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

NAME (LAST)	(FIRST)	(MIDDLE)	2847 AME TELEPHONE OUMBER 408-535-4908
REPORTING PERIO		3/31/17	
			unrelated to your duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PE	RIOD*	
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	10,001 - \$100,000
*If aggregate in Repo Section 5.	rting Year is more than \$	5500, proceed to Section 2. If aggr	regate in Reporting Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YE	AR ,	
\$0 - \$499*	\$500 - \$1,000	S1,001 - \$10,000 S1	0,001 - \$100,000
*If aggregate in Repo	rting Year is less than \$5	500, proceed to Section 5.	
If aggregate in Repor	ting Year is more than \$	500, proceed to Section 3.	
3. BUSINESS ENTIT	Y/TRUST/GOVERNME	NTAL AGENCY & DESCRIPTION	OF SERVICES
NAME OF BUSINESS	S ENTITY/TRUST/GOVE	ERNMENTAL AGENCY	
ADDRESS			
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:	
☐ Proprietorship	Partnership	LLC	Corporation
☐ Trust	☐ Governme	ntal Agency Nonprofit Org	
			Other
GENERAL DESCRIP	TION OF BUSINESS EN	NTITY/TRUST/GOVERNMENTAL A	AGENCY ACTIVITY:
POSITION:			
GENERAL DESCRIP	TION OF SERVICES RE	ENDERED:	
		CE OF INCOME OF \$5,000 OR M 5,000 OR MORE (attach a separat	IORE FOR THIS REPORTING PERIOD AND IF THE e sheet if necessary)
5 VERIEICATION			
5. VERIFICATION			
information contained	nable diligence in prepari herein and in any attach ia that the foregoing is	ned schedules is true and complete	d this statement and to the best of my knowledge the e. I certify under penalty of perjury under the laws of
	Z / Cologonigio		11.0/10
Signature (File the or	iginally signed statemen	t with(the City Clerk.)	Date Signed (month, day, year)

RECEIVED San Jose City Clerk

Page 1

			Date of This Filing		Date Stamp 2017 APR 19		CITY OF SAN JOSE FORM	DFR1		
OFFICE HELD		3	PERIOD COVERED B	Y THIS		4		oto	For Official U	se Only
City Coures	1, D8, 5	sire		3/31/17	Page of	1) V	010	•	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMF	PLOYER AND O	CCUPATION OF CONT	RIBUTOR	DESCRIPTION OF	EVENT OR PU CONTRIBU	JRPOSE OF FUNDR TION	AISING
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NOTHING TO REPORT

Disclosure of Fundraising Report Form

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

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		2017 JDAYTIME TELEPHONE NUMBER (408)535-4908
REPORTING PERIO 04/01/2017-06/30/1				
		s did you spend rendering seed to Section 2 below.)	ervices unrelated to you None	r duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING P	ERIOD*		
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*If aggregate in Repo Section 5.	rting Year is more than	\$500, proceed to Section 2.	If aggregate in Reportin	ng Year is less than \$500, proceed to
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*If aggregate in Repo	orting Year is less than \$	500, proceed to Section 5.		
		5500, proceed to Section 3.		
		NTAL AGENCY & DESCR ERNMENTAL AGENCY	IPTION OF SERVICES	
ADDRESS				
TYPE OF BUSINESS	S ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:		
☐ Proprietorship	☐ Partnership	LLC		Corporation
☐ Trust	Governme	ental Agency	rofit Organization	Other
GENERAL DESCRIP	TION OF BUSINESS E	NTITY/TRUST/GOVERNMI	ENTAL AGENCY ACTIV	IIY:
POSITION:		The state of the s		
GENERAL DESCRIP	TION OF SERVICES R	ENDERED:		
		RCE OF INCOME OF \$5,00 5,000 OR MORE (attach a		REPORTING PERIOD AND IF THE ary)
5. VERIFICATION				
information contained		hed schedules is true and c		and to the best of my knowledge the r penalty of perjury under the laws of
Signature (File the or	riginally signed statemer	at with the City Clark	Date Signed	07/24/2017 (month, day, year)
(1 110 810 01	igniany dignod statemen	it margin only olons,		(month, day, year)

RECEIVED San Jose City Clark

Disclosure of	of Fundraisir	ıg Rep	port Form	·		San Jose City Clerk	Page 1	
NAME OF ELECTE	OFFICIAL			Date of 07/24/201	7	Date Stamp	CITY OF SAN DED4	
Sylvia Arenas			This Filing 07/24/201	_	2017 JUL 26 AM 9:00	JOSE FORM DFR1		
OFFICE HELD			PERIOD COVERED BY THIS REPORT	1 1			For Official Use Only	
Council Meml	per District 8		04/01/17 _{TO} 06/30/201	Page 1 of 1	_			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND (OCCUPATION OF CONTRIBUTO)R	DESCRIPTION OF EVENT OR PI CONTRIBL		
5/04/2017	500.00	75 N.	Keiser foundation Health plan Inc. 75 N. Fair Oaks Avenue, 4th FI, Pasadena, ca 5113-1905 ■			9th Annual Senior Health Fair and Walk Friday June 9, 2017		
5/15/2017	1000.00	1	The Health Trust 3180 Newbeery Dr. Suite 200 San Jose, Ca, 95118			9th Annual Senior Health Fair and Walk Friday June 9, 2017		
			•					

NOTHING TO REPORT

Signature: 4

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
			,
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(San Jose Municipal Code Chapter 12.19) an Jose City Clork

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)	2017 YC	7 DAYMINE TELEPHONE NUMBER (408) 535-4908
REPORTING PERIO 0#01/17-09/30/17	DO			
	g Period, how many hours wer is none, please proc		vices unrelated to your	duties of office for which you earned
1. INCOME EARNI	ED THIS REPORTING P	ERIOD*		
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*If aggregate in Rep Section 5.	orting Year is more than	\$500, proceed to Section 2. If	aggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNI	ED THIS REPORTING Y	EAR		
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If aggregate in Repo	rting Year is more than \$	500, proceed to Section 3.		
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ADDRESS				
TYPE OF BUSINES	S ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:		
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☐ Trust	Governme	ntal Agency	it Organization]Other
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		RCE OF INCOME OF \$5,000 (5,000 OR MORE (attach a seg		REPORTING PERIOD AND IF THE
5. VERIFICATION				
I have used all reaso information containe		hed schedules is true and com		nd to the best of my knowledge the penalty of perjury under the laws of
Signature (File the c	originally signed statemer	nt with the City Clerk.)	Date Signed	f0//6//7 (month, day, year)

Disclosure (of Fundraisir	ng Report Form	·	San Jose City Clerk	Page 1
NAME OF ELECTER Sylvia Arenas	D OFFICIAL		Date of 10/16/2017 This Filing	2017 OCT 17 AM 10: 32	CITY OF SAN DFR1
OFFICE HELD City Council, District 8 PERIOD COVERED BY THIS REPORT 07/01/2017 TO			1 2 Page of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
08/10/2017	\$260 (In-Kind Passes)	Testarossa Winery, Julie Scopazzi (College Ave, Los Gatos, CA 95030	Marketing Manager), 300	Fall Family Festival-Day in the City-Sponsored Event	Park 2017
08/14/2017	\$346 (In-Kind Passes)	The Tech Museum of Innovation, Cl Assistant to CEO), 201 S. Market St		Fall Family Festival-Day in the Park 2017 City-Sponsored Event	
08/10/2017	\$25 (In-Kind Gift Card)	Edible Arrangements, 4055 Evergre Jose CA 95135	en Village Square, San	Fall Family Festival-Day in the City-Sponsored Event	Park 2017
08/11/2017	\$50 (In-Kind Item)	San Jose Sharks, 525 W. Santa Cla 95113	ara Street, San Jose, CA	Fall Family Festival-Day in the City-Sponsored Event	Park 2017
08/11/2017	\$57 (In-Kind Passes)	Happy Hollow Park & Zoo, Kiersten General Manager), 1300 Senter Ro		Fall Family Festival-Day in the City-Sponsored Event	Park 2017
08/21/2018	\$250 (In-Kind)	Santa Clara Valley Water District, R Regional Government Relations), 5 San Jose, CA 95118		Fall Family Festival-Day in the City-Sponsored Event	Park 2017

NOTHING TO REPORT

Date

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
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. Blx 5368, San, 70se, CA 95150	Fall Family Festival - Day in the Park 2017 City-sponsored Event

NOTHING TO REPORT

Signature

Date

0/16/17

(San Jose Municipal Code Chapter 12.19) RECEIVED JOSE City Clark OTC

NAME	(LAST) Arenas	(FIRST) Sylvia	(MIDDLE)	2018 FDAYTHM (408) 5:	E TELEPHONE NUMBER
	NG PERIOD 17 - 12/31/201	7				
			s did you spend rendering eed to Section 2 below.)	services unrelated to	your duties of office	for which you earned
1. INCOM	E EARNED T	HIS REPORTING P	ERIOD* -	E 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		*
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5. VERIFIC	CATION					
I have used	d all reasonable		ing this statement. I have ned schedules is true and			
		nat the foregoing is			, , ,	- •
Signature	(File the origin:	ally/signed statemen	t with the City Clerk.)	Date Signed	d <u>V</u>	17/2018 th. day, year)

Type or print in ink.

Amounts may be rounded to whole dollars.

San Jose City Clark

Disclosure (of Fundraisir	ng Report Form	·	San Jose Cily Clark	Page 1
NAME OF ELECTE	D OFFICIAL		Date of 1/2/2016		CITY OF SAN DED1
Sylvia Arenas	i		This Filing 00/1/000	018 FEB - 7 AM 9: 24	JOSE FORM DFR1
OFFICE HELD		PERIOD COVERED BY THIS REPORT			For Official Use Only
City Council -	District 8	10/1/20 17 TO 12/31/2017	Page <u>2</u> of <u>2</u>		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
08/25/2017	\$1000	Eastridge Center, 2200 Eastridg 95122	je Loop, San Jose, CA	Fall Family Festival - Day Sponsorship	/ in the Park
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 District Expressway, San Jose, CA 951		Fall Family Festival - Day Sponsorship	y in the Park
09/02/2017	\$100	Caremore Health Plan, 3075 Va Cincinnati, OH 45209	ndercar Way,	Fall Family Festival - Day Participation	/ in the Park Vendor
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	ın Jose, CA 95122	Cookies for Coats	
		n den C) <u>E</u> TT		

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

NOTHING	TO	REPORT	

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

RECEIVED

San Jose City Clerk

248.482 LB - BM-2: LB

NAME	(LAST) Arenas	(FIRST) Sylvia	(1)	MIDDLE)		Ź	DAYTIME TELEPH((408) 535-4908	NE NUMBER
	NG PERIOD 18- 03/31/2018	3						
		eriod, how many hou r is none, please pro			vices unrelated to つりれら	your dutie	es of office for which y	ou earned
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	<u></u>	g Year is more than	· · · · · · · · · · · · · · · · · · ·					
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☐ Trust		Governme	ental Agency	☐ Nonprof	it Organization		Other	
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information	n contained h		ched schedules is t	true and con			the best of my knowl alty of perjury under	
Signature	mal	nally signed stateme	7 J		Date Signe	ed	4/17/9018 (month, day, yea	r)

RECEIVED **Disclosure of Fundraising Report Form** Page 1 San Jose Cily Clark NAME OF ELECTED OFFICIAL Date of **CITY OF SAN** Sylvia Arenas This Filing JOSE FORM 2019 APR 18 PM 2: 46 OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT 1/1/2018 TO 3/31/2018 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME. ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION Santa Clara Valley Water District, 5750 Almaden Day in the Park 2018 Sponsorship 01/03/2018 \$500 Expwy, San Jose, CA 95118 Day in the Park 2018 Sponsorship Freeman Orthodontics, 4205 San Felipe Road, Suite 01/11/2018 \$1,000 220, San Jose, CA 95135 San Jose Giants, P.O. Box 21727, San Jose, CA Day in the Park 2018 Raffle 01/18/2018 \$160 95151 San Jose Water Company, 110 W. Taylor Street, San Day in the Park 2018 Sponsorship \$500 01/11/2018 Jose, CA 95110 Balloons fruit and cheese tray for children's Dental Health Fair First 5 Santa Clara County 400 Moor Park Avenue, Suite 200. \$194.54 2/21/2018 RESET 4/17/2018 Signature:

NOTHING TO REPORT

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

NAME (LAST) (FIRST) Arenas Sylvia	(MIDDLE)	2018 JUL BAYTAME PELEPHONE NUMBER
REPORTING PERIOD April 1, 2018 - June 30 , 2018		
During the Reporting Period, how many ho Income? (If your answer is none, please pr		elated to your duties of office for which you earned
1. INCOME EARNED THIS REPORTING	PERIOD*	
LESS \$500	\$1,001 - \$10,000	001 - \$100,000
*If aggregate in Reporting Year is more that Section 5.	an \$500, proceed to Section 2. If aggrega	ate in Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING	YEAR	
\$0 - \$499*	\$1,001 - \$10,000\$10,00	01 - \$100,000
*If aggregate in Reporting Year is less than	1 \$500, proceed to Section 5.	
If aggregate in Reporting Year is more than	n \$500, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVERNI		SERVICES
NAME OF BUSINESS ENTITY/TRUST/GO	JVERNIMENTAL AGENCY	
ADDRESS		
TYPE OF BUSINESS ENTITY/TRUST/GO	VERNMENTAL AGENCY:	
Proprietorship Partners	hip 🗌 LLC	Corporation
☐ Trust ☐ Governi	mental Agency	
		Other
GENERAL DESCRIPTION OF BUSINESS	ENTITY/TRUST/GOVERNMENTAL AGE	ENCY ACTIVITY:
POSITION:		
GENERAL DESCRIPTION OF SERVICES	RENDERED:	
	OURCE OF INCOME OF \$5,000 OR MOR S \$5,000 OR MORE (attach a separate sh	E FOR THIS REPORTING PERIOD AND IF THE leet if necessary)
5. VERIFICATION		
	ached schedules is true and complete. I	s statement and to the best of my knowledge the certify under penalty of perjury under the laws of
Signature (File the originally signed staten	Danent with the City Glerk.)	te Signed (monul, uay, year)

		ng Report Form	•	San Jose City Clark	Page 1
	official Via ADG		Date of This Filling 7/1/2018	2018 JUL 13 AM IO:	ITY OF SAN DFR1
OFFICE HELD J	rember	PERIOD COVERED BY THIS REPORT 4-1-2018 TO 6-30	Page 1 of 1		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AN		DESCRIPTION OF EVENT OR PURP CONTRIBUTIO	
	-				•
NOTHING TO	REPORT I	Signature	An Orax	Date	

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

NAME (LAST)	(FIRST)	(MIDDLE)		018 OCT 15 TELEPHONE NUMBER
Arenas REPORTING PERIO 7/01/2018 - 9/30/ 20	D			(408) 535-4908
	Period, how many hours		services unrelated to your d	uties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PE	RIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	S10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo Section 5.	orting Year is more than \$	500, proceed to Section 2	. If aggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YE	AR		
× \$0 - \$499*	<u>\$500 - \$1,000</u>	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	orting Year is less than \$5	500, proceed to Section 5.		
If aggregate in Repor	ting Year is more than \$5	500, proceed to Section 3.		
3. BUSINESS ENTIT	Y/TRUST/GOVERNMEN	NTALAGENCY & DESCR	RIPTION OF SERVICES	
NAME OF BUSINESS	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
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ADDRESS				
TYPE OF BUSINESS	B ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership	☐ LLC		Corporation
☐ Trust	☐ Governmer	ntal Agency Nonr	profit Organization	
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			separate sheet if necessar	
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5. VERIFICATION				13
information contained		ed schedules is true and o		I to the best of my knowledge the enalty of perjury under the laws of
Signature (Filedthe or	riginally signed statement	t with the Oity Clerk.)	Date Signed	16/15/2018 (morth, day, year)

Disclosure	of Fundraisir	ng Re _l		ounts may be rounded to whole dollar	San Jose City Clar	Page 1
NAME OF ELECTE	D OFFICIAL			Date of 10/12/2018	(Date Starrip	CITY OF SAN DED4
Sylvia Arenas	;			This Filing 10/12/2018	2018 OCT 15 PM 1: 2	JOSE FORM DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT		10 111 4: 2	For Official Use Only
Councilmemb	er, District 8		07/1/18 _{TO} 09/30/18	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIBI	
08/03/2018	1,000		Ann Prazer, 3180 Newber 95118, The Health Trust, 0		Day in the Park Sponsors	ship
08/18/2018	10,000		eal VanEvery, 84 W Santa a Jose 95113, Republic Fa		Day in the Park Sponsors	ship
08/13/2018	1,000	1	Foster, 308 Stockton Ave, 3 E Public Affairs Represena	* *	Day in the Park Sponsors	ship
08/24/2018	1,000	1	Riley, 2200 Eastridge Loop 2, Eastridge Management ager	•	Day in the Park Sponsors	hip
08/13/2018	3,000		nan Jajeh, 100 N Milpitas E ell Properties, Inc., Region		Day in the Park Sponsors	ship
08/13/208	5,000		Cohen, 6150 Cottle Rd, S Union 393, Political Direc		Day in the Park Sponsors	hip
			IBUIT RES	SET		1, 1014

NOTHING TO REPORT

DATE:

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
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

NOTHING TO KEPOKT	NOTHING	TO	REPORT	
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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
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
		^	

NOTHIN	NG TO) REF	PORT	•

(San Jose Municipal Code Chapter 12:19) Se City Clerk OTAFA

NAME (LAST) (FIRST) Arenas Sylvia	(MIDDLE)	2019 JÁN 15 1	DAYOME TELEPHONE NUMBER
REPORTING PERIOD OCTOBER 1, 2018	- Decem	ber 31. 5	2018
During the Reporting Period, how many hours did Income? (If your answer is none, please proceed to	you spend rendering service		
1. INCOME EARNED THIS REPORTING PERIO	D*		医外线性 直接的 表明
☐ 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, Section 5.	, proceed to Section 2. If a	ggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING YEAR			
\$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		ON OF SERVICES	建筑等地位于美国
NAME OF BUSINESS ENTITY/TRUST/GOVERNM	MENTAL AGENCY		
ADDRESS			
TYPE OF BUSINESS ENTITY/TRUST/GOVERNM	MENTAL AGENCY:		
☐ Proprietorship ☐ Partnership	☐ LLC		Corporation
☐ Trust ☐ Governmental A		Organization	Parameter Barrens
Covernmental A	Type I Nonprofit	organization	Other
GENERAL DESCRIPTION OF BUSINESS ENTITY	Y/TRUST/GOVERNMENTA	L AGENCY ACTIVITY	/ :
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POSITION:			
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	o e i i i o i e i e i e i e i e i e i e	ate check if hoosedar,	
5. VERIFICATION			
I have used all reasonable diligence in preparing the information contained herein and in any attached so the State of California that the foregoing is true	chedules is true and compl	ved this statement and ete. I certify under p	to the best of my knowledge the enalty of perjury under the laws of
Signature (File the originally signed statement with	for	Date Signed	// 14/2019 (month, blay, year)

Page 1
CITY OF SAN DFR1
For Official Use Only
PURPOSE OF FUNDRAISING BUTION

NOTHING TO REPORT

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
3/13/2018	\$1,000	Teamsters Joint Council 7 250 Executive Park Blvd # 3100, San Francisco, CA 94134	Day in the Park Sponsorship
3/11/2018	\$10,000	GOOGLE 1600 Amphitheatre Parkway Mountain View, CA 94043	Day in the Park Sponsorship
		*	

NOTHING TO REPORT [

Signature

Date

te 1/14/2019

RECEIVED Disclosure of Fundraising Report Form Page 1 San Jose City Clark NAME OF ELECTED OFFICIAL Date of CITY OF SAN Sylvia Arenas This Filing JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Councilmember Ot 1, 2018 TO Dec31,2018 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR CONTRIBUTED SOLICITATION CONTRIBUTION 8/13/2018 \$5,000 Arcadia Management Services Co. Day in the Park Sponsorship P.O Box 5368 San Jose, California 95150 Day in the Park Sponsorship **New Seasons Community Market** 7/12/2018 \$1,000 1300 SE Stark Street, Suite 401 Portland, Oregon 97214 Day in the Park Sponsorship 7/12/2018 \$100 Tu-Anh Thu Huynh 1979 Edgebank Drive San Jose CA 95122 7/12/2018 Provident Credit Union Day in the Park Recourse Table \$100 303 Twin Dolphin Dr Redwood City, Ca 94065 Day in the Park Recourse Table Evergreen E Waste 7/12/2018 \$100 2365 Paragon Drive, Suite B San Jose, Ca 95121

NOTHING TO REPORT [

\$100

7/12/2018

Signature

Nancy Z. Liu, Asian American Home Health

1840 The Alameda, San Jose, CA 95126

Date

Day in the Park Recourse Table

1/14/2019

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/12/2018	\$100	Carole J. Holcomb, Laughter Yoga Fun 5755 Cohasset Way San Jose, CA 95123	Day in the Park Recourse Table
7/12/2018	\$100	Denise E. Hankes, CEFCU 1849 Bagpipe Way San Jose Ca, 95121	Day in the Park Recourse Table
7/12/2018	\$100	Evergreen Pharmacy 2076, 2690 S White Rd # 200A, San Jose, CA 95148	Day in the Park Recourse Table
7/12/2018	\$100	Caremore Health Plan 3075 Vandercar Way Cincinnati, OH 45209	Day in the Park Recourse Table
7/12/2018	\$100	With Grace Ministries Inc. 1879 Lundy Ave. Suite 233 San Jose, CA 95131	Day in the Park Recourse Table

NOTHING TO REPORT

Signature

Date

1/4/2019

	RECEIVED	
San	Jose City Clark	e

Disclosure (of Fundraisir	ng Report Form		San Jose City Clerk	Page 1	
NAME OF ELECTER Councilmember			Date of 1/14/19 This Filing	2019 JAN 15 PM 2: 04	CITY OF SAN DFR1	
OFFICE HELD City Council, District 8 PERIOD COVERED BY THIS REPORT TO 12.31.18		Page 1 1	1	For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
8.13.18	\$200	Great Clips, 4055 Evergreen Village S CA 95135	Square Ste 110, San Jose,	In-Kind Gift, Day in the Park		
8.13.18	\$30	Cleaners 4 Less, 4055 Evergreen Vill	lage Square, San Jose, CA	In-Kind Gift, Day in the Park		
8.13.18	\$30	Sophie's Mediterranean Grill, 4035 Ev Unit # 20, San Jose, CA 95135	vergreen Village Square	In-Kind Gift, Day in the Park		
8.13.18	\$60	iNmotion Wellness, 4075 Evergreen Jose, CA 95135	Village Square #100, San	In-Kind Gift, Day in the Park		
8.13.18	\$20	Seiki Ramen House, 4035 Evergreen Jose, CA 95135	n Village Square #40, San	In-Kind Gift, Day in the Park		

NOTHING TO REPORT

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

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		DAYTII (408)53	ME TELEPHONE NUMBER 5-4908
REPORTING PERIOD Jan 1-March 31	V	April 1-June 30		July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is		s did you spend rendering services eed to Section 2 below.) None	unrelate	d to your duties of office	ce for which you earned
1. INCOME EARNED TH	IISREPORTINGEP	ERIOD*			
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*If aggregate in Reporting Section 5.	Year is more than S	\$500, proceed to Section 2. If aggr	egate in	Reporting Year is less	s than \$500, proceed to
2. INCOME EARNED TH	IISREPORTINGY	EAR			
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*If aggregate in Reporting	Year is less than \$	500, proceed to Section 5.			
		500, proceed to Section 3.			
3. BUSINESS ENTITY/TI NAME OF BUSINESS EN		NTAL AGENCY & DESCRIPTION ERNMENTAL AGENCY	opse	RVICES	
ADDRESS				W	
TYPE OF BUSINESS EN	TITY/TRUST/GOVE	ERNMENTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	on I
Trust	Governme	ental Agency Nonprofit Or	janizatio	on	Other
GENERAL DESCRIPTION	N OF BUSINESS E	NTITY/TRUST/GOVERNMENTAL	AGENC	Y ACTIVITY:	
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POSITION:	······································				
GENERAL DESCRIPTION	N OF SERVICES R	ENDERED:			
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5. VERIFICATION					
		ring this statement. I have reviewe shed schedules is true and complet			
the State of California th			THE RESERVE AND PERSONS ASSESSMENT		ESET The laws of
Signature	&L		Date S	6/27/2019	
(File-the-or(gin	alfy signed stateme	nt with the City Clerk.)			onth, day, year)

Type or print in ink.

	4	Amo	unts may be rounded to whole dollar	s.	
Disclosure (of Fundraisir	ng Report Form			Page 1
NAME OF ELECTE	_		Date of A/ /_ //	Date Stamp	CITY OF SAN BEDA
Sylvia	Arenas	2	This Filing 1/15/7019	076	CITY OF SAN DFR1
office HELD		PERIOD COVERED BY THIS REPORT 04/1/19 TO 06/30/19	Page/_ of	13 JUL 15 P.1 12: 2	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE	
05/15/2019	\$500.00	Kaiser Permanente 75 N. Fair Oaks F Pasadena, CA 9	tue, 4th FL		or 2019 senior d walk, provide formation to op
06/28/2019	\$1,000.00	The Schoennquer Compan 90 Howthorns Way San Jose, CA 95110	~~	Sponsor of our 20 Festival, free to and activities to	19 Fall Family
22.W		Signature:		DATE:	7/15/2019
NOTHING TO	REPORT	Signature:		DAIE:	4/17/

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

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		DAYTII (408)53	ME TELEPHONE NUMBER 5-4908
REPORTING PERIOD Jan 1-March 31	V	April 1-June 30		July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is		s did you spend rendering services eed to Section 2 below.) None	unrelate	d to your duties of office	ce for which you earned
1. INCOME EARNED TH	IISREPORTINGEP	ERIOD*			
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000 \$	0,001 -	\$100,000 OV	ER \$100,000
*If aggregate in Reporting Section 5.	Year is more than S	\$500, proceed to Section 2. If aggr	egate in	Reporting Year is less	s than \$500, proceed to
2. INCOME EARNED TH	IISREPORTINGY	EAR			
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*If aggregate in Reporting	Year is less than \$	500, proceed to Section 5.			
		500, proceed to Section 3.			
3. BUSINESS ENTITY/TI NAME OF BUSINESS EN		NTAL AGENCY & DESCRIPTION ERNMENTAL AGENCY	opse	RVICES	
ADDRESS				W	
TYPE OF BUSINESS EN	TITY/TRUST/GOVE	ERNMENTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	on I
Trust	Governme	ental Agency Nonprofit Or	janizatio	on	Other
GENERAL DESCRIPTION	N OF BUSINESS E	NTITY/TRUST/GOVERNMENTAL	AGENC	Y ACTIVITY:	
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GENERAL DESCRIPTION	N OF SERVICES R	ENDERED:			
	CONTROL OF THE PROPERTY OF THE	RCE OF INCOME OF \$5,000 OR N 65,000 OR MORE (attach a separa	Annual Control of the Control		PERIOD AND IF THE
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5. VERIFICATION					
		ring this statement. I have reviewe shed schedules is true and complet			
the State of California th			THE RESERVE AND PERSONS ASSESSMENT		ESET The laws of
Signature	&L		Date S	6/27/2019	
(File-the-or(gin	alfy signed stateme	nt with the City Clerk.)			onth, day, year)

Type or print in ink.

	4	Amo	unts may be rounded to whole dollar	s.	
Disclosure (of Fundraisir	ng Report Form			Page 1
NAME OF ELECTE	_		Date of A/ /_ //	Date Stamp	CITY OF SAN BEDA
Sylvia	Arenas	2	This Filing 1/15/7019	076	CITY OF SAN DFR1
office HELD		PERIOD COVERED BY THIS REPORT 04/1/19 TO 06/30/19	Page/_ of	13 JUL 15 P.1 12: 2	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE	
05/15/2019	\$500.00	Kaiser Permanente 75 N. Fair Oaks F Pasadena, CA 9	tue, 4th FL		or 2019 senior d walk, provide formation to op
06/28/2019	\$1,000.00	The Schoennquer Compan 90 Howthorns Way San Jose, CA 95110	~~	Sponsor of our 20 Festival, free to and activities to	19 Fall Family
22.W		Signature:		DATE:	7/15/2019
NOTHING TO	REPORT	Signature:		DAIE:	4/17/

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	= =			
		rs did you spend rendering speed to Section 2 below.)		ur duties of office for which you earned
1. INCOME EARNI	ED THIS REPORTING F	ERIOD*		
LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 OVER \$100,000
Section 5.			. If aggregate in Reporti	ing Year is less than \$500, proceed to
2. INCOME EARN	ED THIS REPORTING Y	EAR		
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	0 OVER \$100,000
*If aggregate in Rep	orting Year is less than \$	\$500, proceed to Section 5.	NOVE	,
		\$500, proceed to Section 3.		
		ENTAL AGENCY & DESCR	RIPTION OF SERVICES	
NAME OF BUSINES	55 ENTITY (KUS 1/GUV	ERNMENTAL AGENCY		
ADDRESS		The state of the s	The state of the s	
TYPE OF BUSINES	S ENTITY/TRUST/GOV	ERNMENTAL AGENCY:		
☐ Proprietorship	☐ Partnersh	ip 🔲 LLC	,	☐ Corporation
☐ Trust	☐ Governme	ental Agency	profit Organization	П
1140		o.n.a.r. igono,	prom organization	Other
GENERAL DESCRI	PTION OF BUSINESS E	NTITY/TRUST/GOVERNM	IENTAL AGENCY ACTIV	VITY:
The first boundary was the first boundary of			Section 1	ATTENDED TO THE PROPERTY OF TH
POSITION:				
GENERAL DESCRI	PTION OF SERVICES F	RENDERED:		
		IRCE OF INCOME OF \$5,0 \$5,000 OR MORE (attach a		S REPORTING PERIOD AND IF THE
5. VERIFICATION				
information containe		ched schedules is true and		t and to the best of my knowledge the er penalty of perjury under the laws of
Signature (File the	originally signed stateme	ent with the City Clerk.)	Date Signed _	/0//5/20(9 (month, day, year)

		ng Report Form		E STATES	Page 1
NAME OF ELECTE		:	Date of 10/15/2019	Date Stamp	F SAN LL
Sylvia Arenas			This Filing	2019 OCT 15 PM 1: 25 E	DE CONTENDE DE LA BARRA DE LA DESCRIPCIÓN DE LA CONTENDE DEL CONTENDE DE LA CONTENDE DE LA CONTENDE DEL CONTENDE DE LA CONTEND
OFFICE HELD City of San Jose - District 8		PERIOD COVERED BY THIS REPORT 7/1/2019 TO 9/30/2019	Page of	2015 UC 15 PH J: 35 FO	or Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCC	CUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE CONTRIBUTION	OF FUNDRAISING
8/28/2019	\$57	Happy Hollow Park and Zoo 748 Story Rd San Jose, CA 9511:	2	Fall Family Festival 2019, Prize	Drawing
8/28/2019	\$106	Debbie Koelbl, Owner Nothing Bundt Cakes - Evergreer 2721 Aborn Road, Suite 10 San		Fall Family Festival 2019, Prize	Drawing
8/28/2019	\$50	San Jose Museum of Art 110 S Market St San Jose CA		Fall Family Festival, Prize Drawi	ng
8/28/2019	\$96	Six Flags Discovery Kingdom 1001 Fairgrounds Dr Vallejo CA		Fall Family Festival, Prize Drawii	ng
8/28/2019	\$100	The Cheesecake Factory 26901 Malibu Hills Road Calabasa	as Hills CA	Fall Family Festival, Prize Drawii	ng
NOTHING TO	REPORT	Signature:		DATE: / Ó	7 2017 rm DFR-1 (Nov/2010)

Disclosure of Fundraising Report Form

Page 1 NAME OF ELECTED OFFICIAL Date Stamp Date of 10/15/19 Councilmember Sylvia Arenas This Filing OFFICE HELD PERIOD COVERED BY THIS REPORT City Council, District 8 TO Sept. 30 July 1 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION Fall Family Festival Sponsorship 2019 Republic Services, Jeanne Serpa (Municipal 7.26.19 \$1,000 Relationship Manager), 1601 Dixon Landing Road, City - Sponsored Event Milpitas, CA 95035 Jean Cohen, 6150 Cottle Rd, San Jose 95123, UA Fall Family Festival Sponsorship 2019 7.26.19 \$5,000 Local Union 393, Political Director City - Sponsored Event Megan Wessling, 670 Lincoln Ave, San Jose 95126, Fall Family Festival Sponsorship 2019 7.26.19 \$1.000 Citizens Equity First Credit Union, Community City - Sponsored Event Relations & Business Relationship Manager Lorie Lamberson, Arcadia Management Services Co. Fall Family Festival Sponsorship 2019 \$5,000 7.26.19 P.0 Box 5368 San Jose, California 95150 City-Sponsored Event Nguyen and Tran Dental Corporation Fall Family Festival Sponsorship 2019 \$100 7.26.19 2680 S. White Rd., STE 255 City-Sponsored Event San Jose, CA 95148 Carole J, Holcomb, Certified Laughter Yoga Teacher Fall Family Festival Sponsorship 2019 7.26.19 \$100 5755 Cohasset Way, San Jose, CA 95123 City-Sponsored EVent

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NOTHING TO REPORT

Signature:

DATE:

10/14/2019

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

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Page 1

		.3 / top o . t . o			1 age 1
NAME OF ELECTE	D OFFICIAL	:	Date of 10/01/19	Date Stamp CITY OF	SAN ELEZ
Councilwoma	n Sylvia Arena	is :	This Filing	San Jose City Clay Jose Fo	RM DER1
OFFICE HELD		PERIOD COVERED BY THIS		For C	fficial Use Only
District 8		7/1/2019 TO 9/30/201	Page _ of	2019 OCT 15 PM 3: 35	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF CONTRIBUTION	FUNDRAISING
9/04/19	\$130.00	Jaspreet Bassi, 1188 S De An Ste 1188 San Jose, CA 95129		Food distrubution to Fall Family Fe volunteers (13 food vouchers at \$1 were donated)	
9/04/19	\$500.00	Juana Perez, 4798 Raspberry 95129, Tlaxiacos' Pizza, Owne	· · · · · · · · · · · · · · · · · · ·	Food distrubution to Fall Family Fe volunteers (50 food vouchers at \$7 were donated)	
9/04/19	\$500.00	Gabriel Guizar, 558 Mekler Di 95111,Takoz Mod Mex, Owne		Food distrubution to Fall Family Fe volunteers (50 food vouchers at \$7 were donated)	
7/30/19	\$500.00	Pele Cao, 2260 Berryessa Rd Cookies n Cream SJ, Owner	San Jose, CA ,	Food distrubution to Fall Family Fe volunteers (50 food vouchers at \$1 were donated)	
		And the state of t			
		ANNE CALL	SETI		
		7 Signature:	lys	DATE: 18/15/	2619
NOTHING TO	REPORT	١ / /	Campbell		
				City of San José Form	DFR-1 (Nov/2010)

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

NAME (LAST) (FIRST) (COUPOLL	(MIDDLE)		DAYTIME TELEPHON	ENUMBER 190
REPORTING PERIOD DECEMBER	3184			
During the Reporting Period, how many hours Income? (If your answer is none, please proce		ervices unrelated to your du	uties of office for which you	earned
1. INCOME EARNED THIS REPORTING PE	RIOD*			
LESS \$500	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000	
*If aggregate in Reporting Year is more than \$ Section 5.	500, proceed to Section 2.	If aggregate in Reporting \	Year is less than \$500, prod	eed to
2. INCOME EARNED THIS REPORTING YE	AR			
☐ \$0 - \$499* ☐ \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000	
*If aggregate in Reporting Year is less than \$5				
If aggregate in Reporting Year is more than \$5				
3. BUSINESS ENTITY/TRUST/GOVERNMEI NAME OF BUSINESS ENTITY/TRUST/GOVE	***************************************	PIION OF SERVICES		
Jones Enterprises				
ADDRESS WINTERGY DOWN	P. San Tasa	OA 95179		ore U
TYPE OF BUSINESS ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		() () () () () () () () () ()	Car
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GENERAL DESCRIPTION OF SERVICES RE	ENDERED: THU NO	L COMMUNICAT	ions and suppo	(+ by
4. LIST EACH REPORTABLE SINGLE SOUR AGGREGATE IN REPORTING YEAR IS \$5				7716
5. VERIFICATION				
I have used all reasonable diligence in prepari information contained herein and in any attach				
the State of California that the foregoing is		ministe, Toermy under he	andity of perjury under th	E 10449 OI
		_ , <i>i</i> i	lalo	
Signature (File the originally signed statement	t with the City Clerk.)	Date Signed	(month, day, year)	

					ounts may be rou	inded to whole do	illars. RECEN	rg n	
		of Fundraisir	ng Rep	ort Form			San Jose Ci		Page 1
N	AME OF ELECTED	OFFICIAL					Date Stamp	,	ESTRE DESCRIPTION DE LA FOLIA DE LA PORTE DE LA PO
	harles Jo	nes			Date of This Filing	1/17/20	- 2020 JAN 17	1200000000	TY OF SAN DER1
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	ity Cou	ncil		REPORT Dec 24	Page	of 2	_		
_	Tity Ooa	11011		Oct 1 _{TO} Dec 31	<u> </u>		91016	<u> </u>	
	DATE OF OLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND C	OCCUPATION O	F CONTRIBUTO	DESCRIPTION OF E	EVENT OR PURP CONTRIBUTIO	OSE OF FUNDRAISING N
10	/1/19	\$65.00		anta Clara arburton Avenue, Santa Clara, CA	95050		Disability Awareness Di	ay	
10	/1/19	\$65.00	3331 No	lara Valley Transportation Authorit orth First Street e, CA 95134	y	***************************************	Disability Awareness Da	ay	
10	J1/19	\$250.00	7777 Gr	zed Daycare Services, Inc. eenback Lane, Suite 208 eights, CA 95610	•		Disability Awareness Da	ay	
10	/1/19	\$65.00	1401 Pa	ege of Adaptive Arts rkmoor Ave, Suite 260 e, CA 95126	YYYYAAA		Disability Awareness Da	ay	
10.	/1/19	\$65.00		ability rth 7th Street e, CA 95112			Disability Awareness Da	ay	
10/	1/19	\$500.00	CEFCU P.O. Box	(1715, Peoria, IL 61656			Disability Awareness Da	ay	
ma	ade.			more per calendar year ma	y also need	to be reporte	ed on a form 803 within	n 30 days of t	-
	NOTHING TO	REPORT	_	A Constitution of the Cons		To say to the say of t			sé Form DFR-1 (Jan 2020)

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
10/1/19	\$65.00	384 Su	ppe Band npark Place se, CA 95136	Disability Awareness Day
10/1/19	\$250.00	720 N.	S. Bautista 17th Street se, CA 95112	Disability Awareness Day
10/1/19	\$65.00	6203 S	g Choices Coalition an Ignacio Ave. Suite 108 se, CA 95119	Disability Awareness Day
Behested paym made.	ents that total \$	5,000 d	or more per calendar year may also need to be reported	on a form 803 within 30 days of the date they are
NOTHING TO	REPORT]		City of San José Form DFR-1 (Jan 2020)

Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED	OFFICIAL				Date of			Date Stamp		CITY OF SAN	DFR1
					This Fili	ng	-			JOSE FORM	
OFFICE HELD			PERIOD COVERE REPORT	ED BY THIS	Page	of				For Official	Use Only
			Т	-o	rage _	0i	-				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS,	EMPLOYER AND C	OCCUPATION	N OF CONTRIBUTOR	٦ ا	DESCRIPTION OF EVENT COM	OR PL		DRAISING
Behested payme	ents that total \$5	i,000 oı	more per cal	lendar year ma	ay also ne	ed to be reporte	ed on a	form 803 within 30	days	of the date th	ey are
		Sian	ature:	Bylin A	brings			DΔ	TF.	7/15/202	2
NOTHING TO	REPORT	July	ature	- 					· · · · ·		

Disclosure of Fundraising Report Form

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

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
REPORTING PER	OD			
	•	rs did you spend rendering seceed to Section 2 below.)	ervices unrelated to y	your duties of office for which you earned
1. INCOME EARN	IED THIS REPORTING F	PERIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100	,000 OVER \$100,000
*If aggregate in Re Section 5.	porting Year is more than	\$500, proceed to Section 2.	If aggregate in Repo	orting Year is less than \$500, proceed to
2. INCOME EARN	IED THIS REPORTING `	YEAR		
S0 - \$499*	S500 - \$1,000	\$1,001 - \$10,000	S10,001 - \$100,001 - \$100,000	000 OVER \$100,000
*If aggregate in Re	porting Year is less than	\$500, proceed to Section 5.		
If aggregate in Rep	orting Year is more than	\$500, proceed to Section 3.		
		ENTAL AGENCY & DESCRI	PTION OF SERVICE	ES
NAME OF BUSINE	SS ENTITY/TRUST/GOV	VERNMENTAL AGENCY		
ADDRESS				
ADDRESS				
TYPE OF BUSINE	SS ENTITY/TRUST/GOV	'ERNMENTAL AGENCY:		
☐ Proprietorship	☐ Partnersh	ip 🗆 LLC		☐ Corporation
☐ Trust	Governm	ental Agency	rofit Organization	
				Other
GENERAL DESCR	IPTION OF BUSINESS I	ENTITY/TRUST/GOVERNME	NTAL AGENCY AC	TIVITY:
POSITION:				
GENERAL DESCR	IPTION OF SERVICES I	RENDERED:		
		JRCE OF INCOME OF \$5,000 \$5,000 OR MORE (attach a s		HIS REPORTING PERIOD AND IF THE essary)
5. VERIFICATION				
I have used all reas		ched schedules is true and co		ent and to the best of my knowledge the nder penalty of perjury under the laws of
(3 gri Sums			7/15/2022
Signature	originally signed stateme		Date Signed	/ 7/15/2022 (month, day, year)

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

NAME (LAS	T) (FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING PE	RIOD			
•	•	urs did you spend rendering serv	ices unrelated to you	ur duties of office for which you earned
1. INCOME EAF	NED THIS REPORTING	PERIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 OVER \$100,000
*If aggregate in R Section 5.	eporting Year is more than	n \$500, proceed to Section 2. If	aggregate in Reporti	ng Year is less than \$500, proceed to
2. INCOME EAF	NED THIS REPORTING	YEAR		
S0 - \$499*	S500 - \$1,000	\$1,001 - \$10,000] \$10,001 - \$100,000	0 OVER \$100,000
*If aggregate in R	eporting Year is less than	\$500, proceed to Section 5.		
If aggregate in Re	porting Year is more than	\$500, proceed to Section 3.		
3. BUSINESS EN	TITY/TRUST/GOVERNM	IENTAL AGENCY & DESCRIPT	ION OF SERVICES	
NAME OF BUSIN	ESS ENTITY/TRUST/GO	VERNMENTAL AGENCY		
ADDRESS				
TYPE OF BUSINI	SS ENTITY/TRUST/GOV	VERNMENTAL AGENCY:		
☐ Proprietorshi	Partnersh	nip 🗌 LLC	1	Corporation
☐ Trust	☐ Governm	nental Agency	it Organization [
				Other
GENERAL DESC	RIPTION OF BUSINESS	ENTITY/TRUST/GOVERNMENT	TAL AGENCY ACTIV	/ITY:
POSITION:				
GENERAL DESC	RIPTION OF SERVICES	RENDERED:		
		URCE OF INCOME OF \$5,000 C \$5,000 OR MORE (attach a sep		REPORTING PERIOD AND IF THE sary)
5. VERIFICATIO	N .			
I have used all rea	asonable diligence in prep	ached schedules is true and com		and to the best of my knowledge the er penalty of perjury under the laws of
	gri Lung e originally signed statem	ent with the City Clerk.)	Date Signed _	10/14/2022 (month, day, year)

Disclosure of Fundraising Report Form

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NAME OF ELECTED	OFFICIAL .			Date of	Date Stamp	CITY OF SAN DFR1
OFFICE HELD			PERIOD COVERED BY THIS	This Filing	-	JOSE FORM DFK I For Official Use Only
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			TO	_		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	R DESCRIPTION OF EVENT OR P	
Behested paymo	ents that total \$5	i,000 oı	more per calendar year m	ay also need to be reporte	ed on a form 803 within 30 days	of the date they are
		Sian	ature: Min Som	na S	DATE: /	10/14/2022
NOTHING TO	REPORT	Joigit			5/112.	/ -/

Disclosure of Fundraising Report Form

Page 2

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	AMOUNT	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR Contributed Contribute

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NOTHING TO REPORT
