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

					4 or
NAME	(LAST) Acenas	(FIRST)	(MIDDLE)		204747778 telephone number 408-535-4908
REPOR	TING PERIOD	11/17 -	3/31/17		<del></del>
			did you spend rendering s ed to Section 2 below.)		duties of office for which you earned
1. INCO	ME EARNED	THIS REPORTING PE	RIOD*		
LE	SS \$500	<b>500 - \$1,000</b>	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggre		ing Year is more than \$	500, proceed to Section 2	. If aggregate in Reporting	g Year is less than \$500, proceed to
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*lf aggre	gate in Report	ing Year is less than \$5	00, proceed to Section 5.		
If aggreg	jate in Reportii	ng Year is more than \$5	500, proceed to Section 3.		
3. BUSI	NESS ENTITY	//TRUST/GOVERNMEN	ITAL AGENCY & DESCR	NIPTION OF SERVICES	
NAME C	F BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
ADDRES	SS				· · · · · · · · · · · · · · · · · · ·
TYPE OI	F BUSINESS I	ENTITY/TRUST/GOVEI	RNMENTAL AGENCY:		
D Prop	prietorship	Partnership			] Corporation
🗌 Trus	st	Governmer	ital Agency 🗌 Nonp	profit Organization	
					Other
GENERA	AL DESCRIPT	ION OF BUSINESS EN	ITITY/TRUST/GOVERNMI	ENTAL AGENCY ACTIVIT	Υ:
POSITIC	DN:				
GENERA	AL DESCRIPT	ION OF SERVICES RE	NDERED:		
					REPORTING PERIOD AND IF THE
AGGR		EPORTING YEAR IS \$5	,000 OR MORE (allagh a'	separate sheet if necessa	μ <b>γ</b> )
5 VERI	FICATION	4			
l have us informati	sed all reasona on contained t	ble diligence in prepari Terein and in any attach I that the foregoing is	ed schedules is true and c	reviewed this statement ar complete. I certify under	nd to the best of my knowledge the penalty of perjury under the laws of
Signatu	At.	hen	m	Date Signed	4/18/17
Juginatal	(File the orig	inally signed statement	with the City Clerk.)	Sato Signou	// (month, day, year)

Disclosure	of Fundraisir	Amoi	Type or print in ink. unts may be rounded to whole dollars.	RECEIVED San Jose City Clerk	Page 1
NAME OF ELECTEN		· · · · · · · · · · · · · · · · · · ·	Date of This Filing	Date Stamp 2017 APR 19 AM 10:01	CITY OF SAN DFR1
OFFICE HELD	1, D8, s	FERIOD COVERED BY THIS REPORT 1/1/17 TO 3/31/17	Page of	AT OTC	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O		DESCRIPTION OF EVENT OR PL CONTRIBL	
		۰ ۱	· · · · · · · · · · · · · · · · · · ·		
					· · ·
NOTHING TO	REPORT	Signature	A	Date City of Sa	4/18/17 n José Form DFR-1 (Nov/2010)

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

NAME (LAST) Arenas	· · · ·	(MIDDLE)	201	7 JBAY7ME TELEPHONE NUMBER (408)535-4908
REPORTING PERIO 04/01/2017-06/30				
Ű,	g Period, how many hours swer is none, please proc		•	ties of office for which you earned
1. INCOME EARN	ED THIS REPORTING P	ERIOD*		
🔲 LESS \$500	\$500 - \$1,000	<pre>\$1,001 - \$10,000</pre>	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Rep Section 5.	porting Year is more than t	\$500, proceed to Section 2. If ag	gregate in Reporting `	Year is less than \$500, proceed to
2. INCOME EARN	ED THIS REPORTING YI	EAR		
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*If aggregate in Rep	oorting Year is less than \$	500, proceed to Section 5.		
	• •	500, proceed to Section 3.		
	INY/IRUSI/GOVERNME SS ENTITY/TRUST/GOV	NTAL AGENCY & DESCRIPTIC	IN OF SERVICES	
ADDRESS				
TYPE OF BUSINES	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY:	<u></u>	
Proprietorship	🗌 Partnership			Corporation
Trust	Governme	ntal Agency 🗌 Nonprofit 🤇	Drganization	Other
GENERAL DESCRI	PTION OF BUSINESS EI	NTITY/TRUST/GOVERNMENTA	L AGENCY ACTIVITY	
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POSITION:				
GENERAL DESCRI	PTION OF SERVICES RI	ENDERED:		
		RCE OF INCOME OF \$5,000 OR 5,000 OR MORE (attach a sepai		PORTING PERIOD AND IF THE
5. VERIFICATION				
information containe		ned schedules is true and comple		to the best of my knowledge the enalty of perjury under the laws of
Signature (File the	originally signed statemer	t with the City Clerk.)	Date Signed	07/24/2017 (month, day, year)

Disclosure o	of Fundraisir	Amou Ig Report Form	Type or print in ink. Ints may be rounded to whole dollars	RECEIVED San Jose City Clerk	Page 1	
NAME OF ELECTER	D OFFICIAL		Date of 07/24/2017	Date Stamp		
Sylvia Arenas	;		This Filing	2017 JUL 26 AM 9:00	JOSE FORM DFR1	
OFFICE HELD Council Mem	per District 8	PERIOD COVERED BY THIS REPORT 04/01/17 TO 06/30/201	Page 1 of 1		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OC	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIBL		
5/04/2017	500.00	Keiser foundation Health plan Ir 75 N. Fair Oaks Avenue, 4th Fl, 5113-1905		9th Annual Senior Health Fair and Walk Friday June 9, 2017		
5/15/2017	5/15/2017 1000.00 The Health Trust 3180 Newbeery Dr. Suite 200 S			9th Annual Senior Health Friday June 9, 2017	a Fair and Walk	

nu VV Signature. Cardon and a second NOTHING TO REPORT

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DATE: 07/24/2017

## 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
			~
	~		<i>6</i>

# INCOME AND TIME DISCLOSURE STATEMENT EIVED (San Jose Municipal Code Chapter 12.19) an Jose City Clork

						01	UN	~~
•	AST) Arenas	(FIRST) Sylvia	()	MIDDLE)		2017 001	DAYTIME - (408) 535-	APPEREPHONE NUMBER
REPORTING I 09/01/17-09/				·····				
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2. INCOME E	ARNED TH	IIS REPORTING Y	EAR	an an				
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TYPE OF BUS	INESS EN	TITY/TRUST/GOVI	ERNMENTAL AGE	ENCY:				
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				(Succession Store		IN REALEADOLOGI	·	
5. VERIFICAT	ION							
I have used all information cor	reasonable	diligence in prepa ein and in any attac <b>at the foregoing i</b> t	hed schedules is t	rue and con				ny knowledge the ry under the laws of
Signature (File	the origina	MA Ily signed stateme	nt with the City Cle	erk.)	Date Si	igned/	10   16   17 (month,	day, year)
	V		A					

NAME OF ELECTER Sylvia Arenas		ng Report Form	Date of 1 This Filing	0/16/2017	San Jose City Clerk	Page 1 CITY OF SAN JOSE FORM DFR
OFFICE HELD City Council, Dist	rict 8	PERIOD COVERED BY THIS REPORT 07/01/2017 09/30/20 TO	1	2 of	LULION IT ATTU- JZ	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER A	ND OCCUPATION OF C	ONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
8/10/2017	\$260 (In-Kind Passes)	Testarossa Winery, Julie Scopaz College Ave, Los Gatos, CA 950		Fall Family Festival-Day in the Park 2017 City-Sponsored Event		
8/14/2017	\$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	
8/10/2017	\$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	
8/11/2017	\$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	
8/11/2017	\$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	
8/21/2018	\$250 (In-Kind)				Fall Family Festival-Day in the City-Sponsored Event	Park 2017

Signature

Date

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

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
9/02/2017	\$100	Evergreen Pharmacy, 2590 S. White Road, Ste 80, San Jose, CA 95148	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
9/02/2017	\$100	Dignity Memorial, Ronda Thompson, 300 Curtner Ave, San Jose, CA 95135	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/29/2017	\$100	South Bay Health & Insurance Services, 740 Bay Blvd, Chula Vista, CA 91910	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
9/06/2017	\$100	LegalShield, Denise Hankes, 1849 Bagpipe Way, San Jose, CA 95132	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/24/17	\$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

10/16/17 Date

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

NOTHING TO REPORT

(San Jose Municipal Code Chapter 12.19)

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NAME (LAST) Arenas	· · ·	(MIDDLE)		2010 DAYTHME TEVERHONE NUMBER (408) 535-4908
REPORTING PERIO				(+00) 000-4000
10/1/ 2017 - 12/31				·
	g Period, how many hours swer is none, please proce		ervices unrelated to y	our duties of office for which you earned
1. INCOME EARN	ED THIS REPORTING PE	RIOD*		
🗌 LESS \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	\$10,001 - \$100	,000 🔲 OVER \$100,000
*If aggregate in Rep Section 5.	orting Year is more than \$	500, proceed to Section 2.	If aggregate in Repo	orting Year is less than \$500, proceed to
2. INCOME EARNI	ED THIS REPORTING YE	AR		
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*If aggregate in Rep	orting Year is less than \$5	00, proceed to Section 5.		
If aggregate in Repo	orting Year is more than \$5	i00, proceed to Section 3.		
	-	ITAL AGENCY & DESCRI	PTION OF SERVICE	S.
	SS ENTITY/TRUST/GOVE			
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TYPE OF BUSINES	S ENTITY/TRUST/GOVER	RNMENTAL AGENCY:		
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GENERAL DESCRI	PTION OF SERVICES RE	NDERED:		<u></u>
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5. VERIFICATION				
information containe		ed schedules is true and co		nt and to the best of my knowledge the der penalty of perjury under the laws of
				1 1 1
Signature	r V XUUU		Date Signed	
(File the c	originally/signed statement	with the Gity Clerk.)		(month, day, year)

Disclosure o	of Fundraisir	Ig Report Form	unts may be rounded to whole dollar	s. RECEIVED San Jose Cily Clark	Page 1	
NAME OF ELECTED	OFFICIAL		1 1	A Date Stamp		
Sylvia Arenas			This Filing $\frac{1}{1/2016}$	JIOFEB-7 AM 9:24	JOSE FORM DFR1	
OFFICE HELD City Council -	District 8	PERIOD COVERED BY THIS REPORT (0/1/20/7 TO_12/31/20)7	Page of		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PU CONTRIBUT		
08/25/2017	\$1000	Eastridge Center, 2200 Eastridg 95122	e Loop, San Jose, CA	Fall Family Festival - Day in the Park Sponsorship		
08/25/2017	\$1000	PG&E, 77 Beale Street, San Fra	ancisco, CA	Fall Family Festival - Day in the Park Sponsorship		
08/21/2017	\$250	Santa Clara Valley Water Distric Expressway, San Jose, CA 951		Fall Family Festival - Day in the Park Sponsorship		
09/02/2017	\$100	Caremore Health Plan, 3075 Va Cincinnati, OH 45209	ndercar Way,	Fall Family Festival - Day in the Park Vendor Participation		
09/02/2017	\$100	Vong Group (Intero Real Estate Creek Valley Road, San jose, C		Fall Family Festival - Day in the Park Vendor Participation		
12/05/2017	\$2000 (Gift (ards)	Sears, 2200 Eastridge Loop, Sa	n Jose, CA 95122	Cookies for Coats		

NOTHING TO REPORT

DATE: 02/7/2018

## 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

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

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NAME	(LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		2: DAYTIME TELEPHONE NUMBER (408) 535-4908
	NG PERIOD 18- 03/31/2018	3			
			did you spend rendering se eed to Section 2 below.)	rvices unrelated to you りから	ur duties of office for which you earned
1. INCOM	ME EARNED	THIS REPORTING PI	RIOD*		
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*lf aggreg	ate in Reportir	ng Year is less than \$	500, proceed to Section 5.		
If aggrega	te in Reporting	g Year is more than \$	500, proceed to Section 3.		
3. BUSIN	ESS ENTITY/	TRUST/GOVERNME	NTAL AGENCY & DESCRIF	PTION OF SERVICES	
NAME OF	BUSINESS E	NTITY/TRUST/GOVI	ERNMENTAL AGENCY		
ADDRESS	8			·	·
TYPE OF	BUSINESS E	NTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Propr	ietorship	Partnership			Corporation
🗌 Trust		Governme	ntal Agency 🗌 Nonpro	ofit Organization	
		·			Other
GENERAL	_ DESCRIPTIC	ON OF BUSINESS EI	NTITY/TRUST/GOVERNMEI	NTAL AGENCY ACTIV	/ITY:
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					S REPORTING PERIOD AND IF THE
AGGRE	IGALE IN REE	PORTING YEAR IS \$	5,000 OR MORE (attach a se	eparate sneet if neces	sary)
5. VERIFI	IGATION				
informatio	n contained he		ned schedules is true and co		and to the best of my knowledge the er penalty of perjury under the laws of
					4/12/0018
Signature		nally signed statemer	t with the City Clerk.)	Date Signed _	(month, day, year)

		Type or print in ink. Amounts may be rounded to who	ble dollars. RECEIVED
		ng Report Form	San Jose City Clark Page 1
NAME OF ELECTE		Date of	2010 APR 18 PM 2: 46 CITY OF SAN JOSE FORM DFR1
Sylvia Arenas	\$	PERIOD COVERED BY THIS This Filing	2010 APR 18 PM 2: 46 JOSE FORM DEKI
		REPORT Page of	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIB	UTOR 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, Su 220, San Jose, CA 95135	ite 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, S Jose, CA 95110	San Day in the Park 2018 Sponsorship
0/21/2018	\$194.54	First 5 Santa Clara County 400 Moor park Avenue, suite ; San Jose, CA 95/17	200. tray for children's Dental Health Fair
		Signature:	J DATE: 4/17/2018
			City of San José Form DFR-1 (Nov/2010)

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

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)	2018 JU	IL DAYTAME PELEPHONE NUMBER
REPORTING PERIOD April 1, 2018 - Jun	ə 30 , 2018			
		id you spend rendering s d to Section 2 below.) _		ities of office for which you earned
1. INCOME EARNED	THIS REPORTING PER	IOD*		
LESS \$500	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Report Section 5.	ng Year is more than \$5	00, proceed to Section 2.	If aggregate in Reporting	∕ear is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEA	R		
\$0 - \$499*	\$500 - \$1,000	]\$1,001 - \$10,000	<b>\$10,001 - \$100,000</b>	OVER \$100,000
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	ENTITY/TRUST/GOVER			· · · · · · · · · · · · · · · · · · ·
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Proprietorship	Partnership			Corporation
Trust	Governmenta	al Agency 🗌 Nonp	rofit Organization	Other
GENERAL DESCRIPT	ON OF BUSINESS ENT	ITY/TRUST/GOVERNME	ENTAL AGENCY ACTIVITY	
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		· · · · · · · · · · · · · · · · · · ·		
5. VERIFICATION				,
information contained h		d schedules is true and c		to the best of my knowledge the enalty of perjury under the laws of
Signature (File the orig	inally signed statement v	vith the City Glerk.)	Date Signed	7/1/2018 ΄ (monιπ, uay, year)

		Amo Amo	RECEIVED San Jose City Ci	Page 1	
NAME OF ELECTED Syl	vember	PERIOD COVERED BY THIS REPORT <u>4-1-2018</u> TO <u>6-30-20</u>	Date of This Filing <u>7/1/2018</u> Page <u></u> of <u></u>	2018 JUL 13 AM 10	CITY OF SAN DFR1
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	DCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PI CONTRIBL	
	-				

Signature Math Crag

Date

		INCON	IE AND TIME DISC	LOSURE STATI	RECEIVI EMENTsan Jose Cit	ED V Clerk
			(San Jose Municipal Co	ode Chapter 12.19)	OTCA	
NAME	(LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		<b>2018 OCT ILE</b> (408) 535-490	EPHONE NUMBER
	NG PERIOD 18 - 9/30/ 201	8	-		· ·	
			did you spend rendering ed to Section 2 below.)	services unrelated to	your duties of office for w	nich you earned
1. INCOM	1E EARNED	THIS REPORTING PE	RIOD*			
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2. INCOM	1E EARNED	THIS REPORTING YE	AR			
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lf aggrega	te in Reportir	g Year is more than \$5	00, proceed to Section 3.			
			TALAGENCY & DESCE RNMENTAL AGENCY	RIPTION OF SERVIC	<b>ES</b>	
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TYPE OF	BUSINESS E	NTITY/TRUST/GOVE	RNMENTAL AGENCY:	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	n - Angelet (geographics	
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🗌 Trust		Governmen	tal Agency 🔄 Non	profit Organization	Other	
GENERAL	DESCRIPTI	ON OF BUSINESS EN	TITY/TRUST/GOVERNM	ENTAL AGENCY AC	CTIVITY:	
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5. VERIFI	CATION					
information	n contained h		ed schedules is true and o		ent and to the best of my l Inder penalty of perjury t	
Signature	TFilethe orig	mally signed statement	with the Oity Clerk.)	Date Signe	d / <i>b / IS/</i> (month, day	2018 (, year)
	$\overline{V}$	,				

NAME OF ELECTER				Date of 10/12/2018	San Jose City Cle		
Sylvia Arenas			PERIOD COVERED BY THIS	This Filing	2018 OCT 15 PM 4:	JOSE FORM DFR For Official Use Only	
REPORT		REPORT	Page of				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	VAME, ADDRESS, EMPLOYER AND C	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE		
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 Sponsor	ship	
08/18/2018	10,000		eal VanEvery, 84 W Santa a Jose 95113, Republic Fa	•	Day in the Park Sponso	rship	
08/13/2018	1,000		Foster, 308 Stockton Ave, S E Public Affairs Represena		Day in the Park Sponsorship		
08/24/2018	1,000		Riley, 2200 Eastridge Loop 2, Eastridge Management ger		Day in the Park Sponsor	ship	
08/13/2018	3,000	1	an Jajeh, 100 N Milpitas E ell Properties, Inc., Region		Day in the Park Sponsor	ship	
08/13/208	5,000		Cohen, 6150 Cottle Rd, Sa Union 393, Political Direct	-	Day in the Park Sponsor	ship	
NOTHING TO	<u></u>		BMIT RES	ET	DATE:	10/15/2018 an José Form DFR-1 (Nov/201	

## Disclosure of Fundraising Report Form

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Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
08/13/208	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

## 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
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	160.00	San Jose Giants P.O. Box 21727 San Jose, CA 95151	In-Kind Gift, Day in the Park

INCOME AND	TIME DISCL	OSURE	STAT	EMENT

(San Jose Municipal Code Chapter #219) Se City Clerk

OTA EA
NAME     (LAST)     (FIRST)     (MIDDLE)     ZU19 JAN 15     PM     DAYDME 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*
*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(month, day, year)

		Type or print in ink. Amounts may be rounded to whole dollar	s. RECEIVED	
Disclosure of	of Fundraisin	ig Report Form	San Jose City Clerk	Page 1
NAME OF ELECTER Sylvia Arenas	DOFFICIAL	Date of This Filing2	OT A Date Stamp 019 JAN 15 PM 2:04	CITY OF SAN DFR1
OFFICE HELD Councilmember		PERIOD COVERED BY THIS REPORT CH 2018 TO Dec 31, 2018 Page 1 of 1		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PL CONTRIBU	
14 0 8		e e e e e e e e e e e e e e e e e e e		
8/13/2018 HALL	\$3,000	Domcat Marketing 3579 Ballantyne Drive Suite 201 Pleasanton, CA 94588,	Day in the Park Sponsorship	
8/13/2018 NPC 6102	\$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 67

Date 1/14/2019

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

NOTHING TO REPORT

June & Signature

2019 Date

		Amo	Type or print in ink. unts may be rounded to whole dollar	S. DECENTE		
Disclosure	of Fundraisin	ng Report Form	2	San Jose City Clark	Page 1	
NAME OF ELECTER	OFFICIAL		Date of	Ct Date Stamp		
Sylvia Arenas			This Filing	2019 JAN 15 PM 2: 04	JOSE FORM DFR1	
OFFICE HELD		PERIOD COVERED BY THIS REPORT	Page 1 of 2		For Official Use Only	
Councilmember		CHI, ZOUSTO Dec31, 2018	Page _ of _			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O		DESCRIPTION OF EVENT OR P CONTRIBU		
8/13/2018	\$5,000	Arcadia Management Services Co. P.O Box 5368 San Jose, California 99	5150	Day in the Park Sponsorship		
7/12/2018	\$1,000	New Seasons Community Market 1300 SE Stark Street, Suite 401 Portl	and, Oregon 97214	Day in the Park Sponsorship		
7/12/2018	\$100	Tu-Anh Thu Huynh 1979 Edgebank Drive San Jose CA 9	5122	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 Tabl	e	
7/12/2018	\$100	Evergreen E Waste 2365 Paragon Drive, Suite B San Jos	e, Ca 95121	Day in the Park Recourse Tabl	e	
7/12/2018	\$100	Nancy Z. Liu, Asian American Home 1840 The Alameda, San Jose, CA 95		Day in the Park Recourse Tabl	e	

NOTHING TO REPORT

1.0

Signature

1/14/2019 Date

## **Disclosure of Fundraising Report Form**

Page 2

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$100	Carole J. Holcomb, Laughter Yoga Fun 5755 Cohasset Way San Jose, CA 95123	Day in the Park Recourse Table
\$100	Denise E. Hankes, CEFCU 1849 Bagpipe Way San Jose Ca, 95121	Day in the Park Recourse Table
\$100	Evergreen Pharmacy 2076, 2690 S White Rd # 200A, San Jose, CA 95148	Day in the Park Recourse Table
\$100	Caremore Health Plan 3075 Vandercar Way Cincinnati, OH 45209	Day in the Park Recourse Table
\$100	With Grace Ministries Inc. 1879 Lundy Ave. Suite 233 San Jose, CA 95131	Day in the Park Recourse Table
	CONTRIBUTED \$100 \$100 \$100 \$100	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR\$100Carole J. Holcomb, Laughter Yoga Fun 5755 Cohasset Way San Jose, CA 95123\$100Denise E. Hankes, CEFCU 1849 Bagpipe Way San Jose Ca, 95121\$100Evergreen Pharmacy 2076, 2690 S White Rd # 200A, San Jose, CA 95148\$100Caremore Health Plan 3075 Vandercar Way Cincinnati, OH 45209\$100With Grace Ministries Inc.

NOTHING TO REPORT

Signature

2019 Date

			Amo	Type or pri unts may be rou		hole dolla	rs. RECEIVED		
Disclosure of	of Fundraisin	ıg Rej		,			San Jose City Clerk	Pag	e 1
NAME OF ELECTED	OFFICIAL			Date of	1/14/19	q	OT A Date Stamp EA	CITY OF SAN	DEDA
Councilmember S	Sylvia Arenas			This Filing		<u> </u>	2019 JAN 15 PM 2: 04	JOSE FORM	DFR1
OFFICE HELD			PERIOD COVERED BY THIS	1 1		1	and seems and seems and	For Official	Use Only
City Council, Dist	rict 8	-	REPORT 2011, 10 12.31.18 0000, 10 12.31.18	Page	of	·			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR				DESCRIPTION OF EVENT OR F		DRAISING		
8.13.18	\$200	Great CA 95	Clips, 4055 Evergreen Village S 5135	Square Ste 1	10, San	Jose,	In-Kind Gift, Day in the Park		
8.13.18	\$30	Clean	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		tion Wellness, 4075 Evergreen CA 95135	Village Squa	re #100,	, San	In-Kind Gift, Day in the Park		
8.13.18	\$20		Ramen House, 4035 Evergreen CA 95135	Village Squa	are #40,	San	In-Kind Gift, Day in the Park		

NOTHING TO REPORT

F. in Signature

2019 Date / //4/

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)	
JCO/NAME(LAST)(FIRST)(MIDDLE)ArenasSylvia(408)535-4908	<b>•</b>
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 ea Income? (If your answer is none, please proceed to Section 2 below.) None	urned
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 section 5.	ed to
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 AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)	1115
5. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the the State of California that the foregoing is true and correct.	
Signature Date Signed	

		Amou	ints may be rounded to whole dollar	s.	
Disclosure of the second secon	of Fundraisir	ng Report Form			Page 1
NAME OF ELECTED	Are nas	PERIOD COVERED BY THIS	Date of This Filing 7/15/2014	Date Stamp 22 014 JUL 15 Pir 12: 2	CITY OF SAN DFR1 JOSE FORM DFR1 For Official Use Only
city co	uncil	REPORT 0:4/1/19 TO 06/30/19	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OC	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
05/15/2019	\$500.00	Kaiser Permanente 75 N. Fair Oaks A Pasadena, CA 91	Ne, Yth FL		r 2019 senior d walk, providing
06/28/2019	\$1,000.00	The Schoennquer Company	$\mathcal{I}$	Sponsor of our 20 Frestival, free 1 and activities fo	resources, games of community members
PRIM					
NOTHING TO		Signature:	L	DATE:	7/15/2019
				City of Sa	n José Form DFR-1 (Nov/2010)

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)	
JCO/NAME(LAST)(FIRST)(MIDDLE)ArenasSylvia(408)535-4908	<b>•</b>
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 ea Income? (If your answer is none, please proceed to Section 2 below.) None	urned
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 section 5.	ed to
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 AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)	1115
5. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the the State of California that the foregoing is true and correct.	
Signature Date Signed	

		Amou	ints may be rounded to whole dollar	s.	
Disclosure of the second secon	of Fundraisir	ng Report Form			Page 1
NAME OF ELECTED	Are nas	PERIOD COVERED BY THIS	Date of This Filing 7/15/2014	Date Stamp 22 014 JUL 15 Pir 12: 2	CITY OF SAN DFR1 JOSE FORM DFR1 For Official Use Only
city co	uncil	REPORT 0:4/1/19 TO 06/30/19	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OC	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
05/15/2019	\$500.00	Kaiser Permanente 75 N. Fair Oaks A Pasadena, CA 91	Ne, Yth FL		r 2019 senior d walk, providing
06/28/2019	\$1,000.00	The Schoennquer Company	J	Sponsor of our 20 Frestival, free 1 and activities fo	resources, games of community members
PRIM					
NOTHING TO		Signature:	L	DATE:	7/15/2019
				City of Sa	n José Form DFR-1 (Nov/2010)

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 PERIO 7/012010 - 9/30/20			
	Period, how many hours did you s wer is none, please proceed to Se		ated to your duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PERIOD*		
LESS \$500	<b>\$500 - \$1,000 \$1,0</b>	001 - \$10,000 🔲 \$10,00	1 - \$100,000 🔲 OVER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than \$500, proc	ceed to Section 2. If aggregate	in Reporting Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YEAR		
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*If aggregate in Repo	orting Year is less than \$500, proce	eed to Section 5. NO	ve
If aggregate in Repo	ting Year is more than \$500, proc	eed to Section 3.	
	N/TRUST/GOVERNMENTAL AG		ERVICES
NAME OF BUSINES	S ENTITY/TRUST/GOVERNMEN	TAL AGENCY	
ADDRESS		ana pi <del>ni pina ana ana ana ana ana ana ana ana ana </del>	
	S ENTITY/TRUST/GOVERNMENT		· · · · · · · · · · · · · · · · · · ·
Proprietorship	Partnership		Corporation
Trust	Governmental Agen	cy 🗌 Nonprofit Organiza	ation
	TION OF BUSINESS ENTITY/TR		
GENERAL DESCRI	TION OF BUSINESS ENTITYTR	USI/GOVERNMENTAL AGEN	NCY ACTIVITY:
POSITION:			·····
GENERAL DESCRI	PTION OF SERVICES RENDERED	D:	
			FOR THIS REPORTING PERIOD AND IF THE
ACCRECATE IN	REPORTING YEAR IS \$5,000 OR	MORE (attach a separate she	et if necessary)
5. VERIFICATION			
information containe		dules is true and complete. I c	statement and to the best of my knowledge the ertify under penalty of perjury under the laws of
Signature	40-2-6	Date	signed(0/15/20(9 (month, day, year)
	originally signed statement with the	; URY URIK.)	(month, day, year)

SOLICITATION CONT		PERIOD COVERED BY THIS     This F       REPORT     9/30/2019     Page	3	2019 OCT 15 PM J: 35 For Officia		
City of San Jose - D		REPORT	Oʻi	5 For Officia	al Use Only	
SOLICITATION CONT					-	
	RIBUTED	L NAME, ADDRESS, EMPLOYER AND OCCUPATI	ION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUN CONTRIBUTION	IDRAISING	
8/28/2019 \$57		ppy Hollow Park and Zoo Story Rd San Jose, CA 95112		Fall Family Festival 2019, Prize Draw	ing	
8/28/2019 \$10	<sup>6</sup> Not	bbie Koelbl, Owner thing Bundt Cakes - Evergreen 21 Aborn Road, Suite 10 San Jose,	, CA 95121	Fall Family Festival 2019, Prize Drawing		
8/28/2019 \$50		) Jose Museum of Art S Market St San Jose CA		Fall Family Festival, Prize Drawing		
8/28/2019 \$96		Flags Discovery Kingdom 1 Fairgrounds Dr Vallejo CA		Fall Family Festival, Prize Drawing		
		e Cheesecake Factory 901 Malibu Hills Road Calabasas Hills CA		Fall Family Festival, Prize Drawing		

1

DATE: 10/15/ 2019 Signature: NOTHING TO REPORT City of San José Form DFR-1 (Nov/2010)

## Disclosure of Fundraising Report Form

NAME OF ELECTE		ng Report Form	Dete of	Date Stamp differ the <b>Barrent</b>	Page 1
Councilmemb	er Sylvia Aren	as	Date of 10/15/19 This Filing		
OFFICE HELD		PERIOD COVERED BY THIS REPORT	1 2	2019 OCT 15 PM For (	Official Use Only 유도
City Council, I	District 8	July 1 Sept. 30	Page 1 of 2	· · · · · · · · · · · · · · · · · · ·	10 
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF CONTRIBUTION	FUNDRAISING
26.19	\$1,000	Republic Services , Jeanne Se Relationship Manager), 1601 E Milpitas, CA 95035		Fall Family Festival Sponsorship 2 City - Sponsored Event	019
7.26.19	\$5,000	Jean Cohen, 6150 Cottle Rd, S Local Union 393, Political Dire		Fall Family Festival Sponsorship 2 City - Sponsored Event	2019
7.26.19	\$1,000	Megan Wessling, 670 Lincoln Citizens Equity First Credit Uni Relations & Business Relation	on,Community	Fall Family Festival Sponsorship 2 City - Sponsored Event	019
.26.19	\$5,000	Lorie Lamberson, Arcadia Man P.0 Box 5368 San Jose, Califo		Fall Family Festival Sponsorship 2 City-Sponsored Event	019
.26.19	\$100	Nguyen and Tran Dental Corpo 2680 S. White Rd., STE 255 San Jose, CA 95148	pration	Fall Family Festival Sponsorship 2 City-Sponsored Event	019
.26.19	\$100	Carole J, Holcomb, Certified La 5755 Cohasset Way, San Jose	Ý V	Fall Family Festival Sponsorship 2 City-Sponsored EVent	019
PRINT NOTHING TO	REPORT	Signature:	SET	DATE: 10/15 City of San José Form	

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## 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
			L
NOTHING TO			
			City of San José Form DFR-1 (Nov/20

Disclosure of		<u> </u>		Date of 10/01/18	Page 1	
Councilwoma	n Sylvia Arena	IS		Date of 10/01/18 This Filing	San Jose City City Jose Form DF	131
OFFICE HELD		· · · · · · · · · · · · · · · · · · ·	PERIOD COVERED BY THIS REPORT			nly
			7/1/2019 TO 9/30/2019	Page of	2019 OCT 15 PM 3: 35	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND O		DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISIN CONTRIBUTION	١G
9/04/19	\$130.00		eet Bassi, 1188 S De Anza 188 San Jose, CA 95129, (		Food distrubution to Fall Family Festival 20 volunteers (13 food vouchers at \$10.00 set were donated)	
9/04/19	\$500.00		a Perez, 4798 Raspberry F 9, Tlaxiacos' Pizza, Owner		Food distrubution to Fall Family Festival 20 volunteers (50 food vouchers at \$10.00 set were donated)	
9/04/19	\$500.00		el Guizar, 558 Mekler Driv 1,Takoz Mod Mex, Owner	ve San Jose, CA	Food distrubution to Fall Family Festival 20 volunteers (50 food vouchers at \$10.00 set were donated)	
7/30/19	\$500.00		Cao, 2260 Berryessa Rd S es n Cream SJ, Owner	an Jose, CA ,	Food distrubution to Fall Family Festival 20 volunteers (50 food vouchers at \$10.00 set were donated)	
			RES	E1		
		ר Sign:	ature: <u>MAA</u>	295	DATE: 10/15/2019	
NOTHING TO		1			City of San José Form DFR-1 (Nov	0040

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

NAME (LAST)	(FIRST) Chappe	(MIDDLE)		DAYTIME TELEPHO 408-635	ONE NUMBER
atober - De	amber 31st	- d rondoving and is			
Income? (If your answer is n	, how many hours did you spe hone, please proceed to Sectio		is unrelated to your di	ities of office for which y	/ou earned
1. INCOME EARNED THIS	REPORTING PERIOD*				
LESS \$500	\$500 - \$1,000 🗌 \$1,001	- \$10,000 🗹	\$10,001 - \$100,000	OVER \$100,000	)
Section 5.	ear is more than \$500, procee	d to Section 2. If ag	gregate in Reporting `	Year is less than \$500, p	proceed to
2. INCOME EARNED THIS	REPORTING YEAR	<u></u>			
\$0 - \$499*	\$500 - \$1,000 🔲 \$1,001 -	\$10,000 🚺 \$	510,001 - \$100,000	OVER \$100,000	
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1005 White	<u>IGK DAIVE SAK</u>	<u>n TOSE OF</u> AGENCY:	7 95129		orc UL
Proprietorship	Partnership				
Trust	Governmental Agency	Nonprofit C	organization	Other	
GENERAL DESCRIPTION C	OF BUSINESS ENTITY/TRUS	T/GOVERNMENTAI	AGENCY ACTIVITY		•• 00
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POSITION: $(0 - 0)$	JUNIX				
GENERAL DESCRIPTION C		Internal	COMMUNICAT	ions and sup	port by
4. LIST EACH REPORTABL AGGREGATE IN REPOR	E SINGLE SOURCE OF INCO TING YEAR IS \$5,000 OR MC	OME OF \$5,000 OR ORE (attach a separ	MORE FOR THIS RE ate sheet if necessary	PORTING PERIOD AN	D IF THE
				•	
5. VERIFICATION					
information contained herein	iligence in preparing this state and in any attached schedule the foregoing is true and co	s is true and comple			
Signature (File the originally	signed statement with the Cit	ý Clerk.)	Date Signed	/ 17 / 20 · (month, day, yea	r)
				·	

Disclosure of Fundraising Rep NAME OF ELECTED OFFICIAL Charles Jones				Date of This Filing <u>1/17/20</u>	San Jose City Clark Date Stamp 2020 JAN 17 AM II: 10	Page 1 CITY OF SAN JOSE FORM DFR1	
City Coι	City Council		Oct 1 Dec 31	Page <u>1</u>	of	ore ch	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND (	OCCUPATION OF CO	ONTRIBUTOR	DESCRIPTION OF EVENT OR PURE CONTRIBUTIO	
10/1/19	\$65.00		Santa Clara arburton Avenue, Santa Clara, CA	\$ 95050		Disability Awareness Day	
10/1/19	\$65.00	3331 No	lara Valley Transportation Authori orth First Street e, CA 95134	ty	<b>***</b> ***	Disability Awareness Day	
10/1/19	\$250.00	7777 Gi	zed Daycare Services, Inc. eenback Lane, Suite 208 eights, CA 95610			Disability Awareness Day	
10/1/19	\$65.00	1401 Pa	lege of Adaptive Arts arkmoor Ave, Suite 260 e, CA 95126	Ann Ann		Disability Awareness Day	
10/1/19	\$65.00		ability rrth 7th Street e, CA 95112			Disability Awareness Day	
10/1/19	\$500.00	CEFCU P.O. Bo	x 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.

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NOTHING T	NOTHING TO REPORT	ature:	DATE: 1/17/20
			City of San José Form DFR-1 (Jan 2020)

**Disclosure of Fundraising Report Form** 

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DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
d/1/19	\$65.00	New Hope Band 384 Sunpark Place San Jose, CA 95136	Disability Awareness Day
2/1/19	\$250.00	Kristine S. Bautista 720 N. 17th Street San Jose, CA 95112	Disability Awareness Day
0/1/19	\$65.00	Housing Choices Coalition 6203 San Ignacio Ave. Suite 108 San Jose, CA 95119	Disability Awareness Day
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Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT