

AT/AN2014

RECEIVED

Date Initial Filing

Received
Official Use Only

MAY 18 2015



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TOWN OF COLMA
CITY MANAGER/CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Silva Joseph Anthony

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Town of Colma

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: CCAG

Position: Board Member

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

- State, Multi-County, City of Colma, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

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 05/08/2015 (month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Sean Rebe
ADDRESS (Business Address Acceptable)
1198 el Camino Rea, Colma, CA, 94014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Colma City Manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 14</u>	\$ <u>24.99</u>	<u>Patron Silver 375ml</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Dan Duggan
ADDRESS (Business Address Acceptable)
500 Westlake Avenue, Daly City, CA, 94014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Owner of Duggan's Serra Mortury

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 15</u>	\$ <u>31.29</u>	<u>Duggan's Liqueur Irish</u>
<u> / / </u>	\$ <u> </u>	<u>Cream</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>

▶ NAME OF SOURCE (Not an Acronym)
Roger Petters
ADDRESS (Business Address Acceptable)
2001No. Main Street, Walnut Creek, CA, 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Colma City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 15</u>	\$ <u>21.99</u>	<u>Kenwood Cabernet</u>
<u> / / </u>	\$ <u> </u>	<u> </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>

Filer's Verification

Date Signed 5-8-15
(month, day, year)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
CG

RECEIVED
Date Initial Filing
Received
MAR 26 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Silva Joseph Anthony
2015 MAR 30 PM 2:57 CITY MANAGER/CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Town of Colma
Division, Board, Department, District, if applicable
City Council Member
Your Position

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

Agency: CCAG Position: Board Member

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

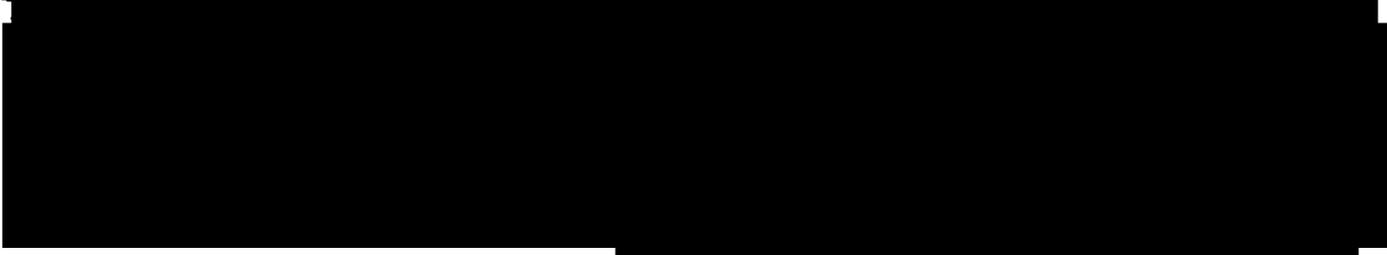
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of San Mateo County
- City of Colma Other _____

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: 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 03/26/2015
(month, day, year)

**SCHEDULE D
 Income – Gifts**

Name
Joseph Anthony Silva

▶ NAME OF SOURCE *(Not an Acronym)*
Sean Rebe
 ADDRESS *(Business Address Acceptable)*
1198 El Camino Real, Colma, CA, 94014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Colma City Manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 14</u>	<u>\$ 24.99</u>	<u>Patron Silver 375ml</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE *(Not an Acronym)*
Roger Petters
 ADDRESS *(Business Address Acceptable)*
2001 No. Main Street, Walnut Creek, CA, 94596
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Colma City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 14</u>	<u>\$ 21.99</u>	<u>Kenwood Cabernet</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE *(Not an Acronym)*
Dan duggan
 ADDRESS *(Business Address Acceptable)*
500 Westlake Avenue, Daly City, CA, 94014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Owner of Duggan's Serra Mortuary

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>

▶ 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>

▶ 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>

▶ 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>

Comments: _____