

**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

BY OTC

2017 APR 19 AM 10:00  
DAYTIME TELEPHONE NUMBER  
408-535-4908

NAME (LAST) (FIRST) (MIDDLE)  
Arenas Sylvia

REPORTING PERIOD  
1/1/17 - 3/31/17

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

Date Signed 4/18/17  
(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 <i>Sylvia Arenas</i>		Date of This Filing _____	Date Stamp 2017 APR 19 AM 10:01 <i>AT OTC</i>	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <i>City Council, D8, San Jose</i>	PERIOD COVERED BY THIS REPORT <i>1/1/17 TO 3/31/17</i>	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

NOTHING TO REPORT

Signature 

Date *4/18/17*

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

2017 JUNE 20 AFTERNOON  
 DAYTIME TELEPHONE NUMBER  
 (408) 535-4908

NAME (LAST) (FIRST) (MIDDLE)  
 Arenas Sylvia

REPORTING PERIOD  
 04/01/2017-06/30/17

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:  
 \_\_\_\_\_

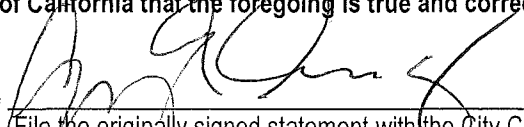
POSITION: \_\_\_\_\_

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 07/24/2017  
 (month, day, year)

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

# Disclosure of Fundraising Report Form

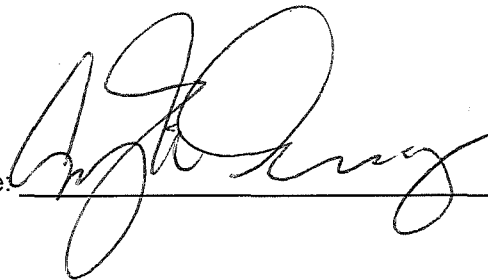
RECEIVED  
San Jose City Clerk

**CITY OF SAN JOSE FORM DFR1**  
For Official Use Only

NAME OF ELECTED OFFICIAL <b>Sylvia Arenas</b>		Date of This Filing <b>07/24/2017</b>	Date Stamp <b>2017 JUL 26 AM 9:00</b>
OFFICE HELD <b>Council Member District 8</b>	PERIOD COVERED BY THIS REPORT <b>04/01/17 TO 06/30/2017</b>	Page <b>1</b> of <b>1</b>	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
5/04/2017	500.00	Keiser foundation Health plan Inc. 75 N. Fair Oaks Avenue, 4th Fl, Pasadena, ca 5113-1905	9th Annual Senior Health Fair and Walk Friday June 9, 2017
5/15/2017	1000.00	The Health Trust 3180 Newbeery Dr. Suite 200 San Jose, Ca, 95118	9th Annual Senior Health Fair and Walk Friday June 9, 2017

NOTHING TO REPORT

Signature: 

DATE: **07/24/2017**

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

NOTHING TO REPORT

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

RECEIVED

San Jose City Clerk

OTC *[Signature]*

2017 OCT 17

AM 10:32

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Arenas Sylvia \_\_\_\_\_ (408) 535-4908

REPORTING PERIOD  
09/01/17-09/30/17

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)**

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

Date Signed 10/16/17  
(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 Sylvia Arenas		Date of This Filing 10/16/2017	CITY OF SAN JOSE FORM For Official Use Only <b>DFR1</b>
OFFICE HELD City Council, District 8	PERIOD COVERED BY THIS REPORT 07/01/2017 TO 09/30/2017	Page 1 of 2	

Date Stamp  
2017 OCT 17 AM 10:32

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
08/10/2017	\$260 (In-Kind Passes)	Testarossa Winery, Julie Scopazzi (Marketing Manager), 300 College Ave, Los Gatos, CA 95030	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/14/2017	\$346 (In-Kind Passes)	The Tech Museum of Innovation, Christie Jensen (Executive Assistant to CEO), 201 S. Market Street, San Jose, CA 95113	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/10/2017	\$25 (In-Kind Gift Card)	Edible Arrangements, 4055 Evergreen Village Square, San Jose CA 95135	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/11/2017	\$50 (In-Kind Item)	San Jose Sharks, 525 W. Santa Clara Street, San Jose, CA 95113	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/11/2017	\$57 (In-Kind Passes)	Happy Hollow Park & Zoo, Kiersten McCormick (Assistant General Manager), 1300 Senter Road, San Jose, CA 95112	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/21/2018	\$250 (In-Kind)	Santa Clara Valley Water District, Rachael Gibson (Local & Regional Government Relations), 5750 Almaden Expressway, San Jose, CA 95118	Fall Family Festival-Day in the Park 2017 City-Sponsored Event

NOTHING TO REPORT

Signature 

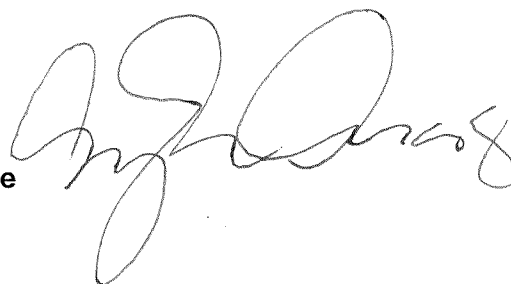
Date

**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
09/02/2017	\$100	Evergreen Pharmacy, 2590 S. White Road, Ste 80, San Jose, CA 95148	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
09/02/2017	\$100	Dignity Memorial, Ronda Thompson, 300 Curtner Ave, San Jose, CA 95135	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/29/2017	\$100	South Bay Health & Insurance Services, 740 Bay Blvd, Chula Vista, CA 91910	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
09/06/2017	\$100	LegalShield, Denise Hankes, 1849 Bagpipe Way, San Jose, CA 95132	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/29/17	\$2,000	Republic Urban Properties, 84 W. Santa Clara Street, San Jose, CA 95113	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/28/17	\$1000	Republic Services, Jeanne Serpa (Municipal Relationship Manager), 1601 Dixon Landing Road, Milpitas, CA 95035	Fall Family Festival-Day in the Park 2017 Event City-Sponsored Event
8/23/17	\$5000	The Arcadia companies, Kathy Schmidt, P.O. Box 5368, San Jose, CA 95150	Fall Family Festival-Day in the Park 2017 City-sponsored Event

NOTHING TO REPORT

Signature



Date

10/16/17



**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
OTC  
2018 DAYTIME TELEPHONE NUMBER  
(408) 535-4908

NAME (LAST) (FIRST) (MIDDLE) 2018 DAYTIME TELEPHONE NUMBER  
Arenas Sylvania (408) 535-4908

REPORTING PERIOD  
10/1/ 2017 - 12/31/2017

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.) \_\_\_\_\_

**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: \_\_\_\_\_

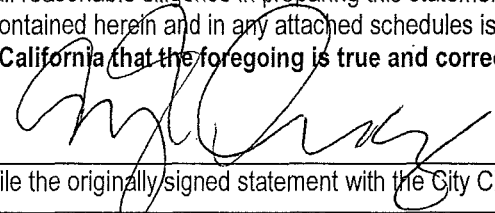
GENERAL DESCRIPTION OF SERVICES RENDERED: \_\_\_\_\_

**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  Date Signed 02/7/2018  
(File the originally signed statement with the City Clerk.) (month, day, year)

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

RECEIVED  
San Jose City Clerk

### Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sylvia Arenas		Date of This Filing 02/7/2018	Date Stamp 2018 FEB -7 AM 9:24	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD City Council - District 8	PERIOD COVERED BY THIS REPORT 10/1/2017 TO 12/31/2017	Page 2 of 2		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
08/25/2017	\$1000	Eastridge Center, 2200 Eastridge Loop, San Jose, CA 95122	Fall Family Festival - Day in the Park Sponsorship
08/25/2017	\$1000	PG&E, 77 Beale Street, San Francisco, CA	Fall Family Festival - Day in the Park Sponsorship
08/21/2017	\$250	Santa Clara Valley Water District, 5750 Almaden Expressway, San Jose, CA 95118	Fall Family Festival - Day in the Park Sponsorship
09/02/2017	\$100	Caremore Health Plan, 3075 Vandercar Way, Cincinnati, OH 45209	Fall Family Festival - Day in the Park Vendor Participation
09/02/2017	\$100	Vong Group (Intero Real Estate Services), 5609 Silver Creek Valley Road, San Jose, CA 95138	Fall Family Festival - Day in the Park Vendor Participation
12/05/2017	\$2000 (Gift cards)	Sears, 2200 Eastridge Loop, San Jose, CA 95122	Cookies for Coats



NOTHING TO REPORT

Signature: \_\_\_\_\_


*[Handwritten Signature]*

DATE: \_\_\_\_\_

02/7/2018

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
12/05/2017	\$139.00	4055 Evergreen Village Square Suite 100, 95135	Fruit Basket for Community Event at Valle Vista 

NOTHING TO REPORT

**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
OTC  
2018 APR 10 PM 2:16  
DAYTIME TELEPHONE NUMBER  
(408) 535-4908

NAME (LAST) (FIRST) (MIDDLE)  
Arenas Sylvia

REPORTING PERIOD  
01/1/2018- 03/31/2018

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.) 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 4/17/2018  
(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 Sylvia Arenas		Date of This Filing _____	Date Stamp 2018 APR 18 PM 2:46	CITY OF SAN JOSE FORM For Official Use Only	<b>DFR1</b>
OFFICE HELD	PERIOD COVERED BY THIS REPORT 1/1/2018 TO 3/31/2018	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
01/03/2018	\$500	Santa Clara Valley Water District, 5750 Almaden Expwy, San Jose, CA 95118	Day in the Park 2018 Sponsorship
01/11/2018	\$1,000	Freeman Orthodontics, 4205 San Felipe Road, Suite 220, San Jose, CA 95135	Day in the Park 2018 Sponsorship
01/18/2018	\$160	San Jose Giants, P.O. Box 21727, San Jose, CA 95151	Day in the Park 2018 Raffle
01/11/2018	\$500	San Jose Water Company, 110 W. Taylor Street, San Jose, CA 95110	Day in the Park 2018 Sponsorship
2/21/2018	\$194.54	First 5 Santa Clara County 400 Moorpark Avenue, Suite 200 San Jose, CA 95117	Balloons, fruit and cheese tray for children's Dental Health Fair

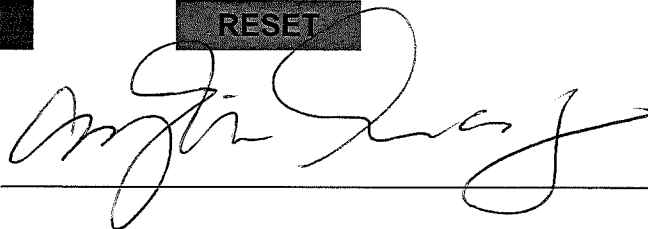
PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: \_\_\_\_\_



DATE: \_\_\_\_\_

4/17/2018

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

RECEIVED  
San Jose City Clerk  
*OTC*  
**2018 JUL 13 AM 10:40**

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Arenas Sylvia

REPORTING PERIOD  
April 1, 2018 - June 30, 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.) 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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\$0 - \$499\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

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ADDRESS

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 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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**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 *Angela Arenas* Date Signed 7/1/2018  
(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

RECEIVED  
San Jose City Clerk  
Date Stamp  
2018 JUL 13 AM 10:40

CITY OF SAN JOSE FORM **DFR1**  
For Official Use Only

NAME OF ELECTED OFFICIAL <i>Sylvia Arenas</i>		Date of This Filing <i>7/1/2018</i>
OFFICE HELD <i>Council member</i>	PERIOD COVERED BY THIS REPORT <i>4-1-2018 TO 6-30-2018</i>	Page <i>1</i> of <i>1</i>

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

NOTHING TO REPORT

Signature *[Handwritten Signature]*

Date

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

RECEIVED  
San Jose City Clerk  
*OTC*  
2018 OCT 15 PM 4:28  
DAYTIME TELEPHONE NUMBER  
(408) 535-4908

NAME (LAST) (FIRST) (MIDDLE)  
Arenas Sylvia

REPORTING PERIOD  
7/01/2018 - 9/30/2018

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

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

Date Signed 10/15/2018  
(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  
2018 OCT 15 PM 4:25

NAME OF ELECTED OFFICIAL Sylvia Arenas		Date of This Filing 10/12/2018	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember, District 8	PERIOD COVERED BY THIS REPORT 07/1/18 TO 09/30/18	Page ____ of ____	

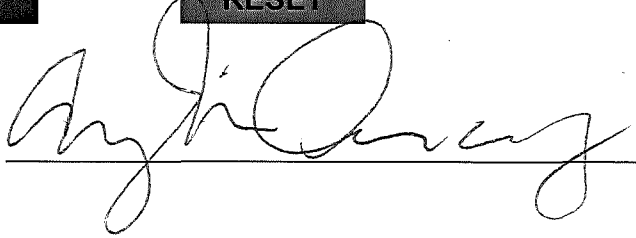
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
08/03/2018	1,000	Amal Ann Prazer, 3180 Newberry Dr. Ste 200, San Jose 95118, The Health Trust, Grants Administrator	Day in the Park Sponsorship
08/18/2018	10,000	Micheal VanEvery, 84 W Santa Clara St. Ste 600, Santa Jose 95113, Republic Family of Companies, CEO	Day in the Park Sponsorship
08/13/2018	1,000	Joe Foster, 308 Stockton Ave, San Jose, 95126, PG&E Public Affairs Represenative	Day in the Park Sponsorship
08/24/2018	1,000	Rah Riley, 2200 Eastridge Loop Ste. 2602, San Jose 95122, Eastridge Management Company, Marketing Manager	Day in the Park Sponsorship
08/13/2018	3,000	Thoman Jajeh, 100 N Milpitas Blvd, Milpitas 95035, Shapell Properties, Inc., Regional Director	Day in the Park Sponsorship
08/13/2018	5,000	Jean Cohen, 6150 Cottle Rd, San Jose 95123, UA Local Union 393, Political Director	Day in the Park Sponsorship

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: 10/15/2018

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
08/13/2018	500	Amy Aken, 19000 Homestead Ave, Building 1 Cupertino 95014, Kaiser Permanente, Sr. Public Affairs Representative	Day in the Park Sponsorship
08/22/2018	1,000	Sarah Jimenez, 1879 Lundy Ave STE 233 San Jose 95131, With Grace Hospice, Community Liaison	Day in the Park Sponsorship
08/13/2018	1,000	Erik Shoennauer, 90 Hawthorne Way, San Jose, 95110, The Shoennauer Company, President and CEO	Day in the Park Sponsorship
8/13/2018	1,000	Megan Wessling, 670 Lincoln Ave, San Jose 95126, Citizens Equity First Credit Union, Community Relations & Business Relationship Manager	Day in the Park Sponsorship
09/10/2018	200	Troy Jones, 1445 Monterey St, San Jose, 95110, Pacific Printing, Owner	Day in the Park printing in kind
09/10/2018	1,650	Stacia Levenfeld, 6375 Clark Ave., Dublin, CA 94568, The Save Mart Companies, Executive Director of Communications and Public Affairs	5,000 water bottles in kind for Day in the Park

NOTHING TO REPORT

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
8.31.2018	40.00	San Jose Museum of Art 110 South Market Street San Jose, CA 95113	In-Kind Gift, Day in the Park
8.31.2018	100.00	San Jose Giants P.O. Box 21727 San Jose, CA 95151	In-Kind Gift, Day in the Park

NOTHING TO REPORT

**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

San Jose City Clerk  
2019 JAN 15 PM 2:00  
OTA EA

NAME (LAST) (FIRST) (MIDDLE) TELEPHONE NUMBER  
Arenas Sylvia

REPORTING PERIOD  
October 1, 2018 - December 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  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 1/14/2019  
(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 Sylvia Arenas		Date of This Filing _____	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT Oct 1 2018 to Dec 31, 2018	Page <u>1</u> of <u>2</u>	

Date Stamp  
OTA EK  
2019 JAN 15 PM 2:04

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/13/2018	\$3,000	Domcat Marketing 3579 Ballantyne Drive Suite 201 Pleasanton, CA 94588,	Day in the Park Sponsorship
8/13/2018	\$1,000	With Grace Ministries 1879 Lundy Ave. Suite 233 San Jose, CA 95131	Day in the Park Sponsorship
8/13/2018	\$10,000	Republic Evergreen 84 West Santa Clara Street Suite 600	Day in the Park Sponsorship
8/13/2018	\$3,000	San Jose Evergreen Community College 40 S Market St, San Jose, CA 95113	Day in the Park Sponsorship
8/13/2018	5,000	Local 393 Plumbers & Steamfitters 6150 Cottle Rd, San Jose, CA 95123	Day in the Park Sponsorship

NOTHING TO REPORT

Signature 

Date 1/14/2019

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
8/13/2018	\$1,000	Teamsters Joint Council 7 250 Executive Park Blvd # 3100, San Francisco, CA 94134	Day in the Park Sponsorship
8/11/2018	\$10,000	GOOGLE 1600 Amphitheatre Parkway Mountain View, CA 94043	Day in the Park Sponsorship

NOTHING TO REPORT

Signature



Date

1/14/2019

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 Sylvia Arenas		Date of This Filing _____	Date Stamp 2019 JAN 15 PM 2:04	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT Oct 1, 2018 TO Dec 31, 2018	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
8/13/2018	\$5,000	Arcadia Management Services Co. P.O Box 5368 San Jose, California 95150	Day in the Park Sponsorship
7/12/2018	\$1,000	New Seasons Community Market 1300 SE Stark Street, Suite 401 Portland, Oregon 97214	Day in the Park Sponsorship
7/12/2018	\$100	Tu-Anh Thu Huynh 1979 Edgebank Drive San Jose CA 95122	Day in the Park Sponsorship
7/12/2018	\$100	Provident Credit Union 303 Twin Dolphin Dr Redwood City, Ca 94065	Day in the Park Recourse Table
7/12/2018	\$100	Evergreen E Waste 2365 Paragon Drive, Suite B San Jose, Ca 95121	Day in the Park Recourse Table
7/12/2018	\$100	Nancy Z. Liu, Asian American Home Health 1840 The Alameda, San Jose, CA 95126	Day in the Park Recourse Table

NOTHING TO REPORT

Signature



Date

1/14/2019

**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
7/12/2018	\$100	Carole J. Holcomb, Laughter Yoga Fun 5755 Cohasset Way San Jose, CA 95123	Day in the Park Recourse Table
7/12/2018	\$100	Denise E. Hanks, CEFCU 1849 Bagpipe Way San Jose Ca, 95121	Day in the Park Recourse Table
7/12/2018	\$100	Evergreen Pharmacy 2076, 2690 S White Rd # 200A, San Jose, CA 95148	Day in the Park Recourse Table
7/12/2018	\$100	Caremore Health Plan 3075 Vandercar Way Cincinnati, OH 45209	Day in the Park Recourse Table
7/12/2018	\$100	With Grace Ministries Inc. 1879 Lundy Ave. Suite 233 San Jose, CA 95131	Day in the Park Recourse Table

NOTHING TO REPORT

Signature



Date

1/14/2019



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 Sylvia Arenas		Date of This Filing 1/14/19	Date Stamp OTR EA 2019 JAN 15 PM 2:04	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council, District 8	PERIOD COVERED BY THIS REPORT <del>8.13.18</del> OCT 1, 2018 TO 12.31.18	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
8.13.18	\$200	Great Clips, 4055 Evergreen Village Square Ste 110, San Jose, CA 95135	In-Kind Gift, Day in the Park
8.13.18	\$30	Cleaners 4 Less, 4055 Evergreen Village Square, San Jose, CA	In-Kind Gift, Day in the Park
8.13.18	\$30	Sophie's Mediterranean Grill, 4035 Evergreen Village Square Unit # 20, San Jose, CA 95135	In-Kind Gift, Day in the Park
8.13.18	\$60	iNmotion Wellness, 4075 Evergreen Village Square #100, San Jose, CA 95135	In-Kind Gift, Day in the Park
8.13.18	\$20	Seiki Ramen House, 4035 Evergreen Village Square #40, San Jose, CA 95135	In-Kind Gift, Day in the Park

NOTHING TO REPORT

Signature 

Date 1/14/2019  
City of San José Form DFR-1 (Nov/2010)

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

500 PM  
9:00 AM - 5:00 PM  
JC OTC  
DAYTIME TELEPHONE NUMBER  
(408)535-4908

NAME (LAST) Arenas (FIRST) Sylvia (MIDDLE) \_\_\_\_\_ DAYTIME TELEPHONE NUMBER (408)535-4908

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

Date Signed 6/27/2019  
(month, day, year)

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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Sylvia Arenas</b>		Date of This Filing <b>7/15/2019</b>	Date Stamp <b>JUL 15 2019</b>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>city council</b>	PERIOD COVERED BY THIS REPORT <b>04/1/19 TO 06/30/19</b>	Page <b>1</b> of <b>1</b>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
05/15/2019	\$500.00	Kaiser Permanente Foundation 75 N. Fair Oaks Ave, 4th FL Pasadena, CA 91103	Sponsor of our 2019 Senior Health fair and walk, providing resources and information to our <sup>residents</sup>
06/28/2019	\$1,000.00	The Schoenauer Company 90 Hawthorne Way San Jose, CA 95110	Sponsor of our 2019 Fall Family Festival, free resources, games and activities for community members

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: **7/15/2019**

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

500 PM  
9:00 AM - 5:00 PM  
JC OTC  
DAYTIME TELEPHONE NUMBER  
(408)535-4908

NAME (LAST) Arenas (FIRST) Sylvia (MIDDLE) \_\_\_\_\_ DAYTIME TELEPHONE NUMBER (408)535-4908

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

Date Signed 6/27/2019  
(month, day, year)

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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Sylvia Arenas</b>		Date of This Filing <b>7/15/2019</b>	Date Stamp <b>JUL 15 2019</b>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>city council</b>	PERIOD COVERED BY THIS REPORT <b>04/1/19 TO 06/30/19</b>	Page <b>1</b> of <b>1</b>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
05/15/2019	\$500.00	Kaiser Permanente Foundation 75 N. Fair Oaks Ave, 4th FL Pasadena, CA 91103	Sponsor of our 2019 Senior Health fair and walk, providing resources and information to our <sup>residents</sup>
06/28/2019	\$1,000.00	The Schoenauer Company 90 Hawthorne Way San Jose, CA 95110	Sponsor of our 2019 Fall Family Festival, free resources, games and activities for community members

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: **7/15/2019**

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) Arenas (FIRST) Sylvia (MIDDLE) DAYTIME TELEPHONE NUMBER (408)535-4908

REPORTING PERIOD  
7/01/2010 - 9/30/2019

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

Date Signed 10/15/2019  
(month, day, year)

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

### Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sylvia Arenas		Date of This Filing 10/15/2019	Date Stamp 2019 OCT 15 PM 3:35	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD City of San Jose - District 8	PERIOD COVERED BY THIS REPORT 7/1/2019 TO 9/30/2019	Page 1 of 1		

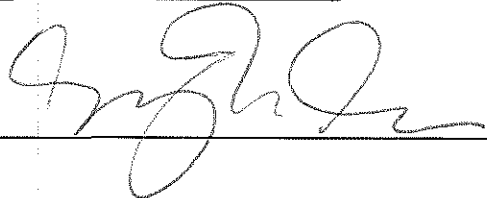
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/28/2019	\$57	Happy Hollow Park and Zoo 748 Story Rd San Jose, CA 95112	Fall Family Festival 2019, Prize Drawing
8/28/2019	\$106	Debbie Koelbl, Owner Nothing Bundt Cakes - Evergreen 2721 Aborn Road, Suite 10 San Jose, CA 95121	Fall Family Festival 2019, Prize Drawing
8/28/2019	\$50	San Jose Museum of Art 110 S Market St San Jose CA	Fall Family Festival, Prize Drawing
8/28/2019	\$96	Six Flags Discovery Kingdom 1001 Fairgrounds Dr Vallejo CA	Fall Family Festival, Prize Drawing
8/28/2019	\$100	The Cheesecake Factory 26901 Malibu Hills Road Calabasas Hills CA	Fall Family Festival, Prize Drawing

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: 10/15/2019

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

**Disclosure of Fundraising Report Form**

NAME OF ELECTED OFFICIAL Councilmember Sylvia Arenas		Date of This Filing 10/15/19	Date Stamp San Jose 2019 OCT 15 PM 3:35
OFFICE HELD City Council, District 8	PERIOD COVERED BY THIS REPORT July 1 TO Sept. 30	Page 1 of 2	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only

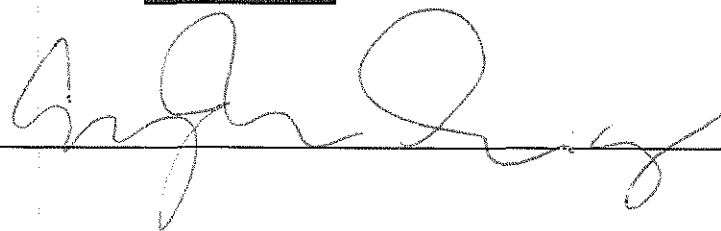
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7.26.19	\$1,000	Republic Services , Jeanne Serpa (Municipal Relationship Manager), 1601 Dixon Landing Road, Milpitas, CA 95035	Fall Family Festival Sponsorship 2019 City - Sponsored Event
7.26.19	\$5,000	Jean Cohen, 6150 Cottle Rd, San Jose 95123, UA Local Union 393, Political Director	Fall Family Festival Sponsorship 2019 City - Sponsored Event
7.26.19	\$1,000	Megan Wessling, 670 Lincoln Ave, San Jose 95126, Citizens Equity First Credit Union, Community Relations & Business Relationship Manager	Fall Family Festival Sponsorship 2019 City - Sponsored Event
7.26.19	\$5,000	Lorie Lamberson, Arcadia Management Services Co. P.O Box 5368 San Jose, California 95150	Fall Family Festival Sponsorship 2019 City-Sponsored Event
7.26.19	\$100	Nguyen and Tran Dental Corporation 2680 S. White Rd., STE 255 San Jose, CA 95148	Fall Family Festival Sponsorship 2019 City-Sponsored Event
7.26.19	\$100	Carole J, Holcomb, Certified Laughter Yoga Teacher 5755 Cohasset Way, San Jose, CA 95123	Fall Family Festival Sponsorship 2019 City-Sponsored Event

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: 10/15/2019



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
7.26.19	\$5,000	Josue Garcia, Santa Clara County Residents for Responsible Development, 555 Capitol Mall, STE 400, Sacramento, CA 95814	Fall Family Festival Sponsorship 2019
7.26.19	\$1650	Stacia Levenfeld, 6375 Clark Ave., Dublin, CA 94568, The Save Mart Companies, Executive Director of Communications and Public Affairs	Fall Family Festival In-Kind Sponsorship

**NOTHING TO REPORT**

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

**Disclosure of Fundraising Report Form**

NAME OF ELECTED OFFICIAL Councilwoman Sylvia Arenas		Date of This Filing 10/01/18	Date Stamp RECEIVED San Jose City Clerk 2019 OCT 15 PM 3:35	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD District 8	PERIOD COVERED BY THIS REPORT 7/1/2019 TO 9/30/2019	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
9/04/19	\$130.00	Jaspreet Bassi, 1188 S De Anza Blvd Ste 1188 San Jose, CA 95129, Chaat Palace, Owner	Food distrubution to Fall Family Festival 2019 volunteers (13 food vouchers at \$10.00 set price were donated)
9/04/19	\$500.00	Juana Perez, 4798 Raspberry Place San Jose, CA 95129, Tlaxiacos' Pizza, Owner	Food distrubution to Fall Family Festival 2019 volunteers (50 food vouchers at \$10.00 set price were donated)
9/04/19	\$500.00	Gabriel Guizar, 558 Mekler Drive San Jose, CA 95111, Takoz Mod Mex, Owner	Food distrubution to Fall Family Festival 2019 volunteers (50 food vouchers at \$10.00 set price were donated)
7/30/19	\$500.00	Pele Cao, 2260 Berryessa Rd San Jose, CA, Cookies n Cream SJ, Owner	Food distrubution to Fall Family Festival 2019 volunteers (50 food vouchers at \$10.00 set price were donated)



NOTHING TO REPORT

Signature: *Sylvia Arenas*

DATE: 10/15/2019

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) Jones (FIRST) Chappie (MIDDLE) \_\_\_\_\_ DAYTIME TELEPHONE NUMBER 408-535-4901

REPORTING PERIOD October - December 31st

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

Jones Enterprises

ADDRESS

1005 Whitelock Drive, San Jose CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     Other

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2020 JAN 17 AM 11:10  
OTC U

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

Consulting and Real Estate

POSITION: CO-OWNER

GENERAL DESCRIPTION OF SERVICES RENDERED:

Internal Communications and Support by  
Kelli Jones (CO-OWNER)

### 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

1/17/20  
(month, day, year)

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

**Disclosure of Fundraising Report Form**

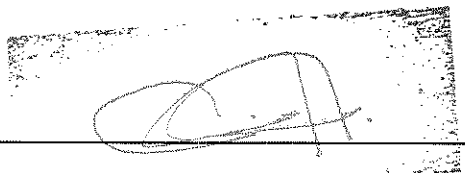
RECEIVED  
San Jose City Clerk

NAME OF ELECTED OFFICIAL <b>Charles Jones</b>		Date of This Filing <u>1/17/20</u>	Date Stamp 2020 JAN 17 AM 11:10 <i>OTC LL</i>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>City Council</b>		PERIOD COVERED BY THIS REPORT Oct 1 TO Dec 31	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
10/1/19	\$65.00	City of Santa Clara 1500 Warburton Avenue, Santa Clara, CA 95050	Disability Awareness Day
10/1/19	\$65.00	Santa Clara Valley Transportation Authority 3331 North First Street San Jose, CA 95134	Disability Awareness Day
10/1/19	\$250.00	Specialized Daycare Services, Inc. 7777 Greenback Lane, Suite 208 Citrus Heights, CA 95610	Disability Awareness Day
10/1/19	\$65.00	The College of Adaptive Arts 1401 Parkmoor Ave, Suite 260 San Jose, CA 95126	Disability Awareness Day
10/1/19	\$65.00	Expandability 1080 North 7th Street San Jose, CA 95112	Disability Awareness Day
10/1/19	\$500.00	CEFCU P.O. Box 1715, Peoria, IL 61656	Disability Awareness Day

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: 1/17/20

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
10/1/19	\$65.00	New Hope Band 384 Sunpark Place San Jose, CA 95136	Disability Awareness Day
10/1/19	\$250.00	Kristine S. Bautista 720 N. 17th Street San Jose, CA 95112	Disability Awareness Day
10/1/19	\$65.00	Housing Choices Coalition 6203 San Ignacio Ave. Suite 108 San Jose, CA 95119	Disability Awareness Day

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