INCOME AND TIME DISCLOSURE STATEMENT

	(San Jose Municipal Code Chapter 1	2 19)	RECEIVEC
NAME (LAST) (FIRST) Foley Pam Mary	(MIDDLE)	DAYT	ME TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31	April 1-June 30	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period, how many hours of Income? (If your answer is none, please proced		ated to your duties of off	ice for which you earned
1 INCOME EARNED THIS REPORTING PE			
LESS \$500 \$500 - \$1,000	\$1,001 - \$10,000	1 - \$100,000	VER \$100,000
*If aggregate in Reporting Year is more than \$5 Section 5.	500, proceed to Section 2. If aggregate	in Reporting Year is les	ss than \$500, proceed to
2 INCOME EARNED THIS REPORTING YEA	AR		
\$0 - \$499* \$500 - \$1,000	\$1,001 - \$10,000 🖌 \$10,001	- \$100,000 OV	'ER \$100,000
*If aggregate in Reporting Year is less than \$50	0, proceed to Section 5.		
If aggregate in Reporting Year is more than \$50	· •		
3 BUSINESS ENTITY/IRUST/GOVERNMEN NAME OF BUSINESS ENTITY/TRUST/GOVER Foley Mortgage		ERVICES	
ADDRESS 1660 Hamilton Ave. San Jose, CA 95125			
TYPE OF BUSINESS ENTITY/TRUST/GOVER	NMENTAL AGENCY:	<u></u>	
Proprietorship Partnership		Corporati	on
Trust Government	tal Agency Nonprofit Organiza	ition	Other
GENERAL DESCRIPTION OF BUSINESS EN Real Estate Finance and Sales	TITY/TRUST/GOVERNMENTAL AGEN	ICY ACTIVITY:	
POSITION: President/Broker			······································
GENERAL DESCRIPTION OF SERVICES REP	NDERED: <u>Management</u>		
4. LIST EACH REPORTABLE SINGLE SOURC AGGREGATE IN REPORTING YEAR IS \$5,	E OF INCOME OF \$5,000 OR MORE 000 OR MORE (attach a separate she	FOR THIS REPORTING et if necessary)	3 PERIOD AND IF THE
5. VERIFICATION			
I have used all reasonable diligence in preparin information contained herein and in any attache the State of California that the foregoing is t Signature	ed schedules is true and complete. I ce rue and correct.	SUBMIT R SUBMIT R Signed	st of my knowledge the perjury under the laws of ESET

Disclosure	of Fundraisir	ng Re		sano may be rounded to whole donal	RECEIVEC	Page 1	
NAME OF ELECTE	DOFFICIAL		······································	Date of	Sau Date Stampity Clenc		
Pam Foley				This Filing	Viz - OIC	JOSE FORM DFR1	
OFFICE HELD			PERIOD COVERED BY THIS		2019 JUN 26 AM 11: 58	For Official Use Only	
Councilmemb	er		April 1 June 30	Page of			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PU CONTRIBUT		
4/15/19	\$53.85	Starb	oucks, 5150 Cherry Ave. S	an Jose, CA 95118	coffee for community members for Public safe meeting on April 22		
4/15/19	\$45.00		era Bread, Christine Blum,) Cherry Ave. San Jose, C		pastries for community me safety meeting on April 22		
4/15/19	\$96.00		ottos, Khadija Zanotto, stor Foxworthy Ave. San Jose	*	waters for community members for Public safety meeting on April 22		
4/15/19	\$60.00	1	ery Outlet, Tony Tenaglia, CA 95124	1665 Foxworthy Ave, San	paper plates for Public saf 22	ety meeting on April	
5/14/19	\$17.95		oucks, Mark Rauschmayer, som Hill Rd. San Jose, CA		coffee for volunteers for community dumpster day on May 18		
5/14/19	\$35.90	1	oucks, Mark Rauschmayer, som Hill Rd. San Jose, CA	Q .	coffee for volunteers for co day on June 1	ommunity dumpster	
				SEA	J		
NOTHING TO] Sigr	nature: <u>Parro</u>	Le	DATE: 6/2	26/19	

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

INCOME AND TIME DISCLOSURE STATEMENT

	(San Jose Municipal Code Chapter 1	2 19)	RECEIVEC
NAME (LAST) (FIRST) Foley Pam Mary	(MIDDLE)	DAYT	ME TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31	April 1-June 30	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period, how many hours of Income? (If your answer is none, please proced		ated to your duties of off	ice for which you earned
1 INCOME EARNED THIS REPORTING PE			
LESS \$500 \$500 - \$1,000	\$1,001 - \$10,000	1 - \$100,000	VER \$100,000
*If aggregate in Reporting Year is more than \$5 Section 5.	500, proceed to Section 2. If aggregate	in Reporting Year is les	ss than \$500, proceed to
2 INCOME EARNED THIS REPORTING YEA	AR		
\$0 - \$499* \$500 - \$1,000	\$1,001 - \$10,000 🖌 \$10,001	- \$100,000 OV	'ER \$100,000
*If aggregate in Reporting Year is less than \$50	0, proceed to Section 5.		
If aggregate in Reporting Year is more than \$50	· •		
3 BUSINESS ENTITY/IRUST/GOVERNMEN NAME OF BUSINESS ENTITY/TRUST/GOVER Foley Mortgage		ERVICES	
ADDRESS 1660 Hamilton Ave. San Jose, CA 95125			
TYPE OF BUSINESS ENTITY/TRUST/GOVER	NMENTAL AGENCY:	<u></u>	
Proprietorship Partnership		Corporati	on
Trust Government	tal Agency Nonprofit Organiza	ition	Other
GENERAL DESCRIPTION OF BUSINESS EN Real Estate Finance and Sales	TITY/TRUST/GOVERNMENTAL AGEN	ICY ACTIVITY:	
POSITION: President/Broker			······································
GENERAL DESCRIPTION OF SERVICES REP	NDERED: <u>Management</u>		
4. LIST EACH REPORTABLE SINGLE SOURC AGGREGATE IN REPORTING YEAR IS \$5,	E OF INCOME OF \$5,000 OR MORE 000 OR MORE (attach a separate she	FOR THIS REPORTING et if necessary)	3 PERIOD AND IF THE
5. VERIFICATION			
I have used all reasonable diligence in preparin information contained herein and in any attache the State of California that the foregoing is t Signature	ed schedules is true and complete. I ce rue and correct.	SUBMIT R SUBMIT R Signed	st of my knowledge the perjury under the laws of ESET

Disclosure	of Fundraisir	ng Re		sano may be rounded to whole donal	RECEIVEC	Page 1	
NAME OF ELECTE	DOFFICIAL		······································	Date of	Sau Date Stampity Clenc		
Pam Foley				This Filing	Viz - OIC	JOSE FORM DFR1	
OFFICE HELD			PERIOD COVERED BY THIS		2019 JUN 26 AM 11: 58	For Official Use Only	
Councilmemb	er		April 1 June 30	Page of			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PU CONTRIBUT		
4/15/19	\$53.85	Starb	oucks, 5150 Cherry Ave. S	an Jose, CA 95118	coffee for community members for Public safe meeting on April 22		
4/15/19	\$45.00		era Bread, Christine Blum,) Cherry Ave. San Jose, C		pastries for community me safety meeting on April 22		
4/15/19	\$96.00		ottos, Khadija Zanotto, stor Foxworthy Ave. San Jose	*	waters for community members for Public safety meeting on April 22		
4/15/19	\$60.00	1	ery Outlet, Tony Tenaglia, CA 95124	1665 Foxworthy Ave, San	paper plates for Public saf 22	ety meeting on April	
5/14/19	\$17.95		oucks, Mark Rauschmayer, som Hill Rd. San Jose, CA		coffee for volunteers for community dumpster day on May 18		
5/14/19	\$35.90		oucks, Mark Rauschmayer, som Hill Rd. San Jose, CA	Q .	coffee for volunteers for co day on June 1	ommunity dumpster	
				SEA	J		
NOTHING TO] Sigr	nature: <u>Parro</u>	Le	DATE: 6/2	26/19	

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

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

NAME (LAST) Foley	(FIRST) Pamela	(MIDDLE) M.		DAYTIME TELEPHONE NUMBER 408-535-4909
REPORTING PERIO Oct. 1-Dec. 31, 201	D 9	annann an seann an s		
	Period, how many hours d wer is none, please procee		es unrelated to your	duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PER	IOD*		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000 🛛 🚺	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than \$50	00, proceed to Section 2. If ag	gregate in Reporting	y Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YEA	R		
\$0 - \$499*	☐ \$500 - \$1,000	\$1,001 - \$10,000	510,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	rting Year is less than \$500), proceed to Section 5.		
	ting Year is more than \$50			
	s Entity/trust/gover	AL AGENCY & DESCRIPTIO NMENTAL AGENCY	N OF SERVICES	
ADDRESS 1660 Hamilton Ave. S				
TYPE OF BUSINESS	SENTITY/TRUST/GOVERN	MENTAL AGENCY:		
Proprietorship	Partnership		X	
Trust	Governmenta	Il Agency 🗌 Nonprofit C	organization	Real estate Finance Other
GENERAL DESCRIP Real estate Finance		ITY/TRUST/GOVERNMENTAI	AGENCY ACTIVIT	Y:
CEO POSITION:	<u></u>		an a	77. a the international state of the second state of the second state of the second state of the second state of
GENERAL DESCRIP	TION OF SERVICES REN	DERED:		
4 LIST EACH REPO AGGREGATE IN F	RTABLE SINGLE SOURCE REPORTING YEAR IS \$5.0	E OF INCOME OF \$5,000 OR 000 OR MORE (attach a separ	MORE FOR THIS F ate sheet if necessa	REPORTING PERIOD AND IF THE ry)
5. VERIFICATION				
information contained		d schedules is true and comple		nd to the best of my knowledge the penalty of perjury under the laws of
Signature (File the or	iginally signed statement w	vith the City Clerk.)	Date Signed	<u> / - 8 - え こ</u> (month, day, year)



Туре ог	print in ink.
Amounts may be	rounded to whole dollars

Disclosure of Fundraising Report Form					夜 <u>停台声和"下百</u>	Page 1
NAME OF ELECTE Pamela Fo			••••	Date of This Filing	San Jos Pate Stamp 1910	CITY OF SAN DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT	1 1 2	2020 JAN -9 PH 2: 15	For Official Use Only
Counciln	nember		Oct. 1 _{TO} Dec. 31	Page <u>1</u> of <u>2</u>	bre LG	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB	
7/28/19	\$250.00	Acton	Dadgar Academy San Jose, LLC . 13th St. San Jose CA 95	5112	Celebrate Cambrian Com	munity Festival
8/12/19	\$200.00		y Rumsby. American Yout Iagnolia Blossom Lane Sa		Celebrate Cambrian Com	munity Festival
8/8/19	\$250.00	1	Souza, California Sports C Ialone Road San Jose CA		Celebrate Cambrian Com	munity Festival
7/19/19	\$275.00	1	a Sabetian, Code with Us . 7th Street San Jose CA S	Sabetian, Code with Us 7th Street San Jose CA 95112		munity Festival
7/22/19	\$1,000.00	1	ne Serpa, Republic Service Dixon Landing Rd. Milpitas		Celebrate Cambrian Com	munity Festival
7/19/19	\$ 500,00	Con Syli City	ncal OFFICE OF na Arenas, DISTRI OF San Jose 200 E	cr 8 , Santa Clara St.	Celebrate Cambrian Com	munity Festival

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: 1-8-20

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

	of Fundraisir	ng Rep		into may be rounded to whole dolla.	1 1 1 m m m m m m m m m m m m m m m m m	Page 1
NAME OF ELECTED OFFICIAL Pamela Foley			Date of This Filing	San Jos Pate Stamp Ny Clark	CITY OF SAN DFR1	
Councilmember		PERIOD COVERED BY THIS REPORT Oct. 1 TO Dec. 31	Page <u>1</u> of <u>2</u>	2020 JAN -9 PH 2: 15	For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND OC	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE	
7/28/19	\$250.00	Acton	Dadgar Academy San Jose, LLC . 13th St. San Jose CA 95	5112	Celebrate Cambrian Corr	nmunity Festival
8/12/19	\$200.00		Rumsby. American Youth Shakespeare Ignolia Blossom Lane San Jose CA 95124		Celebrate Cambrian Corr	nmunity Festival
8/8/19	\$250.00		Souza, California Sports C alone Road San Jose CA		Celebrate Cambrian Corr	nmunity Festival
7/19/19	\$275.00		a Sabetian, Code with Us 7th Street San Jose CA S	95112	Celebrate Cambrian Corr	nmunity Festival
7/22/19	\$1,000.00		e Serpa, Republic Service Dixon Landing Rd. Milpitas		Celebrate Cambrian Com	imunity Festival
7/19/19	\$ 500,00	Con Syli Cety	ncol UFFICE UF in Arenas, 5154RI OF San Jose 200 E	ct B , Santa Clara St.	Celebrate Cambrian Com	munity Festival

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: 1-8-20

Page 2

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	ULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR DESCRIPTION OF EVENT OR F	
7122119	\$1,00.00	ilicon Valley Community Foundation Celebrate Cambrian Cor Va condron-Wells 100 Lugic DRIVE San Jose, CA 95124	nmunity Festival
7/19/19	\$250.00	eneth Jackson, Santa Clara Valley Water District (Valley /ater) 5750 Almaden Expressway San Jose, CA 95110	nmunity Festíval
<u></u>			

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

NOTHING TO REPORT

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

NAME (LAST)	(FIRST) Panela		DAYTIME TELEPHONE NUMBER 408-535-4909
REPORTING PERIOD		9- Sept. 30	
During the Reporting Period, he Income? (If your answer is non-	ow many hours did you spend	rendering services unrelated to your	
1. INCOME LEARNED THIS R			
LESS \$500	500 - \$1,000 🔲 \$1,001 -	\$10,000	0 OVER \$100,000
*If aggregate in Reporting Year Section 5.	is more than \$500, proceed	to Section 2. If aggregate in Reportin	g Year is less than \$500, proceed to
2. INCOME EARNED THIS R	EPORTING YEAR		
🗍 \$0 - \$499* 🗌 \$50	00 - \$1,000 🔲 \$1,001 - \$	\$10,000	OVER \$100,000
*If aggregate in Reporting Year If aggregate in Reporting Year			
3. BUSINESS ENTITY/TRUST NAME OF BUSINESS ENTITY,		Y & DESCRIPTION OF SERVICES AGENCY	
1660 Ha		Ave San Jus	2, CA 95135
TYPE OF BUSINESS ENTITY/	TRUST/GOVERNMENTAL A	GENCY:	•
Proprietorship	Partnership		
Trust [Governmental Agency	Nonprofit Organization]Other
GENERAL DESCRIPTION OF	BUSINESS ENTITY/TRUST/	GOVERNMENTAL AGENCY ACTIVI	TY:
Real en	state fin	and	and a second
POSITION: <u>CEO</u>		۰ 	
GENERAL DESCRIPTION OF	SERVICES RENDERED:	managemen	vt
		/E OF \$5,000 OR MORE FOR THIS RE (attach a separate sheet if necessa	
5 VERIFICATION			
I have used all reasonable dilige information contained herein an the State of California that the	nd in any attached schedules i		nd to the best of my knowledge the penalty of perjury under the laws of
Signature <u>Parm</u> (File the originally sig	Da m Hol gned statement with the City of	Date Signed _/	(month, day, year)

•	Туре	or	print	in	ink	ί.		
mounts	may	be	round	ed	to	whole	dollars.	

Disclosure	of Fundraisir	ng Report Form	s may be rounded to whole dollars	s.		Page 1
NAME OF ELECTE Pamela Fole			Date of This Filing	:	Ply Clark	CITY OF SAN JOSE FORM DFR1
	ber	PERIOD COVERED BY THIS REPORT July 1 _{TO} Sept. 30	Page <u>1</u> of <u>5</u>	2019 CCT 11	PM 3:26	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCC	UPATION OF CONTRIBUTOR	DESCRIPTION O	F EVENT OR PU CONTRIBL	JRPOSE OF FUNDRAISING ITION
6/20/2019	\$30.00	Tim Gallaher Noah's Bagels 1340 El Paseo de Saratoga San Jose, CA	95130	Celebrate Cam Bagels for volu		munity Festival
6/20/2019	\$125.00	Avez Bashadi South San Jose Grocery 1665 Foxworthy Ave. San Jose, CA 951:	Celebrate Can Fruit for comm		nmunity Festival	
6/20/2019	\$25.00	Ramon Quintero Foodmaxx 1539 Parkmoor Ave. San Jose, CA 9512	Ramon Quintero Foodmaxx 1539 Parkmoor Ave. San Jose, CA 95128			nmunity Festival Iteers
6/20/2019	\$57.52	Hector Leija Zanotto's Willow Glen 1421 Foxworthy Ave #1119 San Jose, CA	Hector Leija Zanotto's Willow Glen 1421 Foxworthy Ave #1119 San Jose, CA 95118			munity Festival
6/20/19	\$26.75	Whitney Demello Peets Coffe and Tea C 2035 Camden Ave. San Jose, CA 95124	Camden Park	Celebrate Cam coffee for volur		munity Festival
PSIN		BUEIMIT	Ţ.			
NOTHING T		Signature:	Toly-	- - - - - - - - - - - - - - - - - - -	DATE: City of Sa	ノ

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mounts	may be	rounded	l to whole	dollars.

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Disclosure	of Fundraisir	ng Report Form	,	N2GENEL	Page 1	
NAME OF ELECTE	DOFFICIAL		Date of	Date Stamp		
Pamela Fole	У		This Filing	2013 UCT 11 PM 3: 92	JOSE FORM DEN	
OFFICE HELD		PERIOD COVERED BY THIS REPORT	Page 2 of 5		For Official Use Only	
Councilmemt	per	July 1 _{TO} Sept 30				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE		
7/22/19	\$1,000.00	Chrissy Branche Santa Clara County 1651 N. First Street San Jose, CA 95		Celebrate Cambrian Cor	nmunity Festival	
7/11/19	\$250.00	Martin Fatooh Bird Rides, Inc. 1255 Howard St. San Francisco, CA	94103	Celebrate Cambrian Co	mmunity Festival	
7/22/19	\$2,500.00	Bill Baron Brandenburg Family Foun 1122 Willow Street, Suite 200 San		Celebrate Cambrian Community Festival		
7/22/19	\$1,000.00	Emily Ruvalcaba Bridge Bank 55 Almaden Blvd. San Jose, CA 95113		Celebrate Cambrian Cor	nmunity Festival	
7/19/19	\$250.00	Leslee Guardino Canyon Snow 459 Monterey Avenue Los Gatos, CA			nmunity Festival	
8/14/19	\$100.00	Carl F. Dieter, D.C. Almaden Chiropr 5570 Sanchez Dr. San Jose, CA 9512		Celebrate Cambrian Cor	nmunity Festival	
NOTHING T	_	Signature:	SET MA		(つー(つ 〜) 9 an José Form DFR-1 (Nov/2010)	

Disclosure of Fundraising Report Form

Page 2

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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
8/14/19	\$250.00	Alyssa Razmus Competitive Edge PhysicalTherapy 1375 Blossom Hill Road San Jose CA 95118	Celebrate Cambrian Community Festival
7/22/19	\$2,500.00	Chris Neale The Core Companies 470 S. Market St. San Jose CA 95113	Celebrate Cambrian Community Festival
7/22/19	\$2,500.00	Case Swenson Green Valley Corporation 777 N 1st Street, 5th Floor San Jose CA 95112	Celebrate Cambrian Community Festival
7/22/19	\$2,500.00	Jeff Cristina Green Waste Recovery 1500 Berger Dr. San Jose CA 95112	Celebrate Cambrian Community Festival
7/11/19	\$5,000.00	Pam Dickinson The Harker School 500 Saratoga Ave San Jose CA 95129	Celebrate Cambrian Community Festival
7/11/19	\$500.00	Michelle Lew The Health Trust 3180 Newberry Dr. Suite 200 San Jose CA 95118	Celebrate Cambrian Community Festival
7/10/19	\$1,000.00	Hanh Mo Kaiser Permanente 19000 Homestead Rd Bldg 1, 2nd Floor Cupertino. CA 95014	Celebrate Cambrian Community Festival
NOTHING TO]	City of San José Form DFR-1 (Nov/2010

Disclosure	of Fundraisir	ng Rej		iounio may be rounded to whole t	Gonar		Page 1
NAME OF ELECTE	DOFFICIAL			Date of	1 5.2	Date Stamp	
Pam Foley				This Filing		900111 PM 8 93	JOSE FORM DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT	Page $\frac{4}{5}$ of 5		월년이 11 M 24 년4	For Official Use Only
Councilmemb	Councilmember July 1 TO Sept			Page <u>+</u> of <u>-</u>			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUT	OR		ENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/22/19	\$250.00		Delke Kingsway Community Cl illsdale Ave. San Jose, CA 951			Celebrate Cambria	an Community Festival
			·····	······································			
8/5/19	\$500.00		Grays-Jones Meriwest Credit OX 530953 San Jose, CA 9515			Celebrate Cambri	an Community Festival
8/5/19	\$75.00	Helen Grays-Jones Meriwest Credit Union P O BOX 530953 San Jose, CA 95153-5353				Celebrate Cambri bottle of wine to ra	an Community Festival affle to communtiy
7/22/19	\$1,000.00	1	Vagstaff Petrinovich, Pugh ar / Santa Clara St Suite 800 San			Celebrate Cambria	an Community Festival
7/22/19	\$1,000.00		Henderson Samaritan Medical Samaritan Drive San Jose, CA			Celebrate Cambria	an Community Festival
7/10/19	\$1,000.00		IcLaughlin San Jose Water Cor /est Taylor St. San Jose, CA S	· ·		Celebrate Cambria	an Community Festival
PRIN	THE		ISMUT RE	Send	<u></u>	· · ·	
NOTHING TO] Sign	nature:	Ho			DATE: 10 - 10 - 19 City of San José Form DFR-1 (Nov/2010)
						:	

Disclosure of Fundraising Report Form

Page 2

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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
7/10/19	\$500.00	David Bini Santa Clara County Building and Construction Trades Council 2102 Almaden Road San Jose CA 95125		ibrian Community Festival
7/22/19	\$1,000.00	Erik Schoennauer The Schoennaur Company 90 Hawthorne Way San Jose, CA 95110		nbrian Community Festival
7/11/19	\$55000	Jonathan Cowen Stanford Health Care 301 Ravenswood Ave. A/B Wing, 2nd Floor. Menio Park. CA 94025		nbrian Community Festival
7/22/19	\$2,500.00	Denise Cunningham Summer Hill Apartment Communities 3000 Executive Parkway, Suite 450 San Ramon. CA 94583		nbrian Community Festival
7/22/19	\$500.00	Eddie Truong 3637 Snell Avenue #257 San Jose, CA 95136		brian Community Festival
5/29/19	\$5,000.00	Sean Kali-rai WCC Consulting, LLC 10 Jackson Street, Suite 105 Los Gatos CA 95030		brian Community Festival
7/19/19	\$2,500.00	Annabel Chang Alaska Airlines 555 Airport Boulevard, Suite 500 Burlingame, CA 94010		nbrian Community Festival Kets -raffle to community
		_		
NOTHING T	O REPORT			City of San José Form DFR-1 (Nov/2010)
				· · · ·

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 1259) EIVED San Jose City Clerk

NAME(LAST)(FIRST)(MIDDLE)DAYTIME TELEPHONE NUMBERFoleyPamelaMary2022 APR -7AM IO: 52408-535-4909
REPORTING PERIOD Jan 1 - March 31, 2022
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 区 \$10,00 00 □ 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 Foley Mortgage
ADDRESS 1660 Hamilton Ave. San Jose, CA 95125
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Proprietorship Partnership LLC Corporation
Trust Governmental Agency Nonprofit Organization Real Estate Finance and Sales Other
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Real Estate Finance and Sales
President/Broker POSITION:
GENERAL DESCRIPTION OF SERVICES RENDERED: Management
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

Disclosure of	of Fundraisin	g Report Form	RECEIVED	Page 1			
NAME OF ELECTER			Date of	Date Stamp City Cle			
Pamela Fo	ley		This Filing _	2022 400 7 4440			
OFFICE HELD		PERIOD COVERED BY THIS REPT		2022 APR -7 AM IO:	For Official Use Only		
Councilm	nember	1 - March 31, 2022	Page <u>1</u> of <u>1</u>				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DR DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISIN CONTRIBUTION			
3/15/2022	\$513.75	GreenTeam of S Weslie McCo 1333 Oakland San Jose, CA	nkey Road	Contribution as an in-kind donation of waste collection services for a Council sponsored community music festival event on May 1 st .			
3/21/2022	\$100.00	Kimco Real Michael Stra 3741 Douglas Blvd Roseville, CA S	ahs Suite 390	Contribution as an in-kind donation of message l listing for a Council sponsored community mu festival event on May 1 st .			
					H _a		
					. *		

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

Signature am

Disclosure of	of Fundraisin	ig Rep	oort Form			Page 1
NAME OF ELECTER	D OFFICIAL			Date of	Date Stamp	
Pamela Fo	ley			This Filing _10/11/2022		JOSE FORM DFR1
OFFICE HELD	OFFICE HELD PERIOD COVERED BY THIS REPT					For Official Use Only
Councilm	nember		July 1- Sept. 30	Page <u>1</u> of <u>1</u>		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIBI	URPOSE OF FUNDRAISING JTION

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.

Pam Joley

DATE: 10/11/2022

NOTHING TO REPORT

Signature:

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

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.

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME	(LAST) Foley	(FIRST) Pamela	(MIDDLE) Mary		DAYTIME TELEPHONE NUMBER 408-535-4909
Reporting Pe	eriod: Ju	ıly 1- Sept. 30, 2022			
Income? (If	your answ	er is none, please proc	ceed to Section 2 below.)		your duties of office for which you earned
1. INCOME	EARNED	THIS REPORTING PE	RIOD*		
X LESS	\$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$10	0,000 🗌 OVER \$100,000
*If aggregat Section 5.	te in Repor	ting Year is more than	\$500, proceed to Section 2	. If aggregate in Rep	orting Year is less than \$500, proceed to
2. INCOME	EARNED	THIS REPORTING YE	AR		
\$0 - \$ 4	499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100	,000 🔲 OVER \$100,000
*If aggregat	te in Repor	ting Year is less than \$	500, proceed to Section 5.		
If aggregate	e in Report	ing Year is more than \$	500, proceed to Section 3.		
3. BUSINES	SS ENTITY	//TRUST/GOVERNME	NTAL AGENCY & DESCRI	PTION OF SERVICE	S
	BUSINESS Mortgag		ERNMENTAL AGENCY		
ADDRESS 1660 Han	nilton Av	e. San Jose, CA 9	5125		
TYPE OF B	SUSINESS	ENTITY/TRUST/GOVI	ERNMENTAL AGENCY:		
Proprie	torship	Partnershi	D LLC		Corporation
Trust		Governme	ental Agency 🗌 Nong	profit Organization	Real Estate Finance Other
GENERAL Real Estate			NTITY/TRUST/GOVERNM	ENTAL AGENCY AC	TIVITY:
POSITION:	Preside	nt/Broker			
GENERAL	DESCRIPT	TION OF SERVICES R	ENDERED: Managem	ent	
			RCE OF INCOME OF \$5,00 55,000 OR MORE (attach a		HIS REPORTING PERIOD AND IF THE cessary)
5. VERIFIC	ATION				
information	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_		Par Joley	<u> </u>	Date Signe	d10/11/2022

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

ate Signed	10/11/2022
•	' (month, day, year)