

COVER PAGE

MAR 21 2007

City Clerk's Office
City of Santa Clara

A Public Document

Please type or print in ink

| | | | |
|--|---------|-------------|---|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Caserta | Dominic | | (408) 615-2220 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS |
| 1500 Warburton Avenue | | Santa Clara | CA 95050 |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Santa Clara

Division, Board, District, if applicable:
City Council

Your Position:
Councilmember

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position: _____

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

State

County of _____

City of Santa Clara

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

The period covered is ____/____/____, through December 31, 2006.

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

The period covered is January 1, 2006, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 3

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

Date Signed 03/16/07
(month, day, year)

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

SCHEDULE C
Income, Loans & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Dominic Green

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Gillmor - Associates

ADDRESS
1201 Franklin St, Santa Clara CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 95050
Real Estate Commission

YOUR BUSINESS POSITION
Realtor, Salesperson

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
 Sale of _____
(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
Brad - Jamie Oliver

ADDRESS
1532 Puerto Vallarta Dr, San Jose, CA 95126

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Owner of Rental Property

YOUR BUSINESS POSITION
Owner

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
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

2. LOAN RECEIVED

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

Comments: _____

**SCHEDULE D
Income – Gifts**

Name Dominic Caserta

> NAME OF SOURCE
Amy Caserta

ADDRESS
936 Foreman St, Santa Clara, CA 95050

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-------------------|---------------|-------------------------|
| <u>12, 15, 06</u> | <u>\$ 122</u> | <u>Football Tickets</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

> NAME OF SOURCE
PAT Sausedo

ADDRESS
69 Leiter Ave. San Jose, CA 95125

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-------------------|---------------|---------------------------|
| <u>07, 11, 06</u> | <u>\$ 140</u> | <u>Grand Prix Tickets</u> |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |
| ___/___/___ | \$ _____ | _____ |

Comments: _____