

RECEIVED

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing
Received
MAR 17 2015
Official Use Only
City Clerk's Office
City of Santa Clara



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marsalli Jerry

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Santa Clara

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

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

Agency: Please see attached

Position: Please see attached

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Santa Clara

Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____ through December 31, 2014.

The period covered is January 1, 2014, 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: 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

Date Signed MARCH 16, 2015
(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
MARSALLI & ASSOCIATES
 Name
P.O. BOX 2844 SANTA CLARA, CA
 Address (Business Address Acceptable) 95055

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

GENERAL DESCRIPTION OF THIS BUSINESS
CONSULTANT

| | | |
|---|-------------------------------------|-------------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input checked="" type="checkbox"/> \$0 - \$1,999 | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION OWNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input checked="" type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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 or Names listed below

N/A

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
N/A

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

| | | |
|--|-------------------------------------|-------------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> 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: | |
| <input type="checkbox"/> \$0 - \$1,999 | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> 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)

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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 or Names listed below

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

| | | |
|--|-------------------------------------|-------------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: | |
| <input type="checkbox"/> \$2,000 - \$10,000 | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> 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: _____

Jerry Marsalli
Form 700 Statement of Economic Interest
Annual Statement for 2014 Reporting Year
Multiple Agency Attachment:

Bayshore North Project Enhancement Authority: Board Member
City of Santa Clara: Council Member
City of Santa Clara Housing Authority: Board Member
City of Santa Clara Industrial Development Authority: Board Member
City of Santa Clara Joint Financing Authority: Director
City of Santa Clara Public Facilities Financing Authority: Director
City of Santa Clara Sports and Open Space Authority: Board Member
Santa Clara Stadium Authority: Board Member