

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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FEB 04 2014
CITY OF REDWOOD CITY
CITY CLERK

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2014 FEB -7 PM 1:51

NAME OF FILER (LAST) (FIRST)
SEYBERT JOHN DAVID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF REDWOOD CITY
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position
COUNCIL MEMBER

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

Agency: _____ Position: _____

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

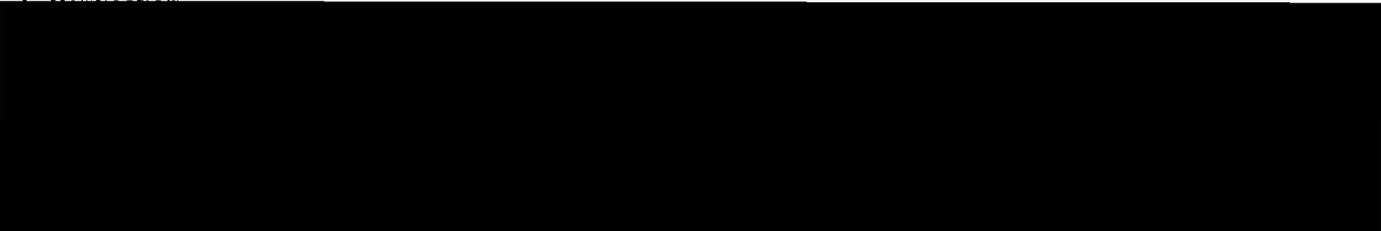
State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of REDWOOD CITY Other _____

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 _____
 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.
 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: 3**
 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 02/03/2014
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
JOHN DAVID SEYBERT

▶ NAME OF SOURCE (Not an Acronym)
STANFORD UNIVERSITY

ADDRESS (Business Address Acceptable)
BLDG 170, 1st Flr, Main Quad, Stanford, CA 94305

BUSINESS ACTIVITY, IF ANY, OF SOURCE
UNIVERSITY - GOVT RELATIONS DEPT.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / 13</u>	\$ <u>356.00</u>	<u>football game + food</u>
<u>11 / 25 / 13</u>	\$ <u>42.30</u>	<u>reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
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<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____