#### INCOME AND TIME DISCLOSURE STATEMENT

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

San Jose City Clork

NAME (LAST) Carrasco Magdaler	(FIRST)	(MIDDLE)		2016 DAYTIME TELEPHONE NUMBER
REPORTING PERIO July 1 - September	D 30, 2016			
	Period, how many hours ver is none, please proce		ces unrelated to you	r duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PE	RIOD*		
LESS \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	] \$10,001 - \$100,00	0 OVER \$100,000
*If aggregate in Report Section 5.	rting Year is more than \$	500, proceed to Section 2. If a	iggregate in Reportii	ng Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YE	AR		
\$0 - \$499*	S500 - \$1,000 [	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	rting Year is less than \$5	00, proceed to Section 5.		
If aggregate in Report	ing Year is more than \$5	00, proceed to Section 3.		
		ITAL AGENCY & DESCRIPTION	ON OF SERVICES	
NAME OF BUSINESS	S ENTITY/TRUST/GOVE	KNMENTAL AGENCY		
ADDRESS	7	1#		
TYPE OF BUSINESS	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:		
☐ Proprietorship	☐ Partnership	☐ LLC	[	☐ Corporation
☐ Trust	☐ Governmen	tal Agency Nonprofit	Organization [	]
				Other
GENERAL DESCRIPT	TION OF BUSINESS EN	TITY/TRUST/GOVERNMENTA	L AGENCY ACTIVI	TY:
POSITION:	17/4			
GENERAL DESCRIPT	TION OF SERVICES REI	NDERED:		And the state of t
				REPORTING PERIOD AND IF THE
AGGREGATE IN RI	EPORTING YEAR IS \$5,	000 OR MORE (attach a separ	rate sheet if necessa	ary)
E VEDICIONTION		ant fa dhe kara estatra teskas e sitesi		
5. VERIFICATION		1,145,4,144,4,4,24,0,12,4,24,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	Por state of the control of	
information contained I		ed schedules is true and comple		nd to the best of my knowledge the penalty of perjury under the laws of
the State Of Cambillia	a mar me roregoing is t	)		
Signature File the original of the state of	ginally signed statement	with the City Clerk.)	Date Signed <u></u>	(month, day, year)

RECEIVED
San Jose City Clark

Page 1

	NAME OF ELECTED OFFICIAL  Magdalena Carrasco		Date of 10.6.2016 This Filing	Date Stamp 2016 OCT -6 PM 4: 04	CITY OF SAN DFR1		
OFFICE HELD  Councilmember - District 5  PERIOD COVERED BY THIS REPORT July 1  Sept 30  TO		July 1 Sept 30	Page of	sp otc	For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
May 25th 2016	200		ourenco, Owner -Bacalhua 155 CA 95116	55 Alum Rock Ave, San	National Night Out		
May 25th 2016	500		ette Miranda,Assistant Manager, an Jose 95127	FoodMaxx 3002 Story	National Night Out		
May 25th 2016	1000		Brandenburg, Partner Brandenbut, Suite 200	urg Properties 1122 Willow	National Night Out		
May 25th 2016	1000	Bill Ba	aron, Partner, Brandenburg Proj 200	perties 1122 Willow Street,	National Night Out		
May 25th 2016	1000		Dave Kaval, President of San Jose Earthquakes 1123 Coleman Ave San Jose 95110		National Night Out		
May 25th 2016	1000	Rock	e Calvo, 2001 Gateway Pl San . etship ef Growth and Commo Officer		National Night Out		
			Officer	) 00			

NOTHING TO REPORT [

Disclosure of Fundraising Report Form

Signature

Date 10/6/2016

#### Disclosure of Fundraising Report Form

Page 1

Magdalena Carra			Date of 10.6.16 This Filing	Date Stamp	CITY OF SAN DFR1
OFFICE HELD		PERIOD COVERED BY THIS	з В		For Official Use Only
Councilmember -	District 5	7/1/16 to 9/30/4	Page 3 of 1		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OC		DESCRIPTION OF EVENT OR F CONTRIB	
5/25	100	(UC) Silicon Valley Club - 18800 Bella CA 95070 Devong Shah, CEO	. Vina, Saratoga,	National Night Out	
5/25	220 + 89.99 ( In Kind)	Liliana Diaz 1750 Story Rd, San Jose, Chief Los S Prever		National Night Out	
5/25	500	Outfront Media 133 Workman 5t., Los A Mary Bedrosian - Valence	ngfBS, CA 90031	National Night Out	
5/25				National Night Out	
5/25				National Night Out	
5/25/16	500	509 Emory Street San Jose 95110 San Jose Local 270 Enrique Aracella	>, Buionesomay	National Night Out	

NOTHING TO REPORT

Signature

Date 10/6/2016



SP TC

NAME Carrasco	(LAST)	(FIRST) Magdalena	(N	MIDDLE)	(408)	535-490	DAYTIME TELEPHO	ONE NUMBER
REPORTIN October 1	IG PERIOD -December 3	31					t to consider the constant of	
		eriod, how many hour r is none, please prod			services unrelated t 0	o your du	ities of office for which y	ou earned
1. INCOME	E EARNED	THIS REPORTING P	ERIOD*	ekonindêrênê Gerîya ke				
LESS	\$500	\$500 - \$1,000	<b>\$1,001 - \$10</b>	0,000	S10,001 - \$1	00,000	OVER \$100,000	ı
*If aggregat Section 5.	te in Reportir	ng Year is more than	\$500, proceed to S	Section 2.	. If aggregate in Ro	eporting Y	ear is less than \$500, p	proceed to
2. INCOME	EARNED	THIS REPORTING Y	EAR					
\$0 - \$4	499* [	\$500 - \$1,000	\$1,001 - \$10,	,000	\$10,001 - \$10	0,000	OVER \$100,000	
*If aggregat	e in Reportin	ng Year is less than \$	500, proceed to Se	ection 5.				
If aggregate	in Reporting	g Year is more than \$	500, proceed to Se	ection 3.				
		TRUST/GOVERNME			IPTION OF SERVI	CES		
NAME OF E	BUSINESS E	:NTITY/TRUST/GOVI	ERNMENTAL AGE	ENCY				
ADDRESS								
TYPE OF B	USINESS EI	NTITY/TRUST/GOVE	RNMENTAL AGE	NCY:				
☐ Propriet	torship	☐ Partnership	) [	☐ LTC			Corporation	
☐ Trust		☐ Governme	ntal Agency [	☐ Nonp	rofit Organization		Other	<del></del>
GENERAL D	DESCRIPTIO	ON OF BUSINESS EN	NTITY/TRUST/GO'	VERNME	ENTAL AGENCY A	CTIVITY:		
POSITION:								
GENERAL E	DESCRIPTIO	ON OF SERVICES RE	ENDERED:					
		ABLE SINGLE SOUR PORTING YEAR IS \$5					PORTING PERIOD AND	DIFTHE
AGONEO		ONTINO TEAN 10 W	p,000 OIX MOIXE (a	attaon a c	separate sheet ii ne	ccssary)		
5. VERIFICA	ATION					8.8884.9926		
I have used a	all reasonabl						o the best of my knowle	
		rein and in any attach hat the foregoing is			omplete. I certify ι	ınder per	nalty of perjury under	the laws of
Л		ST P				/	- 5 - 20	/ ===
Signature / (F	ile the origin	ally signed statemen	with the City Clerk	<del></del> )	Date Signe	ed	(month, day, year)	)

#### **Disclosure of Fundraising Report Form**

Page 1

Magdalena Carrasco		Date of 1/5/2017 This Filing	Date Stamp	CITY OF SAN DFR1
OFFICE HELD Councilmember - District 5	PERIOD COVERED BY THIS 10/1/2016 12/31/16	1 1 Page of	2017 JAN - 5 PM 4 30	For Official Use Only
DATE OF AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
		,		

NOTHING TO REPORT

Signature

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

NAME Carrasco	(LAST)	(FIRST) Magdalena	(MIDDLE		7 APR - 3 BAYTAN (408)535-4905	E TELEPHONE NUMBER
REPORTIN Janaury 1	IG PERIOD -March 31,	2017				
			s did you spend rendering seed to Section 2 below.)	services unrelated 0	to your duties of office	e for which you earned
1. INCOME	EARNED	THIS REPORTING P	ERIOD*			
☐ LESS	\$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$1</b>	100,000	R \$100,000
*If aggregat Section 5.	te in Report	ing Year is more than	\$500, proceed to Section	2. If aggregate in R	eporting Year is less	than \$500, proceed to
2. INCOME	EARNED	THIS REPORTING Y	EAR			
\$0-\$	499*	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	<b>\$10,001 - \$10</b>	00,000 🗌 OVE	R \$100,000
*If aggregat	te in Reporti	ing Year is less than \$	500, proceed to Section 5	•		
If aggregate	e in Reportir	ng Year is more than \$	500, proceed to Section 3	<b>3.</b>		
			NTAL AGENCY & DESC	RIPTION OF SERV	ICES	
NAME OF E	BUSINESS	ENTITY/TRUST/GOV	ERNMENTAL AGENCY			
ADDRESS			·			
TYPE OF B	USINESS E	NTITY/TRUST/GOVE	RNMENTAL AGENCY:			
☐ Proprie	torship	☐ Partnership		2	☐ Corporation	
Trust		Governme	ntal Agency Non	profit Organization		 ther
GENERAL I	DESCRIPTI	ON OF BUSINESS E	NTITY/TRUST/GOVERNA	IENTAL AGENCY A		· · · · · · · · · · · · · · · · · · ·
POSITION:						
GENERAL I	DESCRIPTI	ON OF SERVICES RI	ENDERED:	h	······································	and the second s
			RCE OF INCOME OF \$5,0 5,000 OR MORE (attach a			ERIOD AND IF THE
	/ATE:::IN::IN::		5,000 ON MONE (altaon o		, , , , , , , , , , , , , , , , , , ,	
5. VERIFIC	ΔΤΙΟΝ					
I have used information of	all reasonal		ing this statement. I have ned schedules is true and true and correct.			
Signature _	N	nally signed statemen		Date Sign	ed Fri / (mont	03,2017 h, day, year)

**Disclosure of Fundraising Report Form** 

 $\mathcal{S}_{a\eta} \int_{0.8}^{REC} \mathbf{P}$ age 1

NAME OF ELECTED  Magdalena Carra			Date of 4/12/17 This Filing	Date Stamp 2017	CITY OF SAN DFR1
OFFICE HELD Vice Mayor		PERIOD COVERED BY THIS REPORT 1/23/17 2/10/17 TO	Page 1 1		For Official Use Only HOTC
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	O OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIBI	
1/23/17-2/10/17	\$1,000	Jeanne Serpa, Republic Services, Manager	Municipal Relationship	Vice Mayor Reception	
1/23/17-2/10/17	\$500	Josue Garcia, Building Trades, CE	O	Vice Mayor Reception	
1/23/17-2/10/17	\$250	Kathy Duong, Canyon Snow Cons	ulting, Associate	Vice Mayor Reception	
1/23/17-2/10/17	\$2,000	Sean Kali-Rai		Vice Mayor Reception	
				·	
			·		

NOTHING TO REPORT

Signature

March de

Date

# P.W. OTC INCOME AND TIME DISCLOSURE STATEMENT RECEIVED (San Jose Municipal Code Chapter 12.19) San Jose City Clerk

NAME Carrasco	(LAST) Magdalena	(FIRST)	(MIDDLE)		2017 JUIDAYTIME TEL 2017 JUIDAYTIME TEL	EBHONE NUMBER
REPORTIN April 1- Ju	NG PERIOD une 30, 2017					
			s did you spend rendering seed to Section 2 below.)	services unrelated to y NONE	our duties of office for w	hich you earned
1. INCOM	E EARNED	THIS REPORTING P	ERIOD*			
LESS	\$ \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100,</b>	000	0,000
*If aggrega Section 5.	te in Reportin	g Year is more than	\$500, proceed to Section 2	. If aggregate in Repo	rting Year is less than \$	500, proceed to
2. INCOM	E EARNED T	HIS REPORTING Y	EAR			
\$0 - \$	6499* [	\$500 - \$1,000	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100,0</b>	00	,000
*If aggrega	te in Reportin	g Year is less than \$	500, proceed to Section 5.			
If aggregate	e in Reporting	Year is more than \$	500, proceed to Section 3.			
Managare (Colonia de Carrella			NTAL AGENCY & DESCR	RIPTION OF SERVICE	S	
NAME OF I	BUSINESS E	NTITY/TRUST/GOV	ERNMENTAL AGENCY			
ADDRESS				,		
TYPE OF B	BUSINESS EN	ITITY/TRUST/GOVE	RNMENTAL AGENCY:			
☐ Proprie	torship	☐ Partnership	LLC		☐ Corporation	
☐ Trust		☐ Governme	ntal Agency Nonp	orofit Organization	П	
					Other	
GENERAL	DESCRIPTIO	N OF BUSINESS E	NTITY/TRUST/GOVERNMI	ENTAL AGENCY ACT	IVITY:	
POSITION:						70.70
GENERAL I	DESCRIPTIO	N OF SERVICES R	ENDERED:			
			RCE OF INCOME OF \$5,00 5,000 OR MORE (attach a			AND IF THE
5. VERIFIC	ATION					
information of	contained her	e diligence in prepari ein and in any attach nat the foregoing is	ing this statement. I have r ned schedules is true and c true and correct.	eviewed this statement omplete. I certify und	t and to the best of my k ler penalty of perjury u	nowledge the nder the laws of
Signature _ (F	File the origina	ally signed statemen	twith the City Clerk.)	Date Signed _	7/6/17 (month, day	year)

lars. RECEIVED P.W OTC San Jose City Clerk

Disclosura	of Fundraising	Papart Form	
Disclosure (	oi Funaraisina	Report Form	

Page 1

Magdalena Carrasco		Date of 7/6/17 This Filing	Date Stamp 17 JUL -6 PH 4: 36	CITY OF SAN DFR1
OFFICE HELD Vice Mayor/ District 5	PERIOD COVERED BY THIS REPORT April 1 June 30 20 17 TO 2017	1 1 Page of		For Official Use Only
DATE OF AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F	
	:			

NOTHING TO REPORT

Date 7/6/17 City of San José Form DFR-1 (Nov/2010) Type or print in ink.

Amounts may be rounded to whole dollars.

San Jose City Clerk

		Amounts may be rounded to whole dollars	San Jose City Clerk	Page 1
Magdalo	_		Date Stamp 017 OCT -5 AM 10: 47	CITY OF SAN DFR1
OFFICE HELD VILP Mayor		PERIOD COVERED BY THIS REPORT  TO 9/30/7  Page 1 of 4		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISÌNG RIBUTION
7/10/17	1000	Cal Waste 1120 Berryessald, San Jose CA 95133	National	Night Out
7/10/17	1000	The Schoennauer Company 90 Hawthorne Way, Sandose CA 95 110	National	Night Out
7/10/17	1000	Local 230 Firefighters Union 425 E. Santa Clara St #300 San Jose, CD 95113	National	Night Out
7 [10] 17	250	Jesus Flores Flores Income Tax 1652 Alum Rock Ave San Jose CA 95/16	National	Night Out
7/10/17	- 250	Amin Singh (Mountain Whites Alum Rock) 2908 Alum Bock Au, Can Jose CA 9512)	National	Night Out
7 (10/17	800	UA local Union 393 6150 Coffle Rd, San Jose, Gl 95123	National	Night Out

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**Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp Date of CITY OF SAN Magdelena (awasco This Filing JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only Page 2 of REPORT Vice Mayor TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION PO BOX 21366 Alpha schools 7/10/17 National Night Out 500 San Jose, CA 95151 Rocketship National Night Out 7/10/17 2001 Catenay Pl Shile 2306 1,000 San Jose CA 95110 Gonzalez, Hunter & Cruz 915 Lstreet Suite 1270 sacramento CA 9814 7/10/17 1000 National Night Out 10 cal 270 7/10/17 National Night Out 509 Emony St, San Jose, CA 95116 2000 National Night Out Garden City 6185 lst Stt 7/10/17 1000 San 108 Santa Clara San Benito Courty Brilling

2102 Almaden Doud #101 San Ise CA 95125

NOTHING TO REPORT

250

7/10/17

Signature

**Date** 

Night Out

National

Disclosure of Fundraising Report Form

Page 1

	NAME OF ELECTED OFFICIAL Magdalona Camas co			Date of This Filing	Date Stamp	CITY OF SAN JOSE FORM DFR1
OFFICE HELD	10r		PERIOD COVERED BY THIS REPORT TO	Page <b>2</b> of <b>4</b>		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR		PURPOSE OF FUNDRAISING IBUTION
7/10/17	500	49rs	santa Clara, CA asosy		National Night	! Out
7/10 [17	1000		Charter 84 W Santablic Companies	a Clara St , San Jose CA 95113	National Night	Out
7/10/17	500	Ac.	e Charter Sc	00 Shosta Ave \$750 in lose, CA 95126	National No	ight Ont
7/10/17	1000	Roev	m Corp 1650 Lafaye	the Street Suntallara 95 050	National Nia	ght Out
7/10/17	1000	Swe	nson Builders 777	N 1stSt. San Jose CA 95 112	National N	ight Dut
7/10/17	500		unic Foundation of Si 2 The Alameda, Suite 21-	<b>-</b>	National N	ight Out

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL Date Stamp CITY OF SAN JOSE FORM Date of Magdalena Carrasco This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Via Mayor TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION School National Night Out Target 7/10/17 supplies, 1000 Nicollet Mall Minneapolis, MN \$5403 bikes 7/10/17 1000 42600 Boyce Rd fremont CA 014538 Coca Cola 10/17 Midt Mil Odol

		1 Coca Cola Plaza, Atlanta GA 3033	[Vational [Vight Osar
(0/17	150	South Bay Dental 2505 Berryesa Rd San Jose CA 95132	National Night Out
[10] 17		Core companies 470 S Market San Jose CA 95113	National Night Out
10/17	Oal	Nurse Builders 1825 De La Gruz Blod, Santa Clasa, CA 95000	National Night Out
-			

NOTHING TO REPORT

Signature

**Date** 

#### **INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

San Jose City Cu

NAME Carrasco	(LAST)	(FIRST) Magdalena		(MIDDLE) 535-4905					TELEPHONE	The state of the s
REPORTIN 10-1-17-1	IG PERIOD 2-31-17							£_3	<u> </u>	Fit Z: L
		eriod, how many hour			ervices unrelate	ed to yo	ur duties	of office fo	or which you e	arned
1. INCOME	EARNED	THIS REPORTING P	ERIOD*							* .
☐ LESS	\$500	<b>\$500 - \$1,000</b>	\$1,001 - \$	10,000	<b>\$10,001</b>	- \$100,0	00 [	OVER	\$100,000	
*If aggregat Section 5.	e in Reporti	ng Year is more than	\$500, proceed to	Section 2.	If aggregate ir	n Report	ing Year	is less tha	n \$500, proce	ed to
2. INCOME	EARNED	THIS REPORTING Y	EAR							:"
\$0 - \$4	499*	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$1</b>	0,000	\$10,001 -	\$100,00	0 [	OVER\$	100,000	
	•	ng Year is less than \$ g Year is more than \$	•							
00 0		TRUST/GOVERNME	, ,		IPTION OF SE	RVICES				
A country of mystalfers, and place or defined	state Augment of the Control of the Control	ENTITY/TRUST/GOV								
ADDRESS								-		
TYPE OF B	USINESS E	NTITY/TRUST/GOVE	RNMENTAL AG	ENCY:						
☐ Propriet	torship	☐ Partnership	)	LLC			☐ Corp	ooration		
Trust		Governme	ntal Agency	☐ Nonpr	rofit Organizatio	on		Othe	er ·	
GENERAL [	DESCRIPTION	ON OF BUSINESS E	NTITY/TRUST/G	OVERNME	NTAL AGENC	Y ACTI\	/ITY:			
		·								· ·
POSITION:										
GENERAL D	DESCRIPTION	ON OF SERVICES RI	ENDERED:							
4. LIST EAC	H REPORT	ABLE SINGLE SOUF PORTING YEAR IS \$	RCE OF INCOME	OF \$5,000	OR MORE FO	OR THIS	REPOR	RTING PER	RIOD AND IF T	THE
ACCINEC		ONTINO I LAIVIO W	J,000 OK WOKE	Nattaon a S	separate sneet	i iicco	sai y /			
5. VERIFICA	ATION		Somewhall in the captain the first of the color of the second of the captain t			•				
I have used a	all reasonab	ole diligence in prepar erein and in any attach that the foregoing is	ned schedules is	true and co	eviewed this sta omplete. I certi	itement i <b>fy unde</b>	and to the r penalt	e best of m y of perjur	ny knowledge ry under the la	the aws of
Signature	ile the origin	nally signed statemen	t with the City Cle	erk.)	Date Si	gned _		$\frac{11}{8}$ (month, c	day, year)	

San Jose City Clork

		ng Report Form	San Jose City Clork	Page 1		
NAME OF ELECTED Magdalena Carra			Date of 1.11.18 This Filing	2018 JAN 11 PM 2: 48	ITY OF SAN DFR1	
OFFICE HELD City Councilmemb	oer - District 5	PERIOD COVERED BY THIS REPORT 10-1-17 12-31-17	1 1 Page of		For Official Use Only	
DATE OF <b>SOLICITATION</b>	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURE CONTRIBUTION		
Meri Maben,1294 Hanchett Avenue, San Jose, CA 951. Education Manager at Silicon Valley Education Founda			Fiesta Navedena, holiday tree giveaway			
					•	
-						

**NOTHING TO REPORT** 

#### Disclosure of Fundraising Report Form

Page 2

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

Signature

**Date** 

#### INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED

San Jose City, Cle (MIDDLE) DAYTIME TELEPHONE NUMBER NAME (LAST) (FIRST) Carrasco Magdalena (408) 535-4905 DM 1.1.7 REPORTING PERIOD January 1, 2018-March 31, 2018 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 Corporation Nonprofit Organization ☐ Trust Governmental Agency 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.)

RECEIVED

Disclosure of Fundraising	g Report Form		San Jose Cilv Clerk	erk Page 1	
NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of 3/21/18 This Filing	0 T Pate Stand . 1-2 2010 MAR 23 PM 1: 47	CITY OF SAN DFR1	
OFFICE HELD Councilmember, District 5	PERIOD COVERED BY THIS 1/1/18 3/31/18 TO	1 1 Page of	,	For Official Use Only	
DATE OF AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
				٠	
			•		
			(		

NOTHING TO REPORT

Signature -

Date 3 118
City of San José Form DFR-1 (Nov/2010)

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

NAME (LAST) Carrasco Magdalena	(FIRST) (408) 535-4905	(MIDDLE	:)	DAYTIME TELEPHONE	NUMBER
REPORTING PERIOD April 1-June 30					•
Income? (If your answer	is none, please prod	eed to Section 2 below.)	services unrelated to	your duties of office for which you	earned
1. INCOME EARNED T	HIS REPORTING P	ERIOD*			
LESS \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100</b>	0,000	
Section 5.			2. If aggregate in Rep	orting Year is less than \$500, proc	eed to
2. INCOME EARNED T	HIS REPORTING Y	EAR			
<b>5</b> \$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	<b>\$10,001 - \$100,</b>	000	
*If aggregate in Reportin	g Year is less than \$	500, proceed to Section 5			
		500, proceed to Section 3	***		
3. BUSINESS ENTITY/I NAME OF BUSINESS E		NTAL AGENCY & DESC ERNMENTAL AGENCY	RIPTION OF SERVIC	ES	
ADDRESS					
TYPE OF BUSINESS EN	TITY/TRUST/GOVE	RNMENTAL AGENCY:			
Proprietorship	☐ Partnership			Corporation	
☐ Trust	Governmen	ntal Agency 🔲 Non	profit Organization	Other	-
GENERAL DESCRIPTIO	N OF BUSINESS EN	NTITY/TRUST/GOVERNM	TENTAL AGENCY AC	ΓΙVITY:	
POSITION:					
GENERAL DESCRIPTIO	N OF SERVICES RE	ENDERED:			
4. LIST EACH REPORTA AGGREGATE IN REP	ABLE SINGLE SOUR ORTING YEAR IS \$	RCE OF INCOME OF \$5,0 5,000 OR MORE (attach a	00 OR MORE FOR TH a separate sheet if nec	HIS REPORTING PERIOD AND IF essary)	THE
		-			
5. VERIFICATION					
	ein and in any attach	ned schedules is true and		nt and to the best of my knowledge der penalty of perjury under the	
Signature(File the origin	ally signed statemen	twith the City Clerk.)	Date Signed	7/16/18 (month, day, year)	

#### **Disclosure of Fundraising Report Form**

Page 1

NAME OF ELECTED OFFICIAL Magdalena Carrasco				Date of 1 This Filing	Date Stamp	CITY OF SAN DFR1		
PEDODT			1 .	)	Page of		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER	R AND OCC	CUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OF CONTR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION	
unga.								

NOTHING TO REPORT

Signature

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Date 7/16/18 City of San José Form DFR-1 (Nov/2010)

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

NAME (LAST) Carrasco Magdalena	(FIRST)	(MIDDLE)		<b>2016 DAYTIM</b> E T <b>AMERHONE</b> NUMBER 408-535-4905
REPORTING PERIOD  Jan 1-March 31	Apr	il 1-June 30	<b>V</b>	July 1-Sept 30 Oct 1-Dec 31
During the Reporting Period Income? (If your answer is r				to your duties of office for which you earned
1. INCOME EARNED THIS	REPORTING PERIOR	D*		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$1	00,000 OVER \$100,000
*If aggregate in Reporting You Section 5.	ear is more than \$500,	proceed to Section 2. If a	aggregate in Re	eporting Year is less than \$500, proceed to
2. INCOME EARNED THIS	REPORTING YEAR			
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	<b>]</b> \$10,001 - \$10	00,000 OVER \$100,000
*If aggregate in Reporting Yo	ear is less than \$500, p	roceed to Section 5.		
If aggregate in Reporting Ye	ar is more than \$500, p	proceed to Section 3.		
3. BUSINESS ENTITY/TRU	ST/GOVERNMENTAL	AGENCY & DESCRIPT	ION OF SERVI	CES
NAME OF BUSINESS ENTI	TY/TRUST/GOVERNM	IENTAL AGENCY		
ADDRESS				
TYPE OF BUSINESS ENTIT	ΓΥ/TRUST/GOVERNΜΙ	ENTAL AGENCY:		
Proprietorship	Partnership	TLLC		Corporation
	· · · · · · · · · · · · · · · · · · ·			Corporation
Trust	Governmental A	gency Nonprofit	Organization	Other
CTUEDA DE CONTROL O		TRUCTION TRUIT	AL AGENIOVA	
GENERAL DESCRIPTION C	OF BUSINESS ENTITY	/TRUST/GOVERNMENT	AL AGENCY A	CTIVITY:
POSITION:				
GENERAL DESCRIPTION C	OF SERVICES RENDE	RED:		
A LIST EACH DEDODTABLE		EINCOME OF \$5,000 O	R MORE FOR	THIS REPORTING PERIOD AND IF THE
AGGREGATE IN REPORTABLE	TING YEAR IS \$5,000	OR MORE (attach a sepa	arate sheet if ne	ecessary)
5. VERIFICATION				
I have used all reasonable di	and in any attached sc	hedules is true and comp		nent and to the best of my knowledge the under penalty of perjury under the laws of
Signature(File the originally	signed statement with	the City Clerk.)	Date Signe	ed 10 / 1 / 10 / (month, day, year)

Disclosure o	of Fundraisin	g Report Form		RECEIVED Page 1			
NAME OF ELECTED Vice Mayor Magd			Date of 10/11/2018 This Filing	Jan Jossate Staynpolerk	CITY OF SAN DFR1		
OFFICE HELD  Council District 5  PERIOD COVERED BY THIS REPORT  TO M7018			Page $I$ of $\mathcal{L}$	2018 OCT 12 PM 4: 16	For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI			
6/13/2018	\$500	Erik E. Schoennauer, 90 Hawthorne NTHE SCHOENNAUER COMPANY, L		National Night Out 2018			
6/13/2018	\$500	Angelina Ramos, 1100 Shasta Avenu ACE Charter Schools, Director of Co		National Night Out 2018			
6/13/2018	\$500	John Glover, 1601 Cunningham Aver Alpha Public Schools, Chief Executiv		National Night Out 2018			
6/13/2018	\$2000	Enrique Arguello, 2195 Fortune Drive LIUNA! Local 270, Chief Executive O		National Night Out 2018			
6/13/2018	\$2000	Cathy Lachenmyer, 2880 Lakeside D CA 95054, Swinerton Builders, Proje		National Night Out 2018			
6/13/2018	\$1500	Maria O'Hollearn, 350 Twin Dolphin CA 94065, Rocketship Schools, San		National Night Out 2018			

NOTHING TO REPORT

Signature

of the

Date  $\frac{10}{12}/18$ 

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$2000	Al Gonzalez Jr, 6150 Cottle Road, San Jose, CA 95123, UA Local Union 393, Business Representative	National Night Out 2018
\$500	Victoria Castro, 1600 Yosemite Blvd, Modesto, CA 95354, The SaveMart Companies, Public Affairs Manager	National Night Out 2018
\$300	Marco Robles, 2501 E. Guasti Rd., Ontario, CA 91761, Cardenas Markets, Public Affairs Director	National Night Out 2018 / M - Kind
\$500	Siara Brito, 5130 Hacienda Dr, Dublin, CA 94568, Ross Stores, Facilities Supervisor	National Night Out 2018 / Machines
\$1000	Katie Katout, 295 89th Street, Suite 304, Daly City, CA 94015, Teamsters Local Union No. 350, Office Manager	National Night Out 2018
\$1000	Jeanne Serpa, 1601 Dixon Landing Road, Milpitas, CA 95035, Republic Services, Municipal Relationship Manager	National Night Out 2018
	\$2000 \$500 \$500 \$1000	### Supervisor  ### Supervisor  ### FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR  #### ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR  #### AND OCCUPATION OF CA 95354, The  #### AND OCCUPATION OF CA 950354, The  #### AND OCCUPATIO

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Signature C

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Date

10/12/18

#### Type or print in ink.

Amounts may be rounded to whole dollars.

Disclosure o	of Fundraisin	g Report Form	unts may be rounded	to whole dolla	rs. RECEIVED San Jose City Clerk	Page 1/2
NAME OF ELECTED OFFICIAL Vice Mayor Magdalena Carrasco			Date of 10	10/11/2018 ng	2018 OCT 12 PM 4: 17	CITY OF SAN DFR1
OFFICE HELD  Council District 5		PERIOD COVERED BY THIS REPORT 7/11/18 TO 9/30/18	Page c	of	2010 001 12 111 41 17	For Official Use Only
DATE OF <b>SOLICITATION</b>	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	OCCUPATION OF COI	NTRIBUTOR		PURPOSE OF FUNDRAISING IBUTION
6/13/2018	\$250	Cindy Su, 2890 Monterey Rd., San Jo Homes, Vice President	ose, CA 95111, A	dvantage	National Night Out 2018	
6/13/2018	\$250	Jenny Thach, 1290 Hammerwood Av 94089, Bay Alarm Company, Sales C		National Night Out 2018		
6/13/2018	\$250	Nicholas Aguilar, 1210 S Bascom Av San Jose, CA 95128,Premier Health		National Night Out 2018		
6/13/2018	\$250	Guadalupe Zavala, 1775 Story Rd. S 95122, PatelCo Credit Union, Membe			National Night Out 2018	

NOTHING TO REPORT

Signature C

#### Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
3/13/2018	\$1000	Sharanjit S. Kali-rai, 10 Jackson Street, Suite 105, Los Gatos, CA 95030, Silicon Valley Cannabis Alliance, CEO	National Night Out 2018
6/13/2018	\$1000	Sean Kaldor, 201 N. Market St., San Jose, CA 95110, San Jose Fire Fighters Local 230, President	National Night Out 2018
5/13/2018	\$1000	Lindsay Quackenbush, 13520 Evening Creek Dr. N, Ste. 160, San Diego, CA 92128, Affirmed Housing, VP of Development	National Night Out 2018
5/13/2018	\$1000	David Calegari, 1080 Walsh Avenue, Santa Clara, CA 95050, Garden City Sanitation, General Manager	National Night Out 2018
6/13/2018	\$250	Jesus Flores, 1652 Alum Rock Ave #B, San Jose, CA 95116, Flores Professional Services, Owner	National Night Out 2018
5/13/2018	\$250	Andrea Boutte, 1641 N. 1st St., Ste. 245, San Jose, CA 95112, Santa Clara County Federal Credit Union, VP of Business Dev.	National Night Out 2018

NOTHING TO REPORT

Signature

Mag

Date

10/12/16

#### INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  CAYYAGO YMAGOBEN PO 2019 JANG PEN GROED
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:
FOSITION.
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

RECEIVED **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date of CITY OF SAN **JOSE FORM** This Filing 2019 JAN 16 PM 3: 19 PERIOD COVERED BY THIS For Official Use Only Page of DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION San José Fire Fighter heal 235 Signature: DATE: **NOTHING TO REPORT** 

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

NAME (LAST) (FIRST) (MIDDLE)  CAMAGO MA ALACAS  (MIDDLE)  2019 PAYTIME 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.)
1. INCOME EARNED THIS REPORTING PERIOD*
SSS \$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
\$500 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 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 RUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
SENERAL DESCRIPTION OF BOSINESS ENTERTHOSPICOVERNMENTAL ACEIVOT 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 Date Signed (File the originally signed statement with the City Clerk.) month, day, year)

Disclosure of	of Fundraisin	g Report Form			RECEIVED	Page 1	
NAME OF ELECTED OFFICIAL Da				Date of June 27, 20	Date Stamp	CITY OF SAN	
Magdalena C	arrasco			This Filing June 27, 20	7818 IIIN 97 am m. oo	CITY OF SAN DFR1	
OFFICE HELD		PERIOD COVERI REPORT		] 1 1	2019 JUN 27 AM 10: 38	For Official Use Only	
Councilmember - District 5 4.1.19 To 6.30.19		<sub>го</sub> 6.30.19	Page of				
DATE OF AMOUNT CONTRIBUTED		FULL NAME, ADDRESS,	EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
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		30 to 10 to					
NOTHING TO	O REPORT	Signature:	Ma	A A	DATE:	6/21/19	

#### Disclosure of Fundraising Report Form

Page 2

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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	AAU AT PRIORITA PARA PARA PARA PARA PARA PARA PARA PA		
·			
*J####################################	And the desire of the second o		

NOTHING TO REPORT

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

NAME (LAST) (FIRST) (MIDDLE)  CAMAGO MA ALACAS  (MIDDLE)  2019 PAYTIME 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.)
1. INCOME EARNED THIS REPORTING PERIOD*
SSS \$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
\$500 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 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 RUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
SENERAL DESCRIPTION OF BOSINESS ENTERTHOSPICOVERNMENTAL ACEIVOT 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 Date Signed (File the originally signed statement with the City Clerk.) month, day, year)

Disclosure of	of Fundraisin	g Report Form			RECEIVED	Page 1	
NAME OF ELECTED OFFICIAL Da				Date of June 27, 20	Date Stamp	CITY OF SAN	
Magdalena C	arrasco			This Filing June 27, 20	7818 IIIN 97 am m. oo	CITY OF SAN DFR1	
OFFICE HELD		PERIOD COVERI REPORT		] 1 1	2019 JUN 27 AM 10: 38	For Official Use Only	
Councilmember - District 5 4.1.19 To 6.30.19		<sub>го</sub> 6.30.19	Page of				
DATE OF AMOUNT CONTRIBUTED		FULL NAME, ADDRESS,	EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
				ľ			
	index of the state						
		30 to 10 to					
NOTHING TO	O REPORT	Signature:	Ma	A A	DATE:	6/21/19	

#### Disclosure of Fundraising Report Form

Page 2

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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*J####################################	And the desire of the second o		

NOTHING TO REPORT

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

NAME (LAST) (FIRST) Carrasco Magdalena	(MIDDLE)	DAYTIME TELEPHONE NUMBER 4085354905
REPORTING PERIOD  Jan 1-March 31	April 1-June 30	✓ July 1-Sept 30 Oct 1-Dec 31
During the Reporting Period, how many hour Income? (If your answer is none, please production)		elated to your duties of office for which you earned
1. INCOME EARNED THIS REPORTING P	'ERIOD'	
LESS \$500 \$500 - \$1,000	\$1,001 - \$10,000 \$10,00	01 - \$100,000 OVER \$100,000
*If aggregate in Reporting Year is more than Section 5.	\$500, proceed to Section 2. If aggregate	te in Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING Y	EAR	
\$500 - \$499*	\$1,001 - \$10,000 \$10,001	1 - \$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 \$	•	
3. BUSINESS ENTITY/TRUST/GOVERNME NAME OF BUSINESS ENTITY/TRUST/GOV		SERVICES
ADDRESS		
TYPE OF BUSINESS ENTITY/TRUST/GOV	ERNMENTAL AGENCY:	
Proprietorship Partnershi	p LLC	Corporation
Trust Governme	ental Agency Nonprofit Organiza	Other
GENERAL DESCRIPTION OF BUSINESS E	NTITY/TRUST/GOVERNMENTAL AGEI	NCY ACTIVITY:
PARTICIPATION OF THE PROPERTY		
POSITION:		- Application of the state of t
GENERAL DESCRIPTION OF SERVICES R	ENDERED:	
4. LIST EACH REPORTABLE SINGLE SOUL AGGREGATE IN REPORTING YEAR IS \$	RCE OF INCOME OF \$5,000 OR MORE 55,000 OR MORE (attach a separate she	E FOR THIS REPORTING PERIOD AND IF THE eet if necessary)
5. VERIFICATION		
	ched schedules is true and complete. I c	s statement and to the best of my knowledge the certify under penalty of perjury under the laws of
Signature (File the originally signed statement	Date	e Signed 15 15 20 19 (month/day, year)

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

NAME (LAST) Carrasco, Magdalen	(FIRST) na	(MIDDLE)		DAYTIME TELEPHONE NUI 408-535-4905	MBER
REPORTING PERIOD 10/1/19-12/31/19	D				
	Period, how many hours ver is none, please proced		services unrelated to y	our duties of office for which you earne	ed —
1. INCOME EARNE	D THIS REPORTING PE	RIOD'			
LESS \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100</b>	000 OVER \$100,000	
*If aggregate in Repor Section 5.	rting Year is more than \$5	500, proceed to Section 2.	. If aggregate in Repo	rting Year is less than \$500, proceed t	to
2. INCOME EARNEI	D THIS REPORTING YE	AR			
\$0 - \$499*	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	\$10,001 - \$100,0	00  OVER \$100,000	
*If aggregate in Repor	rting Year is less than \$50	00, proceed to Section 5.			
	ting Year is more than \$5				
	<b>YAIRUST/GOVERNMEN</b> SENTITY/TRUST/GOVEI	TAL AGENCY & DESCR RNMENTAL AGENCY	IPTION OF SERVICE		
ADDRESS	puy V				
TYPE OF BUSINESS	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:			
☐ Proprietorship	Partnership	☐ LTC		☐ Corporation	
☐ Trust	☐ Government	lal Agency	rofit Organization	Other	
GENERAL DESCRIPT	TION OF BUSINESS EN	TITY/TRUST/GOVERNME	ENTAL AGENCY ACT	IVITY:	
POSITION:					<u></u>
GENERAL DESCRIPT	TION OF SERVICES REI	NDERED:			
		DE OF INCOME OF \$5,00 000 OR MORE (attach a s		IS REPORTING PERIOD AND IF THE	-
AGGAGAILEMA	FROMING HEAMIGRO	OOO ON WAY THE BUSINESS	Savaratesheerijilede	SSd y)	
5. VERIFICATION		1000 1000 1000 1000 1000 1000 1000 100			
I have used all reasona information contained		ed schedules is true and co		at and to the best of my knowledge the laws	
Signature(File the ori	dinally signed statement	with the City Clerk	Date Signed	0   8   7070 (month day year)	

Disclosure of Fundraising Report Form Page 1 RECEIVAN NAME OF ELECTED OFFICIAL San Petestempy Clark CITY OF SAN Date of 1.8.20 Magdalena Carrasco This Filina JOSE FORM OFFICE HELD PERIOD COVERED BY THIS 2020 JAN -8 AM 11: 16 For Official Use Only REPORT Page Councilmember - District 5 10.1.19 <sub>TO</sub> 12.31.19 J 330 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION 10.15.19 1.000.00 Plumbers, Steamfitters and Refridgerations Fitters UA Holiday Tree Giveaway Local 393 2525 Barrington Court, Hayward, CA 10.4.19 1.000.00 Republic Services 1601 Dixon Landing Road, Milpitas. Holiday Tree Giveaway CA 11.21.19 500.00 City Ventures Communities LLC 3121 Michelson Drive Holiday Tree Giveaway Suite 150 Irvine CA 92612 11.18.19 1000.00 Holiday Tree Giveaway Schoennauer Company 90 Hawthorne Way San Jose, Ca 95110 11.18.19 1000.00 WCC Consulting LLC 10 Jackstone Street Suite 105 Holiday Tree Giveaway Los Gatos, CA 95030 11.22.19 1.000.00 Sanitary Truck Drivers and Helpers Teamsters Local Holiday Tree Giveaway 350 295 89th Street Suite 304 Daly City CA 94015 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. Signature: NOTHING TO REPORT City of San José Form DFR-1 (Jan 202)

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

NAME (LAST) CARRASCO	(FIRST) MAGDALENA	GLORIA	(MIDDLE)	408.834.7473	DAYTIME TELEPHONE NUMBER				
REPORTING PERIOD 4/1/22 -6/30/22	)		-						
	Period, how many hour er is none, please proc			services unrelated to	your duties of office for which you earned				
1. INCOME EARNED	THIS REPORTING P	ERIOD*							
☐ LESS \$500	S500 - \$1,000	\$1,001 -	\$10,000	<b>\$10,001 - \$10</b>	0,000				
*If aggregate in Repor Section 5.	ting Year is more than	\$500, proceed	to Section 2	. If aggregate in Reր	porting Year is less than \$500, proceed to				
2. INCOME EARNED	THIS REPORTING Y	EAR							
☒ \$0 - \$499*	S500 - \$1,000	\$1,001 - \$	\$10,000	\$10,001 - \$100	,000  OVER \$100,000				
*If aggregate in Repor	ting Year is less than \$	500, proceed to	o Section 5.						
If aggregate in Report	ing Year is more than \$	500, proceed t	o Section 3.						
	Y/TRUST/GOVERNME ENTITY/TRUST/GOV			RIPTION OF SERVIC	ES				
ADDRESS									
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL A	AGENCY:						
☐ Proprietorship	☐ Partnership	)	☐ LLC		☐ Corporation				
☐ Trust	☐ Governme	ntal Agency	☐ Non	orofit Organization	Other				
GENERAL DESCRIP	TION OF BUSINESS E	NTITY/TRUST	/GOVERNM	ENTAL AGENCY AC	CTIVITY:				
POSITION:									
GENERAL DESCRIPTION OF SERVICES RENDERED:									
	RTABLE SINGLE SOUP EPORTING YEAR IS \$				THIS REPORTING PERIOD AND IF THE cessary)				
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 ori	ginally signed statemen	nt with the City	Clerk.)	Date Signe	d \frac{\lambda \frac{1}{5} \frac{2}{2}}{\text{(month, day, year)}}				

Disclosure of	of Fundraisir	ig Rep	port Form			Page 1
NAME OF ELECTE				Date of	Date Stamp	CITY OF SAN DED4
Magdalena Carrasco				This Filing _08/05/2022		JOSE FORM DFR1
OFFICE HELD PERIOD COVERED BY THIS REPORT				_		For Official Use Only
Councilmember April 2022 To June 2022				Page1_ of 1		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND (	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION	
6/16/2022	\$4,000	Jacks	anjit S. Kali-rai, President son and Main, LLC ickson Street, Suite 105, L	os Gatos, CA 95030	Raising Money for our District 5 Events	
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Behested paym made.	ents that total \$	5,000 o	or more per calendar year ma	ay also need to be reported	on a form 803 within 30 da	
NOTHING TO	REPORT	] Sign	nature:	)	DATE	<u>:</u> 08/05/2022