



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Carrasco, Magdalena

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of San Jose Division, Board, Department, District, if applicable Your Position 40- Mayor and Council Offices 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 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, 2016, through December 31, 2016 -or- The period covered is through December 31, 2016 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, 2016, through the date of leaving office. The period covered is through the date of leaving office.

4. Schedule Summary (must complete) Total number of pages including this cover page: 1

Schedules attached

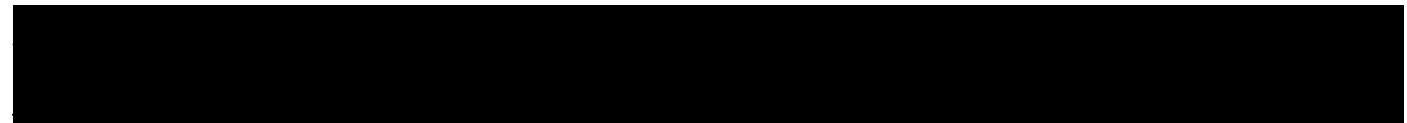
- Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)



I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/16/2017 (month, day, year)

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





CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk
200 East Santa Clara Street
14th Floor
San José, California 95113
Telephone 1 (408) 535-126
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 Successor Agency to the Redevelopment Agency must file this form with the City, 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 Magdalena Carrasco Phone (408) 535-4905

Name of Agency City of San Jose

CHECK ONE

To my knowledge there are no reportable gifts.

The following are reportable gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT	GIFT	DONOR	VALUE

VERIFICATION

I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein is true and complete.

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

Executed on 02/16/2017 at San Jose, CA
(Date) (City, State)

Magdalena Carrasco

(Signature)

