

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

2017 APR 13 DAYTIME TELEPHONE NUMBER
 408-535-4906

NAME (LAST) (FIRST) (MIDDLE)
 DAVIS DEV

REPORTING PERIOD
 January 1 - March 31, 2017

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.) N/A

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

- \$0 - \$499* \$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
 Trust Governmental Agency Nonprofit Organization _____
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 originally signed statement with the City Clerk.)

Date Signed 4/13/2017
 (month, day, year)

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

| | | | | |
|---|---|--|------------|--|
| NAME OF ELECTED OFFICIAL DEV DAVIS | | Date of This Filing 04/13/2017 2017 APR 13 PM 3:39 | Date Stamp | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD CITY COUNCIL, DISTRICT 6 | PERIOD COVERED BY THIS REPORT 01/01/2017 TO 03/31/2017 | Page 1 of 1 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|---|--|
| 1/20/2017 | \$96 | Karen Hennessy, Assistant Volunteer Services, The Tech Museum, 201 S. Market Street, San Jose, CA 95113 | In-kind donation for raffle at 12th Annual West Valley Senior Walk |
| 3/30/2017 | \$55 | Ramona Snyder, Team San Jose, 408 Almaden Blvd., San Jose, CA 95110 | In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017 |
| 3/30/2017 | \$61.12 | Ramona Snyder, SJC Airport, 1701 Airport Blvd., San Jose, CA 95110 | In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017 |
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| | | | |

NOTHING TO REPORT

Signature 

Date 4/13/2017

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
DTC M
2017 OCT 13 PM 2:34

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Davis, Davis Heinert 408-535-4906

REPORTING PERIOD
April 2017 - October 2017

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.) None

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$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
City of San JOse

ADDRESS
200 E. Santa Clara Street, 18th Floor

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization N/A
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
N/A

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: N/A

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 originally signed statement with the City Clerk.)

Date Signed 10/13/17
(month, day, year)

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

| | | | | |
|---|--|---------------------------------|---|--|
| NAME OF ELECTED OFFICIAL Councilmember Dev Davis | | Date of This Filing 10/13/17 | Date Stamp 2017 OCT 13 PM 2:13 SP OTC | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD City of San Jose - Council District | PERIOD COVERED BY THIS REPORT 4/10/17 TO 10/13/17 | Page 1 of 1 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|--|---|
| | | See attached | |
| | | | |
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NOTHING TO REPORT

Signature: _____



DATE: 10/13/17

Date

cost name/organization/address For/Item

Contact Info

| Date | cost | name/organization/address | For/Item | 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 | 408-998-5866 ramva@lungsrus.org |
| 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 | 408-543-5096 jannag@starone.org |
| 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 bobgrandey@yahoo.com |
| 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 | 408-241-1571 kirby@servicesforseniors.org |

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

| | | | | |
|---------------------------------------|---|----------------------------|---|--|
| NAME OF ELECTED OFFICIAL Dev Davis | | Date of This Filing 7/6/17 | Date Stamp P.W. OTC 2017 JUL -6 PM 1:41 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Council District 6 | PERIOD COVERED BY THIS REPORT 4/16/17 TO 7/15/17 | Page 1 of 1 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|--|---|
| 4/10/17 | \$20 | Jennifer Garten, Breathe California of the Bay Area, 1469 Park Avenue, San Jose, CA 95126 | Travel mug & miscellaneous items for Senior Walk |
| 4/11/17 | \$50 | Janna Gonzalez, Star One Credit Union, 1306 Bordeaux Drive, Sunnyvale, CA 94089 | Gift card and miscellaneous items for Senior Walk |
| 4/11/17 | \$75 | Soudaly Pizano, Visiting Angels, 922 W. Fremont Avenue, Sunnyvale, CA 94087 | Gift basket for Senior Walk |
| 4/14/17 | \$12 | Bob Grandey, Sons In Retirement Mission Branch 32, 5917 Fishburne Avenue, San Jose CA 95123 | Wine Bottle for Senior Walk |
| 4/14/17 | \$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 for Senior Walk |
| | | | |

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) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Davis, Dev Heinert 408-535-4906 PH 3:24

REPORTING PERIOD
 Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 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.) None

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$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
 Trust Governmental Agency Nonprofit Organization 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.

RESET

Signature Dev Heinert
(File the originally signed statement with the City Clerk.)

Date Signed 01/11/2018
(month, day, year)


Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

| | | | |
|---------------------------------------|--|-------------------------------|--|
| NAME OF ELECTED OFFICIAL Dev Davis | | Date of This Filing 1/9/18 | RECEIVED Date Stamp 2018 JAN 11 AM 11:15 CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Council District 6 | PERIOD COVERED BY THIS REPORT 10/13/17 TO 1/15/18 | Page 1 of 1 | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|--|---|
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NOTHING TO REPORT

Signature: 

DATE: 1/9/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Davis Dev Heinert 408-535-4906

REPORTING PERIOD
 Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 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.) None

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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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
 Trust Governmental Agency Nonprofit Organization 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 [Signature] Date Signed April 11, 2018
(File the originally signed statement with the City Clerk.) (month, day, year)

Type or print in ink.
Amounts may be rounded to whole dollars.


Disclosure of Fundraising Report Form

| | | | | |
|--|--|------------------------------------|---|--|
| NAME OF ELECTED OFFICIAL Dev Davis | | Date of This Filing 4/11/18 | RECEIVED San José City Clerk Date Stamp 2018 APR 11 PM 2:43 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Council District 6 | PERIOD COVERED BY THIS REPORT 1/15/2018 TO 3/31/18 | Page 1 of 1 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|--|---|
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NOTHING TO REPORT



Signature: 

DATE: 4/11/2018

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

| | | | | |
|--|--|--------------------------------|---|--|
| NAME OF ELECTED OFFICIAL Devora "Dev" Davis | | Date of This Filing 7/16/18 | RECEIVED San Jose City Clerk Date Stamp 2018 JUL 16 PM 12:20 ZW DTC | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Councilmember | PERIOD COVERED BY THIS REPORT 4/1/18 TO 6/30/18 | Page 1 of 1 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|---|---|
| 03/21/18 | \$200 | Barbara Marshman, 1143 Blewett Ave., San Jose, CA 95125 Retired Editor, San Jose Mercury News | SJ Measures B & C campaign |
| 03/21/18 | \$100 | John Leyba, 321 Mayellen Ave., San Jose, CA, PG&E, Business Process Analyst | SJ Measures B & C campaign |
| 03/21/18 | \$100 | Chris Roth, 1136 Brace Ave. Apt. #4, San Jose, CA, Legal Operations Lead, Viavi Solutions | SJ Measures B & C campaign |
| 03/21/18 | \$1,000 | Nick Cochran, 1772 Kirkmont Drive, San Jose, CA, VP at American Investors Company | SJ Measures B & C campaign |
| 03/21/18 | \$100 | James Rincon, 479 Merker Ave, San Jose, CA, self-employed | SJ Measures B & C campaign |
| 06/11/18 | \$10,000 | Javier Gonzalez, 1600 Amphitheatre Parkway, Mountain View, CA 94043, Government Affairs & Public Policy Manager | Rose, White, and Blue Parade Sponsorship |

Devora Davis

NOTHING TO REPORT

Signature: _____

DATE: 07/16/18

INCOME AND TIME DISCLOSURE STATEMENT

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

2018 OCT 10 DAYTIME TELEPHONE NUMBER 408-535-4906

NAME (LAST) Davis (FIRST) Dev (MIDDLE) Heinert

REPORTING PERIOD Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 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.) None

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$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 Trust Governmental Agency Nonprofit Organization 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.

PRINT SUBMIT RESET

Signature [Signature]
(File the originally signed statement with the City Clerk.)

Date Signed October 10, 2018
(month, day, year)

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
OTC

2018 OCT 11 AM 11:08
DAYTIME TELEPHONE NUMBER
408-535-4906

NAME (LAST) (FIRST) (MIDDLE)
Davis Dev Heinert

REPORTING PERIOD
 Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 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.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$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
 Trust Governmental Agency Nonprofit Organization 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.

RESET

Signature [Signature]
(File the originally signed statement with the City Clerk.)

Date Signed October 11, 2018
(month, day, year)

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
Date Stamp

| | | | | |
|--|--|-------------------------------------|----------------------|--|
| NAME OF ELECTED OFFICIAL Dev Davis | | Date of This Filing <u>10/11/18</u> | 2018 OCT 11 AM 11:08 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Council District 6 | PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18 | Page <u>1</u> of <u>1</u> | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|--|---|
| 9/27/18 | \$2,500 | Steve and Michele Wymer 1494 Gerhardt Ave. San Jose, CA 95125 | River Glen Athletics Program |
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NOTHING TO REPORT

Signature: 

DATE: 10/11/18

Amended

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

| | | | | |
|--|--|-------------------------------------|--|--|
| NAME OF ELECTED OFFICIAL Dev Davis | | Date of This Filing <u>10/10/18</u> | Date Stamp <i>OTC</i> 2018 OCT 10 PM 3:17 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Council District 6 | PERIOD COVERED BY THIS REPORT 4/1/18 TO 6/30/18 | Page <u>1</u> of <u>2</u> | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|---|---|
| 4/13/18 | \$500 | Thomas Russell, Central YMCA, 1717 The Alameda, San Jose, CA 95126 | \$500 YMCA Membership used as a raffle prize during Senior Fair event |
| 4/13/18 | \$50.00 | Tammie May, Anthem/Caremore 255 N White Rd # 200, San Jose, CA 95127 | \$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 valued at \$15.00 used as a raffle prize during Senior Fair event |
| 4/13/18 | \$20.00 | Tara Hightower, Connect Hearing 840 Willow St Ste 300, San Jose, CA 95125 | Starbucks gift card and cup valued at \$20.000 used as a raffle prize during Senior Fair event |
| 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 Campaign |

NOTHING TO REPORT

Signature: _____

[Handwritten Signature]

DATE: 10/10/18

Disclosure of Fundraising Report Form

| 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 |
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| | | | |

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC EA

(MID) 2019 JAN 15 PM 4:48

NAME (LAST) (FIRST) DAYTIME TELEPHONE NUMBER

REPORTING PERIOD
 Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 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.) None

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$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
 Trust Governmental Agency Nonprofit Organization _____ 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 originally signed statement with the City Clerk.)

Date Signed 01/15/19
(month, day, year)

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

| | | | | |
|---|---|-------------------------------------|---|--|
| NAME OF ELECTED OFFICIAL Devora "Dev" Davis | | Date of This Filing <u>01/15/19</u> | RECEIVED San Jose City Clerk Date Stamp OTC EA 2019 JAN 15 PM 4:48 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD City Councilmember | PERIOD COVERED BY THIS REPORT 10/01/18 TO 12/31/18 | Page <u>1</u> of <u>1</u> | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|---|--|
| 11/26/19 | \$60.00 | Megan Merino, megan.merino@7-11.com, marketing for 7-Eleven, Inc. | 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 | Troy Tibbils, ttibbils@gmail.com, co-owner of Fruitdale Zanotto's Market. | Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of bottled water was offered to volunteers. |
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Devora Davis

NOTHING TO REPORT Signature: _____

DATE: 01/15/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

| | | | | |
|------|-----------------|-------------------|----------|--|
| NAME | (LAST) Davis | (FIRST) Devora | (MIDDLE) | DAYTIME TELEPHONE NUMBER 408 535 4906 |
|------|-----------------|-------------------|----------|--|

REPORTING PERIOD

Jan 1-March 31
 April 1-June 30
 July 1-Sept 30
 Oct 1-Dec 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:

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR:

\$0 - \$499*
 \$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
 Trust
 Governmental Agency
 Nonprofit Organization
 _____ 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 originally signed statement with the City Clerk.)

Date Signed June 28, 2019
 (month, day, year)

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED
San Jose City Clerk

Page 1

Disclosure of Fundraising Report Form

| | | | | |
|---|---|-------------------------------------|---------------------------------------|--|
| NAME OF ELECTED OFFICIAL Devora Davis | | Date of This Filing 7/1/2019 | Date Stamp 2019 JUL -2 AM 11:2 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Councilmember Ditrit 6 | PERIOD COVERED BY THIS REPORT 4/1/19 TO 6/30/19 | Page 1 of 1 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
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PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: *Devora Davis*

DATE: 7/1/2019

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

| 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 | AmeriCorps Rebuilding Together 1701 S. 7 th St #10, San Jose, CA 95122 | Shirts, shower cap, and Nighlight |
| 4/26/19 | 25.00 | Camp Laughter, Yoga, Fun | T-shirt -promoting community resources |
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NOTHING TO REPORT

Type or print in ink.
Amounts may be rounded to whole dollars.

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CITY OF SAN JOSE OFFICE

Disclosure of Fundraising Report Form

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|---|---|--------------------------------------|---------------------------------------|--|
| NAME OF ELECTED OFFICIAL Devora Davis | | Date of This Filing 7/12/2019 | Date Stamp 2019 JUL 12 PM 4:10 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Councilmember District 6 | PERIOD COVERED BY THIS REPORT 4/1/19 TO 6/30/19 | Page 1 of 2 | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|---|---|
| 4/26/19 | 65.00 | Anthem/ CareMore https://www.caremore.com/Locate-Services/Care-Centers.aspx | |
| 4/26/19 | 25.00 | Connect Hearing 840 Willow St Ste 300, San Jose, CA 95125 408 971 9447 | Kohls Gift Card |
| 4/26/19 | 50.00 | Family Matters-In Home Care 2155 S Bascom Ave #116, Campbell, CA 95008 (408) 824-1021 | Cheesecake Factory Gift Card |
| 4/26/19 | 102.00 | Timpany Center 730 Empey Way, San Jose, CA 95128 408 283 9036 | Gift Certificate for Membership (2)) |
| 4/26/19 | 20.00 | Census 2020 of San Jose 200 East Santa Clara Street, San Jose, CA 408 535 7906 | T-shirt (2) |
| 4/26/19 | 25.00 | ClearCaptions information@clearcaptions.com 1-866-868-8695 | Movie Gift Card |

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: 7/12/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Davis Devora _____ 408 535 4906

REPORTING PERIOD

Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 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:

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 Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$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
 Trust Governmental Agency Nonprofit Organization 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.

PRINT SUBMIT RESET

Signature Devora
(File the originally signed statement with the City Clerk.)

Date Signed 1/14/2020
(month, day, year)

RECEIVED
San Jose City Clerk
2020 JAN 14 PM 2:48
02 c 6

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED

Disclosure of Fundraising Report Form

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|---|---|--------------------------------------|--|--|
| NAME OF ELECTED OFFICIAL Devora Davis | | Date of This Filing 1/14/2020 | Date Stamp 2020 JAN 14 PM 2:45 | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD Councilmember Ditrit 6 | PERIOD COVERED BY THIS REPORT 10/1/19 TO 12/31/19 | Page 1 of 1 | OTC LL | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
|----------------------|--------------------|---|---|
| 11/08/19 | 15.00 | Kia Hasheminejad, (7-Eleven Market Manager 2367 North Pacific Zone) 601 Bird Ave San Jose, CA 95125 | Coffee for the volunteers of Trash Talk |
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NOTHING TO REPORT

Signature: *Devora Davis*

DATE: 1/14/2020

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

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|--------------------------|---|---------------------------|------------|--|
| NAME OF ELECTED OFFICIAL | | Date of This Filing _____ | Date Stamp | CITY OF SAN JOSE FORM DFR1 For Official Use Only |
| OFFICE HELD | PERIOD COVERED BY THIS REPORT _____ TO _____ | Page ____ of ____ | | |

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
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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

Signature: _____

DATE:

Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

| DATE OF SOLICITATION | AMOUNT CONTRIBUTED | FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR | DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION |
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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 PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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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
 Trust Governmental Agency Nonprofit Organization _____
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:

POSITION: _____

GENERAL DESCRIPTION OF SERVICES RENDERED: _____

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Signature _____
(File the originally signed statement with the City Clerk.)

Date Signed _____
(month, day, year)