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

Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED OFFICIAL				Date of This Filing		Date Stamp	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORTTO	-	of		For Official	Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION (OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		RAISING	
Behested payme made.	ents that total \$5	5,000 o	r more per calendar year ma	y also nee	ed to be reported	l on a form 803 within 30 days	of the date the	ey are
		. Sian	ature:			DATE:		
NOTHING TO	REPORT	Joigii	aturo					

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

Disclosure of Fundraising Report Form

made.

NOTHING TO REPORT

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

City of San José Form DFR-1 (Jan 2020)

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

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER			
REPORTING PERIOD						
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 PERIO	D*				
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	1 - \$100,000			
*If aggregate in Reporting Section 5.	ng Year is more than \$500,	proceed to Section 2. If aggregate	in Reporting Year is less than \$500, proceed to			
2. INCOME EARNED	THIS REPORTING YEAR					
S0 - \$499*	S \$500 - \$1,000 S	\$1,001 - \$10,000	- \$100,000			
*If aggregate in Reporti	ng Year is less than \$500, p	proceed to Section 5.				
If aggregate in Reportin	g Year is more than \$500, p	proceed to Section 3.				
		AGENCY & DESCRIPTION OF S	ERVICES			
NAME OF BUSINESS I	ENTITY/TRUST/GOVERNM	MENTAL AGENCY				
ADDRESS						
TYPE OF BUSINESS E	NTITY/TRUST/GOVERNM	ENTAL AGENCY:				
Proprietorship	☐ Partnership	LLC	☐ Corporation			
☐ Trust	Governmental A	gency Nonprofit Organiza	other			
GENERAL DESCRIPTI	ON OF BUSINESS ENTITY	//TRUST/GOVERNMENTAL AGEN	ICY 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 original	inally signed statement with	Date	Signed (month, day, year)			

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

NAME (LAST) Cohen, David G	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER 408-535-4940
REPORTING PERIO April 1 - June 30, 2)D 2022			
	g Period, how many hours di swer is none, please proceed		s unrelated to your d	uties of office for which you earned
1. INCOME EARN	ED THIS REPORTING PER	IOD*		
☐ LESS \$500	× \$500 - \$1,000 [\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Rep Section 5.	orting Year is more than \$50	00, proceed to Section 2. If ag	gregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARN	ED THIS REPORTING YEA	R		
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	10,001 - \$100,000	OVER \$100,000
*If aggregate in Rep	oorting Year is less than \$500	0, proceed to Section 5.		
	orting Year is more than \$50			
	ITY/TRUST/GOVERNMENT SS ENTITY/TRUST/GOVER	AL AGENCY & DESCRIPTION NMENTAL AGENCY	N OF SERVICES	
	way, Fremont, CA 94538			
TYPE OF BUSINES	SS ENTITY/TRUST/GOVERI	NMENTAL AGENCY:		
Proprietorship	Partnership	LLC	X	Corporation Semiconductor Equipment
☐ Trust	☐ Governmenta	al Agency Nonprofit C	Organization	Manufacturer Other
	IPTION OF BUSINESS ENT ipment Manufacturer	ITY/TRUST/GOVERNMENTA	L AGENCY ACTIVIT	Y:
POSITION:	tant			
	IPTION OF SERVICES REM	Teach technical cla	ISS	
		E OF INCOME OF \$5,000 OR 000 OR MORE (attach a separ		REPORTING PERIOD AND IF THE Ty)
6 VEDICATION				
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 dollars.

Page 1 Disclosure of Fundraising Report Form NAME OF ELECTED OFFICIAL Date Stamp **CITY OF SAN** This Filing Aug 8, 2022 Date of JOSE FORM David Cohen For Official Use Only PERIOD COVERED BY THIS OFFICE HELD REPORT San Jose Councilmember 4/1/22 _{TO} 6/30/22 DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING DATE OF **AMOUNT** FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR CONTRIBUTION SOLICITATION CONTRIBUTED District 4 Tree Planting Fund Bloom Energy April 22, 2022 7500 4353 N First St, San Jose, CA 95134 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: Dun't Celu NOTHING TO REPORT