

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

CITY OF SUNNYVALE, CA
CITY CLERK'S OFFICE

COVER PAGE

A Public Document

2009 APR -1 P 4:45

a p o p

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Whittum	David	Harvey	(650)906-7681		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
306 Angel Avenue		Sunnyvale	CA	94086	dwhittum@yahoo.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Sunnyvale

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: _____

Position: _____

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

State

County of _____

City of Sunnyvale

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is 01 / 08 / 08, through December 31, 2008.

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

The period covered is January 1, 2008, through the date of leaving office.

-or-

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

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 6

► 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
v a w p

Schedule A-2 Yes - schedule attached
v o g a w p

Schedule B Yes - schedule attached
a op

Schedule C Yes - schedule attached
co oa o o co a f
a av a

Schedule D Yes - schedule attached
co f

Schedule E Yes - schedule attached
co f av a

-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 April 1, 2009
(month, day, year)

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

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">David Whittum</p>

▶ NAME OF BUSINESS ENTITY
Varian Medical Systems

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Capital Equipment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other options (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Varian Medical Systems

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Capital Equipment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/08 ____/____/08
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
David Whittum

▶ STREET ADDRESS OR PRECISE LOCATION
306 Angel Avenue

CITY
Sunnyvale

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 08 DISPOSED / / 08

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 08 DISPOSED / / 08

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Varian Medical Systems</u>	NAME OF SOURCE OF INCOME
ADDRESS <u>911 Hansen Way C077, Palo Alto, CA 94304-1028</u>	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Medical Capital Equipment</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Manager, Microwave Applied Research</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>op ca oa c.</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <small>ac o c of o o</small> <input type="checkbox"/> Other _____ <small>c</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <small>op ca oa c.</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <small>ac o c of o o</small> <input type="checkbox"/> Other _____ <small>c</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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>a</small>	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <small>c</small>	

Comments: _____

SCHEDULE D
Income – Gifts

Name
David Whittum

▶ NAME OF SOURCE
NASA Ames Research Center c/o Deborah Feng
 ADDRESS
Moffett Field, Mountain View, CA 94035
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Federal Agency, Yuri's Night

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 12 / 08</u>	<u>\$ 120</u>	<u>Admission for 3</u>
<u>04 / 12 / 08</u>	<u>\$ 20</u>	<u>balloon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS

 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

 ADDRESS

 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

 ADDRESS

 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

 ADDRESS

 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

 ADDRESS

 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: Note 1: Attending Yuri's Night with my family, the City Manager, the Mayor and other Councilmembers. Balloons were being handed out from a courtesy booth held by Airship Venture, Inc. (NASA Research Park, PO Box 345, Moffett Field, CA 94035-0345)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name David Whittum

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

▶ NAME OF SOURCE
 League of California Cities c/o Rebecca Elliot

ADDRESS
 P.O. Box 54216

CITY AND STATE
 San Jose, CA 95154-4216

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit, promotes CA cities, local control, education

DATE(S): 04 / 16 / 08 - ____ / ____ / ____ AMT: \$ 50
f app ca

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: LCC Building Sustainable Communities Reception (estimated value).

▶ NAME OF SOURCE
 National League of Cities (NLC) c/o Donald Borut

ADDRESS
 1301 Pennsylvania Ave NW

CITY AND STATE
 Washington DC 20004-1763

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit, promotes cities, leadership, training.

DATE(S): 11 / 11 / 08 - 11 / 15 / 08 AMT: \$ 2004
f app ca

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: 3/8/08 Won NLC raffle for conference expense reimbursement: airfare (\$315), registration fee (\$305), hotel (\$1384)

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
f app ca

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
f app ca

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: Note 1: LCC travel was for city. Fee covering travel by bus to Sacramento, lunch was paid by City (\$50).
 Note 2: NLC Conference travel was for City. Reference FPPC File A-08-171, Request for Advice. For this trip City reimbursed \$480 for four 4-hour seminars, and \$223 for ground transportation.