

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
*Shirley*

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Foley Pam Mary 408-535-4909

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

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) \_\_\_\_\_

### 1. INCOME EARNED THIS REPORTING PERIOD\*

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

\*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

### 2. INCOME EARNED THIS REPORTING YEAR

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

\*If aggregate in Reporting Year is less than \$500, proceed to Section 5.  
If aggregate in Reporting Year is more than \$500, proceed to Section 3.

### 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY  
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  Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
Real Estate Finance and Sales

POSITION: President/Broker

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.

PRINT SUBMIT RESET

Signature *Pam Mary Foley*  
(File the originally signed statement with the City Clerk.)

Date Signed 6/26/19  
(month, day, year)

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

# Disclosure of Fundraising Report Form

RECEIVED

NAME OF ELECTED OFFICIAL <b>Pam Foley</b>		Date of This Filing _____	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPORT <b>April 1 TO June 30</b>	Page ____ of ____	

San Jose Date Stamp City Clerk  
*DA - OTZ*  
2019 JUN 26 AM 11:58

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/15/19	\$53.85	Starbucks, 5150 Cherry Ave. San Jose, CA 95118	coffee for community members for Public safety meeting on April 22
4/15/19	\$45.00	Panera Bread, Christine Blum, General Manager, 5110 Cherry Ave. San Jose, CA 95118	pastries for community members for Public safety meeting on April 22
4/15/19	\$96.00	Zanottos, Khadija Zanotto, store manager 1421 Foxworthy Ave. San Jose, CA 95118	waters for community members for Public safety meeting on April 22
4/15/19	\$60.00	Grocery Outlet, Tony Tenaglia, 1665 Foxworthy Ave, San Jose, CA 95124	paper plates for Public safety meeting on April 22
5/14/19	\$17.95	Starbucks, Mark Rauschmayer, store manager, 624 Blossom Hill Rd. San Jose, CA 95032	coffee for volunteers for community dumpster day on May 18
5/14/19	\$35.90	Starbucks, Mark Rauschmayer, store manager, 624 Blossom Hill Rd. San Jose, CA 95032	coffee for volunteers for community dumpster day on June 1

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: *Pam Foley*

DATE: 6/26/19

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
*Shirley*

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Foley Pam Mary 408-535-4909

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

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### 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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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  Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
Real Estate Finance and Sales

POSITION: President/Broker

GENERAL DESCRIPTION OF SERVICES RENDERED: Management

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PRINT SUBMIT RESET

Signature *Pam Mary Foley*  
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Date Signed 6/26/19  
(month, day, year)

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# Disclosure of Fundraising Report Form

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NAME OF ELECTED OFFICIAL <b>Pam Foley</b>		Date of This Filing _____	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPORT <b>April 1 TO June 30</b>	Page ____ of ____	

San Jose Date Stamp City Clerk  
*DA - OTZ*  
2019 JUN 26 AM 11:58

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5/14/19	\$35.90	Starbucks, Mark Rauschmayer, store manager, 624 Blossom Hill Rd. San Jose, CA 95032	coffee for volunteers for community dumpster day on June 1

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: *Pam Foley*

DATE: 6/26/19

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Foley Pamela M. 408-535-4909

REPORTING PERIOD  
Oct. 1-Dec. 31, 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.) 30

## 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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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  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
Real estate    Finance

POSITION: CEO

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

Date Signed 1-8-20  
(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>Pamela Foley</b>		Date of This Filing _____	RECEIVED San Jose City Clerk Date Stamp 2020 JAN -9 PM 2:15 DTC LG	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</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
7/28/19	\$250.00	Merhi Dadgar Acton Academy San Jose, LLC 349 S. 13th St. San Jose CA 95112	Celebrate Cambrian Community Festival
8/12/19	\$200.00	Audrey Rumsby, American Youth Shakespeare 659 Magnolia Blossom Lane San Jose CA 95124	Celebrate Cambrian Community Festival
8/8/19	\$250.00	Anne Souza, California Sports Center 838 Malone Road San Jose CA 95125	Celebrate Cambrian Community Festival
7/19/19	\$275.00	Avesta Sabetian, Code with Us 436 N. 7th Street San Jose CA 95112	Celebrate Cambrian Community Festival
7/22/19	\$1,000.00	Jeanne Serpa, Republic Services 1601 Dixon Landing Rd. Milpitas, CA 95035	Celebrate Cambrian Community Festival
7/19/19	\$500.00	Council Office of Sylvia Arenas, DISTRICT 8 City of San Jose 200 E. Santa Clara St. SJ, CA 95113	Celebrate Cambrian Community 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.

**Disclosure of Fundraising Report Form**

NAME OF ELECTED OFFICIAL <b>Pamela Foley</b>		Date of This Filing _____	RECEIVED San Jose City Clerk Date Stamp 2020 JAN -9 PM 2:15 BTC LL	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</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
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8/12/19	\$200.00	Audrey Rumsby, American Youth Shakespeare 659 Magnolia Blossom Lane San Jose CA 95124	Celebrate Cambrian Community Festival
8/8/19	\$250.00	Anne Souza, California Sports Center 838 Malone Road San Jose CA 95125	Celebrate Cambrian Community Festival
7/19/19	\$275.00	Avesta Sabetian, Code with Us 436 N. 7th Street San Jose CA 95112	Celebrate Cambrian Community Festival
7/22/19	\$1,000.00	Jeanne Serpa, Republic Services 1601 Dixon Landing Rd. Milpitas, CA 95035	Celebrate Cambrian Community Festival
7/19/19	\$500.00	Council OFFICE OF Sylvia Arenas, DISTRICT 8 City OF San Jose, 200 E. Santa Clara St. SJ, CA 95113	Celebrate Cambrian Community 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.

### 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
7/22/19	\$1,000.00	Silicon Valley Community Foundation Eva Condron - Wells 2100 Logic Drive San Jose, CA 95124	Celebrate Cambrian Community Festival
7/19/19	\$250.00	Keneth Jackson, Santa Clara Valley Water District (Valley Water) 5750 Almaden Expressway San Jose, CA 95110	Celebrate Cambrian Community 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



**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Foley Pamela M 408-535-4909

REPORTING PERIOD  
July 1, ~~199~~ 2019 - Sept. 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.) 30

**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

Foley mortgage

ADDRESS

1660 Hamilton Ave San Jose, CA 95135

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:

Real estate finance

POSITION: CEO

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 Pamela M Foley Date Signed 10-3-19  
(File the originally signed statement with the City Clerk.) (month, day, year)

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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Pamela Foley		Date of This Filing _____	RECEIVED Date Stamp 2019 OCT 11 PM 3:26	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT July 1 TO Sept. 30	Page 1 of 5		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/20/2019	\$30.00	Tim Gallaher Noah's Bagels 1340 El Paseo de Saratoga San Jose, CA 95130	Celebrate Cambrian Community Festival Bagels for volunteers
6/20/2019	\$125.00	Avez Bashadi South San Jose Grocery Outlet 1665 Foxworthy Ave. San Jose, CA 95124	Celebrate Cambrian Community Festival Fruit for community
6/20/2019	\$25.00	Ramon Quintero Foodmaxx 1539 Parkmoor Ave. San Jose, CA 95128	Celebrate Cambrian Community Festival gift card-Waters for Volunteers
6/20/2019	\$57.52	Hector Leija Zanotto's Willow Glen 1421 Foxworthy Ave #1119 San Jose, CA 95118	Celebrate Cambrian Community Festival Waters for volunteers
6/20/19	\$26.75	Whitney Demello Peets Coffe and Tea Camden Park 2035 Camden Ave. San Jose, CA 95124	Celebrate Cambrian Community Festival coffee for volunteers

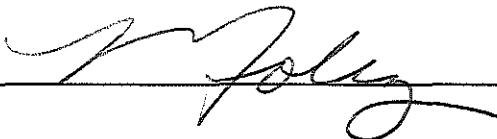
PRINT

SUBMIT

RESET

NOTHING TO REPORT

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



DATE: 10-10-19

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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Pamela Foley		Date of This Filing _____	Date Stamp 2019 OCT 11 PM 3:32	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT July 1 TO Sept 30	Page 2 of 5		


DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/22/19	\$1,000.00	Chrissy Branche Santa Clara County Association of Realtors 1651 N. First Street San Jose, CA 95112	Celebrate Cambrian Community Festival
7/11/19	\$250.00	Martin Fatooh Bird Rides, Inc. 1255 Howard St. San Francisco, CA 94103	Celebrate Cambrian Community Festival
7/22/19	\$2,500.00	Bill Baron Brandenburg Family Foundation 1122 Willow Street, Suite 200 San Jose, CA 95125	Celebrate Cambrian Community Festival
7/22/19	\$1,000.00	Emily Ruvalcaba Bridge Bank 55 Almaden Blvd. San Jose, CA 95113	Celebrate Cambrian Community Festival
7/19/19	\$250.00	Leslee Guardino Canyon Snow 459 Monterey Avenue Los Gatos, CA 95030	Celebrate Cambrian Community Festival
8/14/19	\$100.00	Carl F. Dieter, D.C. Almaden Chiropractic & Wellness 5570 Sanchez Dr. San Jose, CA 95123	Celebrate Cambrian Community Festival

PRINT

SUBMIT

RESET

NOTHING TO REPORT


Signature: 

DATE: 10-10-19

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
8/14/19	\$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 REPORT

Type or print in ink.  
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# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Pam Foley</b>		Date of This Filing _____	Date Stamp _____	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPORT <b>July 1 TO Sept. 30</b>	Page <b>4</b> of <b>5</b>	<b>2019 OCT 11 PM 3:38</b>	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/22/19	\$250.00	John Delke Kingsway Community Church 242 Hillsdale Ave. San Jose, CA 95136	Celebrate Cambrian Community Festival
8/5/19	\$500.00	Helen Grays-Jones Meriwest Credit Union P O BOX 530953 San Jose, CA 95153-5353	Celebrate Cambrian Community Festival
8/5/19	\$75.00	Helen Grays-Jones Meriwest Credit Union P O BOX 530953 San Jose, CA 95153-5353	Celebrate Cambrian Community Festival bottle of wine to raffle to communitiy
7/22/19	\$1,000.00	Tom Wagstaff Petrinovich, Pugh and Co. 333 W Santa Clara St Suite 800 San Jose, CA 95113	Celebrate Cambrian Community Festival
7/22/19	\$1,000.00	Dave Henderson Samaritan Medical Center 2581 Samaritan Drive San Jose, CA 95124	Celebrate Cambrian Community Festival
7/10/19	\$1,000.00	Tim McLaughlin San Jose Water Company 110 West Taylor St. San Jose, CA 95110	Celebrate Cambrian Community Festival

PRINT

SUBMIT

RESET

NOTHING TO REPORT

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

DATE:

10-10-19

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
7/10/19	\$500.00	David Bini Santa Clara County Building and Construction Trades Council 2102 Almaden Road San Jose CA 95125	Celebrate Cambrian Community Festival
7/22/19	\$1,000.00	Erik Schoennauer The Schoennaur Company 90 Hawthorne Way San Jose, CA 95110	Celebrate Cambrian Community Festival
7/11/19	\$500.00	Jonathan Cowen Stanford Health Care 301 Ravenswood Ave. A/B Wing, 2nd Floor. Menlo Park. CA 94025	Celebrate Cambrian Community Festival
7/22/19	\$2,500.00	Denise Cunningham Summer Hill Apartment Communities 3000 Executive Parkway, Suite 450 San Ramon. CA 94583	Celebrate Cambrian Community Festival
7/22/19	\$500.00	Eddie Truong 3637 Snell Avenue #257 San Jose, CA 95136	Celebrate Cambrian Community Festival
5/29/19	\$5,000.00	Sean Kali-rai WCC Consulting, LLC 10 Jackson Street, Suite 105 Los Gatos CA 95030	Celebrate Cambrian Community Festival
7/19/19	\$2,500.00	Annabel Chang Alaska Airlines 555 Airport Boulevard, Suite 500 Burlingame, CA 94010	Celebrate Cambrian Community Festival airline tickets - raffle to community

NOTHING TO REPORT

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Foley Pamela Mary 2022 APR -7 AM 10: 52 408-535-4909

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.) 20

## 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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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

POSITION: President/Broker

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

Date Signed 04/06/2022  
(month, day, year)



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

# Disclosure of Fundraising Report Form

RECEIVED  
San Jose City Clerk  
Date Stamp

NAME OF ELECTED OFFICIAL

Pamela Foley

Date of  
This Filing \_ \_ \_ \_ \_

OFFICE HELD

Councilmember

PERIOD COVERED BY THIS REPT

Jan. 1 - March 31, 2022

Page 1 of 1

CITY OF SAN JOSE FORM **DFR1**

For Official Use Only

2022 APR -7 AM 10:51

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
3/15/2022	\$513.75	GreenTeam of San Jose Weslie McConkey 1333 Oakland Road San Jose, CA 95112	Contribution as an in-kind donation of waste collection services for a Council sponsored community music festival event on May 1 <sup>st</sup> .
3/21/2022	\$100.00	Kimco Realty Michael Strahs 3741 Douglas Blvd Suite 390 Roseville, CA 95661	Contribution as an in-kind donation of message board listing for a Council sponsored community music festival event on May 1 <sup>st</sup> .

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: 



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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Pamela Foley</b>		Date of This Filing _ 10/11/2022	Date Stamp	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPT <b>July 1- Sept. 30</b>	Page <b>1</b> of <b>1</b>		

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# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Foley	Pamela	Mary	408-535-4909

Reporting Period: **July 1- Sept. 30, 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.) 20

## 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

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  
Other

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

Real Estate Finance and Sales

POSITION: President/Broker

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

Date Signed 10/11/2022  
(month, day, year)