INCOME AND TIME DISCLOSURE STATEMENT CEIVED (San Jose Municipal Code Chapter 12.19) San Jose City Clerk

,	AST) AVIS	(FIRST) DEV	(MIDDLI	Ē) .	2017 APR	DAYFIMBJELEPHONE NUMBER 408-535-4906
REPORTING P January 1 - M		7				
, ,	•		rs did you spend rendering ceed to Section 2 below.)	g services unrelate N/A	ed to your duti	ies of office for which you earned
1. INCOME EA	RNEDTHIS	REPORTING F	PERIOD*			
☐ LESS \$50	0 🗆	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 -	\$100,000	OVER \$100,000
*If aggregate in Section 5.	Reporting Ye	ear is more than	\$500, proceed to Section	2. If aggregate in	Reporting Ye	ear is less than \$500, proceed to
2. INCOME EA	RNED THIS	REPORTING Y	'EAR			
S0 - \$499*		\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$	\$100,000	OVER \$100,000
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00 0			\$500, proceed to Section ENTAL AGENCY & DESC		OVICES	and the company of the contract of the contrac
			ENMENTAL AGENCY	CKIP HON OF SE	VIOEO	
ADDRESS						
TYPE OF BUSI	NESS ENTIT	Y/TRUST/GOVI	ERNMENTAL AGENCY:			
Proprietorsh	nip	Partnershi	p 🔲 LL	С		Corporation
Trust		Governme	ental Agency No	nprofit Organizatio	on	Other
GENERAL DES	CRIPTION (OF BUSINESS E	NTITY/TRUST/GOVERN	MENTAL AGENC	Y ACTIVITY:	
			. 10.454.50			
POSITION:						
GENERAL DES	CRIPTION C	OF SERVICES R	ENDERED:	SC-101-10		
			RCE OF INCOME OF \$5, \$5,000 OR MORE (attach			ORTING PERIOD AND IF THE
5. VERIFICATION	NC					
information conta	ained herein	and in any attac				o the best of my knowledge the nalty of perjury under the laws of
himselver of the second		914			4	113/2014
Signature (File t	he originally	signed statemen	nt with the City Clerk.)	Date Si	gned <i>l</i>	/13/2017 (month, day, year)

Type or print in ink.

Amounts may be rounded to whole dollars: CEIVED

Disclosure of Fundraising Report Form			San Josa Cify Clerk Page			
D OFFICIAL			Date Stamp	CITY OF SAN DED4		
) Q DM 2. 20	JOSE FORM DFR1		
	PERIOD COVERED BY THIS		110 LU 2: 93	For Official Use Only		
CITY COUNCIL, DISTRICT 6 01/01/2017 03/31/2017						
AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR DESCRIPTION OF		OR PURPOSE OF FUNDRAISING ITRIBUTION		
\$96			In-kind donation for raffle Walk	at 12th Annual West Valley Senior		
\$55	Ramona Snyder, Team San Jose, 4 Jose, CA 95110	408 Almaden Blvd., San	In-kind donation for raffle at 12th Annual West Valley Senio Walk on April 14th, 2017			
3/30/2017 \$61.12 Ramona 95110		Airport Blvd., San Jose, CA	In-kind donation for raffle Walk on April 14th, 2017	at 12th Annual West Valley Senior		
	DISTRICT 6 AMOUNT CONTRIBUTED \$96	DISTRICT 6 PERIOD COVERED BY THIS REPORT 01/01/2017 03/31/2017 TO T	Date of This Filling O4/13/2017 This Filling O4/13/201	Date of O4/13/2017 Date Stamp Date of O4/13/2017 This Filling O4/13/2017 This Filling O1/01/2017 O3/31/2017 Page 1 Of O1/01/2017 O3/31/2017 To O5/2017 Page 1 OF O5/2017 Page		

NOTHING TO REPORT

Date 4/13/2017

City of San José Form DFR-1 (Nov/2010)

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) Davis, Davis Heiner	(FIRST) t 408-535-4906	(MID	DLE)	DAYTI 2017 OCT 1 3	ME TELEPHONE NUMBER PM 2: 34
REPORTING PERIO April 2017 - Octobe	D - 2017				
	Period, how many hours ver is none, please proc			d to your duties of offi	ce for which you earned
1. INCOME EARNE	D THIS REPORTING PI	ERIOD*			
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,0	00	\$100,000 🔲 OV	/ER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than S	6500, proceed to Sec	tion 2. If aggregate in	Reporting Year is less	s than \$500, proceed to
2. INCOME EARNE	THIS REPORTING YE	AR		ji (ji - 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
\$0 - \$499*	S500 - \$1,000	S1,001 - \$10,00	5 \$10,001 - \$	100,000 🗌 OVE	ER \$100,000
*If aggregate in Repo	ting Year is less than \$5	500, proceed to Secti	on 5.		
If aggregate in Report	ing Year is more than \$	500, proceed to Sect	on 3.		
	Y/TRUST/GOVERNME ENTITY/TRUST/GOVE	The state of the s	0 CONTROL OF CALABODIC DE GROUND CONTROL CON CONTROL CON CONTROL	VICES	
ADDRESS 200 E. Santa Clara St	reet, 18th Floor				
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENC	Y:		
Proprietorship	☐ Partnership		LLC	☐ Corporatio	n
☐ Trust	★ Governmer	ntal Agency	Nonprofit Organization		Other
GENERAL DESCRIPT	TION OF BUSINESS EN	ITITY/TRUST/GOVE	RNMENTAL AGENCY	ACTIVITY:	
POSITION: Councilm	ember			,	
GENERAL DESCRIP	TION OF SERVICES RE	NDERED: N/A			
	RTABLE SINGLE SOUR EPORTING YEAR IS \$5				PERIOD AND IF THE
		 			·
5. VERIFICATION			10 m		
information contained	able diligence in prepari herein and in any attach a that the foregoing is	ed schedules is true			of my knowledge the erjury under the laws of
Signature (File the ori	ginally signed statement	with the City Clerk.)	Date Sig	ned (mor	13 17 nth, day, year)

Disclosure of Fundraising Report Form

RECEIVED San Jose City Clerk

Page 1

NAME OF ELECTED OFFICIAL Councilmember Dev Davis OFFICE HELD PERIOD COVERED BY THIS			PERIOD COVERED BY THIS	Date of This Filing 10/13/17	Date Stamp 2017 OCT 3 PM 2: CITY OF SAN JOSE FORM For Official Use Only
City of San Jose - Council District 4/10/17 To 10/13/17		4/10/17 _{TO} 10/13/17	Page 1 of 1		
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND			IAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
		See a	ıttached		
				,	
NOTHING TO	D REPORT	Sigi	nature:	CON THE	DATE: 10/13/17

Date	CO87	name lorganization lad	ldness Forlitem	contact info
4/10/2017	\$20	Jennifer Garten, Breathe California of the Bay Area, 1469 Park Avenue, San Jose, CA 95126	Travel mug & miscellaneous items= in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017	408-998-586€ <u>ramya@lungsrus org</u>
4/11/2017	\$50	Janna Gonzalez, Star One Credit Union, 1306 Bordeaux Drive, Sunnyvale, CA 94089	Gift card + miscellaneous items = In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017	408-543-509f <u>jannag@starone.org</u>
4/11/2017	\$75	Soudaly Pizano, Visiting Angels, 922 W. Fremont Avenue, Sunnyvale, CA 94087	Gift Basket = In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017	408-735-0977 soudaly@carebyangels.com
4/14/2017	\$12	Bob Grandey, Sons In Retirement Mission Branch 32, 5917 Fishburne Avenue, San Jose CA 95123	Wine Bottle = In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017	408-439-4521 <u>bobgrandey@yahoo.com</u>
4/14/2017	\$50	Kirby M. Cristobal, Heart of the Valley, Services for Seniors, Inc. 1550 El Camino Real, Santa Clara, CA 95050	(4) 12 packs of Kind Bars = In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017	408-241-1573 kirby@senvicesforseniors.org

San Jose City Clerk

Page 1

Dev Davis	D OFFICIAL		Date of 7/6/17 This Filing	W. U1 C Date Stamp 7 JUL - 6 PM 1:41	CITY OF SAN DFR1	
OFFICE HELD Council District 6		PERIOD COVERED BY THIS REPORT 4/16/17 7/15/17 TO	Page 1 1		For Official Use Only	
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND			D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIE		
4/10/17	\$20	Jennifer Garten, Breathe California Avenue, San Jose, CA 95126	a of the Bay Area, 1469 Park	Travel mug & miscellaneous items for Senior Walk		
4/11/17	\$50	Janna Gonzalez, Star One Credit Sunnyvale, CA 94089	Union,1306 Bordeaux Drive,	Gift card and miscellaneous items for Senior Walk		
4/11/17	\$75	Soudaly Pizano, Visiting Angels, 9 Sunnyvale, CA 94087	22 W. Fremont Avenue,	Gift basket for Senior Walk		
4/14/17	\$12	Bob Grandey, Sons In Retirement Fishburne Avenue, San Jose CA 9		Wine Bottle for Senior Walk		
4/14/17	\$50	Kirby M. Cristobal, Heart of the Va 1550 El Camino Real, Santa Clara		(4) 12 packs of Kind Bars for	Senior Walk	
				-	100 Rep. 100	

NOTHING TO REPORT

Signature



Date 7/6/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME (LAST) Davis, Dev Heinert	(FIRST)	(MIDDLE)	DAYTIM 408 -53\$A	E TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31		April 1-June 30	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is I		s did you spend rendering services un reed to Section 2 below.) None	related to your duties of office	for which you earned
1. INCOME EARNED THIS		,		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000 \$10,00	001 - \$100,000 OVE	R \$100,000
*If aggregate in Reporting Y Section 5.	ear is more than s	\$500, proceed to Section 2. If aggrega	ate in Reporting Year is less t	han \$500, proceed to
2. INCOME EARNED THIS	S REPORTING Y	ΞAR		
\$0 - \$499*	\$500 - \$1,000 [\$1,001 - \$10,000 \$10,00	01 - \$100,000 OVEF	\$100,000
*If aggregate in Reporting Y	ear is less than \$5	500, proceed to Section 5.		
If aggregate in Reporting Ye	ear is more than \$	500, proceed to Section 3.		
3. BUSINESS ENTITY/TRUNAME OF BUSINESS ENTI	The state of the s	NTAL AGENCY & DESCRIPTION OF ERNMENTAL AGENCY	SERVICES	
		,		
ADDRESS				
TYPE OF BUSINESS ENTIT	TY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership	LLC	Corporation	
Trust	Governmen	ntal Agency Nonprofit Organi	zation	
				her
GENERAL DESCRIPTION (OF BUSINESS EN	NTITY/TRUST/GOVERNMENTAL AGE	ENCY ACTIVITY:	
POSITION:				
GENERAL DESCRIPTION O	OF SERVICES RE	ENDERED:		:
		CE OF INCOME OF \$5,000 OR MOR 5,000 OR MORE (attach a separate sh		ERIOD AND IF THE
	7111O 1 Ε/11 10 ψα	7,000 ON MONE (allasti a soparate si	eden neocoodry)	
5. VERIFICATION				
		ng this statement. I have reviewed thi led schedules is true and complete. I		
the State of California that	the foregoing is	true and correct.	RES	ien -
Signature Succession		na na	01/11/2018 e Signed	
(File the originally	signed statement	t with the City Clerk.)		n, day, year)

Disclosure of Fundraising Report Form						VED	Page 1
OFFICIAL			Date of	1/0/12	Date Stamp		CITY OF SAN DED4
			This Filing				JOSE FORM DFR
OFFICE HELD PERIOD COVERED BY THIS REPORT			1	1	ZUIU JAN 11	A STATE OF THE STA	For Official Use Only
ot 6		10/13/17 _{TO} 1/15/18	Page	of <u>'</u>	-		
AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND C	OCCUPATION O	F CONTRIBUTOR	DESCRIPTIC	ON OF EVENT OR F	
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	official ct 6 AMOUNT CONTRIBUTED	OFFICIAL AMOUNT CONTRIBUTED FULL N	PERIOD COVERED BY THIS REPORT 10/13/17 TO 1/15/18 AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND CONTRIBUTED	Date of This Filing The period covered by this report 10/13/17 To 1/15/18 AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION O	PERIOD COVERED BY THIS REPORT 10/13/17 TO 1/15/18 AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	Date of This Filing 1/9/18 This	Date of This Filling 1/9/18 Page 1 of 1 DESCRIPTION OF EVENT OR I CONTRIBUTER DESCRIPTION OR I CONTRIBUTER DESCRIPTION OR I CONTRIBUTER DESCRIPTION OR I CONTRIBUTE

NOTHING TO REPORT \checkmark

Signature:

DATE: 1/9/18

City of San José Form DFR-1 (Nov/2010)

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

DAYTIME TELEPHONE NUMBER NAME (LAST) (FIRST) (MIDDLE) Davis Dev Heinert 408-535-4906 REPORTING PERIOD July 1-Sept 30 April 1-June 30 Oct 1-Dec 31 Jan 1-March 31 During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.) 1. INCOME EARNED THIS REPORTING PERIOD* \$10,001 - \$100,000 ✓ LESS \$500 \$1,001 - \$10,000 OVER \$100,000 \$500 - \$1,000 *If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5. 2. INCOME EARNED THIS REPORTING YEAR \$10,001 - \$100,000 \$1,001 - \$10,000 OVER \$100,000 **\$0 - \$499** \$500 - \$1,000 *If aggregate in Reporting Year is less than \$500, proceed to Section 5. If aggregate in Reporting Year is more than \$500, proceed to Section 3. 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY **ADDRESS** TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: LLC Proprietorship Partnership Corporation Governmental Agency Nonprofit Organization Trust Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: POSITION: GENERAL DESCRIPTION OF SERVICES RENDERED: _ 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 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. April 11, 2018 Date Signed **Signature** (File the originally signed statement with the City Clerk.) (month, day, year)

Disclosure of Fundraising Report Form Page 1 RECEIVED NAME OF ELECTED OFFICIAL San Date Stamp Date of CITY OF SAN 4/11/18 **Dev Davis** This Filing **JOSE FORM** OFFICE HELD 2018 APR 11 PH 2: 43 PERIOD COVERED BY THIS For Official Use Only REPORT Council District 6 1/15/2018 to 3/31/18 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION

NOTHING TO	O REPOR	RT 🗸
TOTTIME I	J INEL OF	`

Signature: Scooth

DATE: 4/11/2018

RECEIVED **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date of CITY OF SAN 7/16/18 Devora "Dev" Davis This Filing JOSE FORM 2018 JUL 16 PM 12: 20 OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Councilmember _{TO} 6/30/18 4/1/18 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION Barbara Marshman, 1143 Blewett Ave., San Jose, CA SJ Measures B & C campaign \$200 03/21/18 95125 Retired Editor, San Jose Mercury News John Leyba, 321 Mayellen Ave., San Jose, CA, PG& SJ Measures B & C campaign 03/21/18 \$100 E, Business Process Analyst Chris Roth, 1136 Brace Ave. Apt. #4, San Jose, CA, SJ Measures B & C campaign 03/21/18 \$100 Legal Operations Lead, Viavi Solutions Nick Cochran, 1772 Kirkmont Drive, San Jose, CA, VP SJ Measures B & C campaign \$1,000 03/21/18 at American Investors Company James Rincon, 479 Merker Ave, San Jose, CA, SJ Measures B & C campaign 03/21/18 \$100 self-employed Javier Gonzalez, 1600 Amphitheatre Parkway, Rose, White, and Blue Parade Sponsorship 06/11/18 \$10,000 Mountain View, CA 94043, Government Affairs & Public Policy Manager

		SE If souse	
NOTHING TO REPORT	Signature:		DATE: 07/16/18

(San Jose Municipal Code Chapter 12.19) San Jose City Clerk

NAME (LAST) Davis	(FIRST) Dev	(MIDDLE) Heinert		2018 OCT DAY 1	TME TELEPHONE NUMBER 35-4906
REPORTING PERIOD Jan 1-March 31	April 1-Jun	e 30		July 1-Sept 30	Oct 1-Dec 31
	, how many hours did you spe one, please proceed to Sectio			o your duties of of	fice for which you earned
1. INCOME EARNED THIS	REPORTING PERIOD*	u greer			1 an
LESS \$500	\$500 - \$1,000 \$1,001	- \$10,000	\$10,001 - \$1	00,000	VER \$100,000
*If aggregate in Reporting Yes	ear is more than \$500, proceed	d to Section 2. If agg	regate in Re	eporting Year is les	ss than \$500, proceed to
2. INCOME EARNED THIS	REPORTING YEAR	en e		Section 19	
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*If aggregate in Reporting Ye	ear is less than \$500, proceed	to Section 5.			
	ar is more than \$500, proceed				
	ST/GOVERNMENTAL AGEN(TY/TRUST/GOVERNMENTAL		OF SERVI	CES	
ADDRESS					
TYPE OF BUSINESS ENTIT	Y/TRUST/GOVERNMENTAL	AGENCY:	<u> </u>		
Proprietorship [Partnership	LLC		Corporati	on
Trust	Governmental Agency	Nonprofit Or	ganization		Other
GENERAL DESCRIPTION O	F BUSINESS ENTITY/TRUST	T/GOVERNMENTAL	AGENCY A	CTIVITY:	
				·	
POSITION:	· .				
GENERAL DESCRIPTION O	F SERVICES RENDERED: _				
	E SINGLE SOURCE OF INCO FING YEAR IS \$5,000 OR MO				PERIOD AND IF THE
					
5. VERIFICATION					
information contained herein a	igence in preparing this staten and in any attached schedules he foregoing is true and cor	s is true and complete		ınder penalty of p	
Signature File the originally s	signed statement with the City	Clerk.)	Date Signe	October 1	0, 2018 onth, day, year)

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME (LAST) Davis	(FIRST) Dev	(MIDDLE) Heinert		201P0CT	METELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31		April 1-June 30	✓	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is			ervices unrelated None	to your duties of office	e for which you earned
1. INCOME EARNED TH	IS REPORTING PE	RIOD*			
✓ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$	100,000 OV	ER \$100,000
*If aggregate in Reporting Section 5.	Year is more than \$	500, proceed to Section 2.	If aggregate in F	Reporting Year is less	than \$500, proceed to
2. INCOME EARNED TH	IIS REPORTING YE	AR			
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$1	00,000 OVE	R \$100,000
*If aggregate in Reporting	Year is less than \$5	00, proceed to Section 5.			
If aggregate in Reporting					
3. BUSINESS ENTITY/TE			PTION OF SER\	/ICES	
NAME OF BUSINESS EN	1111/1KU31/GUVE	KNIWENTAL AGENCT			
ADDRESS	·				
TYPE OF BUSINESS ENT	TITY/TRUST/GOVEF	RNMENTAL AGENCY:	· ··· - · · - · - · - · - · · - · · · ·		
Proprietorship	Partnership	TLLC		Corporation	1
		 	£4 O		•
Trust	Governmen	tal AgencyINonpr	ofit Organization		Other
GENERAL DESCRIPTION	OF BUSINESS EN	TITY/TRUST/GOVERNME	NTAL AGENCY	ACTIVITY:	
POSITION:					
GENERAL DESCRIPTION	OF SERVICES REI	NDERED:	 		
4. LIST EACH REPORTAE					PERIOD AND IF THE
AGGREGATE IN REPU	RIING YEAR IS \$5,	000 OR MORE (attach a s	eparate area il i	iecessary)	
5. VERIFICATION					
I have used all reasonable	diligence in preparin	g this statement. I have re	viewed this state	ment and to the best	of my knowledge the
information contained here the State of California tha	in and in any attache	ed schedules is true and co		under penalty of pe	
				OF WAR ENGINE	
Signature	ly signed statement		Date Sigr	ned October 11,	,
(File the original	ly signed statement	with the City Clerk.)		(mon	th, day, year)

RECEIVED **Disclosure of Fundraising Report Form** Page 1 San Josa City Clark NAME OF ELECTED OFFICIAL Date of CITY OF SAN This Filing 10/11/18 JOSE FORM **Dev Davis** 2018 OCT 11 AM 11: 08 OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Council District 6 _{TO} 9/30/18 7/1/18 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **CONTRIBUTED** CONTRIBUTION **SOLICITATION** 9/27/18 \$2,500 Steve and Michele Wymer River Glen Athletics Program 1494 Gerhardt Ave. San Jose, CA 95125 Signature: **NOTHING TO REPORT**



RECEIVED San Jose City Clerk

	of Fundraisir	ıg Rep	ort Form	•	s. RECEIVED San Jose City Clerk	Page 1	
NAME OF ELECTED OFFICIAL Dev Davis				Date of This Filing 10/10/18	2018 OCT 10 PM 3: 17	CITY OF SAN DFR1	
Council District 6 PERIOD COVERED BY THIS REPORT 4/1/18 TO 6/30/18		REPORT	Page <u>1</u> of <u>2</u>		For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB		
4/13/18	\$500	1	as Russell, Central YMCA The Alameda, San Jose, C	•	\$500 YMCA Membership during Senior Fair event	used as a raffle prize	
4/13/18	\$50.00	1	nie May, Anthem/Caremore White Rd # 200, San Jos		\$50.00 Starbucks gift card used as a raffle prize during Senior Fair event		
4/13/18	\$15.00	Luis Alberto Ezpinoza, Project Sentinel 1490 El Camino Real, Santa Clara, CA 95050			Cup, mug and a t-shirt va a raffle prize during Senio		
4/13/18	\$20.00	1	Hightower, Connect Hearin Villow St Ste 300, San Jos	•	Starbucks gift card and cuused as a raffle prize duri	•	
4/13/18	\$20.00	Sadana Rangarao, Rebuilding Together Silicon Valley 1701 S 7th St suite 10, San Jose, CA 95112			Rebuilding Together Bag, T-Shirt and Chocolates valued at \$20.00 used as a raffle prize during Senior Fair event		
3/21/18	\$200.00	Barbara Marshman, 1143 Blewett Ave. San Jose, CA 95125 - Retired Editor, San Jose Mercury News			SJ Measures B & C Cam	paign	

		Cignoture
LOTUNO TO DEDODE		Signature.
NOTHING TO REPORT	1 1	

DATE: 10/10/18

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
3/21/18	\$100	John Leyba, 321 Mayellen Ave. San Jose, CA PG&E, Business Process Analyst	SJ Measures B & C Campaign
3/21/18	\$100	Chris Roth, 1136 Brace Ave. Apt. #4 San Jose, CA Legal Operations Lead, Viavi Solutions	SJ Measures B & C Campaign
3/21/18	\$1,000	Nick Cochran, 1772 Kirkmont Drive San Jose, CA VP at American Investors Company	SJ Measures B & C Campaign
3/21/18	\$100	James Rincon, 479 Merker Ave San Jose, CA, Self-employed	SJ Measures B & C Campaign
6/11/18	\$10,000	Javier Gonzalez, 1600 Amphiteathre Parkway, Mountain View, CA 94043, Government Affairs & Public Policy Manager, Googe	Rose, White and Blue Parade Sponsorship

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.49)

NAME (LAST) (FIRST) (MIQQLE)JAN 15 PM 4: 48	DAYTIME TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31 April 1-June 30 July 1-3	Sept 30 Oct 1-Dec 31
During the Reporting Period, how many hours did you spend rendering services unrelated to your Income? (If your answer is none, please proceed to Section 2 below.) None	duties of office for which you earned
1. INCOME EARNED THIS REPORTING PERIOD*	
LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Section 5.	g Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING YEAR	
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Year is less than \$500, proceed to Section 5.	
If aggregate in Reporting Year is more than \$500, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES	
NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY	
ADDRESS	
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:	
Proprietorship Partnership LLC	Corporation
	」 ' 7
Trust Governmental Agency Nonprofit Organization	Other
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVIT	V·
OLINEIVAL DECOMIT HON OF BOSINESS ENTITITINGS TOO VERMINENTAL ACENOT ACTIVITY	1,
POSITION:	
GENERAL DESCRIPTION OF SERVICES RENDERED:	
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS R AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessar	EPORTING PERIOD AND IF THE y)
5. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement an	d to the best of my knowledge the
information contained herein and in any attached schedules is true and complete. I certify under r	penalty of perjury under the laws of
the State of California that the foregoing is true and correct.	RESET
Signature Date Signed	1/15/19
(File the originally signed statement with the City Clerk.)	(month, day, year)

Disclosure of	of Fundraisir	ıg Re		sums may be rounded to whole dollar	RECEIVED	Page 1	
NAME OF ELECTED				Date of This Filing 01/15/19	070 EA 9 JAN 15 PM 4:48	CITY OF SAN DFR1	
OFFICE HELD PERIOD COVERED BY THIS					19 JAN 15 PM 4: 48	For Official Use Only	
City Cou	ncilmeml	oer	10/01/18 _{TO} 12/31/18	Page _1 _ of _1			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL I	NAME, ADDRESS, EMPLOYER AND (OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
11/26/19	\$60.00		an Merino, megan.merino@ Eleven, Inc.	@7-11.com, marketing	Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of coffee was offered to volunteers.		
11/26/18	\$6.00		Tibbils, ttibbils@gmail.con tto's Market.	n, co-owner of Fruitdale	Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of bottled water was offered to volunteers.		
					·		
		<u> </u>	Devoi	9123	· .		
NOTHING TO	O REPORT	Sig	nature:			DATE: 01 15 19 City of San José Form DFR-1 (Nov/2010)	

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) Davis	(FIRST) Devora	(MIDDLE)		DAYTIME TEI 408 535	LEPHONE NUMBER 5 4906
REPORTING PERIOD Jan 1-March 31	√ April	1-June 30	July 1	-Sept 30 Oc	t 1-Dec 31
During the Reporting Period Income? (If your answer is re			ces unrelated to your	duties of office for w	which you earned
1. INCOME EARNED THIS	REPORTING PERIOD*				
LESS \$500	\$500 - \$1,000 \$	1,001 - \$10,000] \$10,001 - \$100,000	0 OVER \$10	000,000
*If aggregate in Reporting You Section 5.	ear is more than \$500, pr	roceed to Section 2. If a	iggregate in Reportin	ıg Year is less than \$	5500, proceed to
2. INCOME EARNED THIS	REPORTING YEAR			Parademical Action (April	
\$0 - \$499*	\$500 - \$1,000 \$1	,001 - \$10,000	\$10,001 - \$100,000	OVER \$100	0,000
*If aggregate in Reporting Ye	ear is less than \$500, pro	oceed to Section 5.			
If aggregate in Reporting Ye					
3. BUSINESS ENTITY/TRU NAME OF BUSINESS ENTI	The state of the s	and bearing an employment or subdisclining the State Office of State Office and about	ON OF SERVICES		
ADDRESS					ecopolica activida de la districa del districa de la districa de la districa del districa de la districa del districa de la districa de la districa de la districa del districa de la districa del districa de la districa del districa de la districa del districa del districa de la districa del dis
TYPE OF BUSINESS ENTIT	Y/TRUST/GOVERNMEN	NTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	
Trust	Governmental Age	ency Nonprofit	Organization	Other	
GENERAL DESCRIPTION O	OF BUSINESS ENTITY/T	RUST/GOVERNMENT/	AL AGENCY ACTIVI		
POSITION:		шинжиншин мүр ээлий ган ат нө өөнин нөөөн нөөөн дий дай дай дай дай дай дай дай дай дай да	94/4/8 8/91/4/		
GENERAL DESCRIPTION C	OF SERVICES RENDER	ED:			
4. LIST EACH REPORTABL AGGREGATE IN REPOR	E SINGLE SOURCE OF TING YEAR IS \$5,000.0	INCOME OF \$5,000 OF	R MORE FOR THIS	REPORTING PERIO	DO AND IF THE
				3.77	
5. VERIFICATION					
I have used all reasonable di information contained herein the State of California that	and in any attached sche	edules is true and comp	lete. I certify under		under the laws of
Signature File the originally	signed statement with the	ne City Clerk.)	Date Signed	June 28, 2 (month, day	2019 y, year)

RECEIVED
San Jose City Clerk Page 1

Disclosure of Fundraising Report Form						937 Jose	City Cler	Page 1	
NAME OF ELECTE					Date of	7/4/2040	Date Stamo	化一大	NATION HELET TOURSHAMEN NEW TOURS OF THE CONTRACTOR
Devora Davis					Date of 7/1/2019 This Filing	7/1/2019	2019 JUL -2	AHII: \$	CITY OF SAN DFR1
OFFICE HELD			PERIOD COVER	ED BY THIS	-			_	For Official Use Only
Councilmemb	er Ditrict 6		REPORT 4/1/19	. _o 6/30/19	Pagel	of/			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS,	EMPLOYER AND	OCCUPATION O	F CONTRIBUTOR	DESCRIPTION OF E	VENT OR PU	JRPOSE OF FUNDRAISING JTION
With the second									

): Althor		SEP				
NOTHING TO	REPORT _	Sign	ature:	College.	Warse			DATE:	7/1/2019

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/26/19	25.00	Kiehl's 2855 Stevens Creek Blvd A045, Santa Clara, CA 95050	Starbucks Gift Card & Picnic Basket Promoting
4/26/19	25.00	Americano Rebuilding Together 1701 S. 7th St #10, SanJose, CA 95112	Shirts, shower cap, and Nighlight
4/26/19	25.00	Camp Laughter, Yoga, Fun	T-shirt -promoting community resources

NOTHING	TO	REPORT	

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL Date of CITY OF SAN 7/12/2019 This Filing Devora Davis JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Councilmember Ditrict 6 _{TO} 6/30/19 4/1/19 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION Anthem/ CareMore 4/26/19 65.00 https://www.caremore.com/Locate-Services/Care-Cent ers asnx Kohls Gift Card **Connect Hearing** 4/26/19 25.00 840 Willow St Ste 300. San Jose, CA 95125 408 271 9447 Cheesecake Factory Gift Card Family Matters-In Home Care 50.00 4/26/19 2155 S Bascom Ave #116, Campbell, CA 95008 (408) 824-1021 20 1 Gift Certificate for Membership (2)) **Timpany Center** 4/26/19 102.00 730 Empey Way, San Jose, CA 95128 408 283 9036 T-shirt (2) Census 2020 of San Jose 4/26/19 20.00 200 East Santa Clara Street, San Jose, CA 408 535 7906 Movie Gift Card ClearCaptions 4/26/19 25.00 information@clearcaptions.com 1-866-868-8695

NOTHING TO REPORT Signature: _______ DATE: 7/12/19

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

NAME (LAST) Davis	(FIRST) Devora	(MIDDLE)			TELEPHONE NUMBER 535 4906
REPORTING PERIOD Jan 1-March 31	April 1	1-June 30	J	uly 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is n			vices unrelated to	your duties of office for	or which you earned
1, INCOME EARNED THIS	REPORTING PERIOD*				
LESS \$500	\$500 - \$1,000 \$	1,001 - \$10,000	\$10,001 - \$10	0,000 OVER	\$100,000
*If aggregate in Reporting You Section 5.	ear is more than \$500, pr	oceed to Section 2. If	aggregate in Re	porting Year is less tha	an \$500, proceed to
2. INCOME EARNED THIS	REPORTING YEAR				ALIPIDE DE LIGERALITY SOILE (S. 1991).
\$0 - \$499*	\$500 - \$1,000 \$1	,001 - \$10,000	\$10,001 - \$100),000 OVER	\$100,000
*If aggregate in Reporting Ye	ear is less than \$500, pro	ceed to Section 5.			
If aggregate in Reporting Ye	ar is more than \$500, pro	oceed to Section 3.			
3. BUSINESS ENTITY/TRU NAME OF BUSINESS ENTI		The second secon	TION OF SERVIC	CES	
ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TYPE OF BUSINESS ENTIT	Y/TRUST/GOVERNMEN	NTAL AGENCY:			Common Co
Proprietorship	Partnership	LLC		Corporation	
Trust	Governmental Age	ency Nonprof	it Organization	Oth	
GENERAL DESCRIPTION (OF BUSINESS ENTITY/T	RUST/GOVERNMEN	TAL AGENCY AC	CTIVITY:	
acconstanting registrating and proper graph processing and a second seco					् जट्द
POSITION:					
GENERAL DESCRIPTION C	OF SERVICES RENDER	ED:			
4. LIST EACH REPORTABL AGGREGATE IN REPOR					RIOD AND IF THE
		4400-1	······································		
5. VERIFICATION					
 - -have-used-all-reasonable-di	lligence in preparing this	statement. I have revi	ewed-this-statem	ent and to the best of	my-knowledge-the
information contained herein the State of California that	and in any attached school the foregoing is true ar	edules is true and com nd correct.	plete. I certify u	inder penalty of perju Bryll RES	NATION AND ADMINISTRATION OF THE PARTY OF TH
Signature 3 800		A CONTRACTOR OF THE CONTRACTOR	Date Signe	1/14/2020	The acomposition of the field
	signed statement with the	ne City Clerk.)	Date Oiglie		, day, year)

Amounts may be rounded to whole dollars. Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL Date of CITY OF SAN 1/14/2020 JOSE FORM Devora Davis This Filing OFFICE HELD PERIOD COVERED BY THIS REPORT _{TO} 12/31/19 Councilmember Ditrict 6 10/1/19 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **CONTRIBUTED** SOLICITATION CONTRIBUTION Kia Hasheminejad, (7-Eleven Market Manager 2367 North Pacific Zone) Coffee for the volunteers of Trash Talk 11/08/19 15.00 601 Bird Ave San Jose, CA 95125 Signature: DATE: 1/14/2020

NOTHING TO REPORT

City of San José Form DFR-1 (Nov/2010)

Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED	OFFICIAL			Date of	Date Stamp	CITY OF SAN DFR1
OFFICE HELD			PERIOD COVERED BY THIS	This Filing	_	JOSE FORM DFR1 For Official Use Only
			REPORT	Page of	-	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND (OCCUPATION OF CONTRIBUTO	R DESCRIPTION OF EVENT OR P	
Behested paymo	ents that total \$5	5,000 o	r more per calendar year ma	ay also need to be report	ed on a form 803 within 30 days	of the date they are
NOTHING TO	DEBORT	Sign	ature:		DATE:	
NOTHING TO	KEPOKI					

Disclosure of Fundraising Report Form

Page 2

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
	AMOUNT	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR Contributed Contribute

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER			
REPORTING PERIOD						
During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.)						
1. INCOME EARNED	THIS REPORTING PERIO	D*				
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	1 - \$100,000			
*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.						
2. INCOME EARNED	THIS REPORTING YEAR					
S0 - \$499*	S \$500 - \$1,000 S	\$1,001 - \$10,000	- \$100,000			
*If aggregate in Reporti	ng Year is less than \$500, p	proceed to Section 5.				
If aggregate in Reportin	g Year is more than \$500, p	proceed to Section 3.				
		AGENCY & DESCRIPTION OF S	ERVICES			
NAME OF BUSINESS I	ENTITY/TRUST/GOVERNM	MENTAL AGENCY				
ADDRESS						
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:						
Proprietorship	☐ Partnership	LLC	☐ Corporation			
☐ Trust	Governmental A	gency Nonprofit Organiza	other			
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:						
POSITION:						
GENERAL DESCRIPTION OF SERVICES RENDERED:						
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)						
	. ,	\	,,			
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.						
Signature(File the original	inally signed statement with	Date	Signed (month, day, year)			