

COVER PAGE

Filed Date: 02/02/2015 05:36 PM
SAN: 021300015-STH-0015

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)
East Side Union High School District
Division, Board, Department, District, if applicable Your Position
Governing Board 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 _____ Other Santa Clara County

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left 12 / 31 / 2014
(Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is 01 / 01 / 2014, through the date of leaving office.

-or-

The period covered is ____/____/____, through December 31, 2013.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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)
830 N. Capitol Ave. San Jose CA 95133
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
()

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 02/02/2015 05:36 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Magdalena Carrasco

▶ NAME OF SOURCE *(Not an Acronym)*
San Jose Silicon Valley Chamber of Commerce and Yellow Cab
 ADDRESS *(Business Address Acceptable)*
101 W. Santa Clara Street
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 14</u>	<u>\$ 2750.00</u>	<u>Educational Conference</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>
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Comments: _____