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

NT RECEIVED San Jose City Clork

NAME (LAST) Carrasco Magdalena	(FIRST)	(MIDDLE)	2016 USDE SHARE TELEPHONE NUMBER
REPORTING PERIOD July 1 - September 3	0, 2016		f ~ C/ f . S
	Period, how many hours did you spen er is none, please proceed to Section		rour duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PERIOD*		
LESS \$500	<b>\$500 - \$1,000 \$1,001 -</b>	\$10,000 🗌 \$10,001 - \$100,	,000 🔲 OVER \$100,000
*If aggregate in Report Section 5.	ing Year is more than \$500, proceed	to Section 2. If aggregate in Repo	orting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEAR		n ne fil falle filstelle lige og som
\$499*	\$500 - \$1,000 \$1,001 - \$	\$10,000	000 🗌 OVER \$100,000
*If aggregate in Report	ing Year is less than \$500, proceed to	o Section 5.	
If aggregate in Reportin	ng Year is more than \$500, proceed t	o Section 3.	
	//TRUST/GOVERNMENTAL AGENC		S
NAME OF BUSINESS	ENTITY/TRUST/GOVERNMENTAL	AGENCY	
ADDRESS	P/A		
	ENTITY/TRUST/GOVERNMENTAL A	GENCY:	
	_		
Proprietorship	Partnership		Corporation
Trust	Governmental Agency	Nonprofit Organization	Other
GENERAL DESCRIPTI	ON OF BUSINESS ENTITY/TRUST/	GOVERNMENTAL AGENCY ACT	IVITY:
	× 1		
POSITION:	NIA		
GENERAL DESCRIPTI	ON OF SERVICES RENDERED:		
4. LIST EACH REPORT	TABLE SINGLE SOURCE OF INCON	IE OF \$5,000 OR MORE FOR TH	IS REPORTING PERIOD AND IF THE
	PORTING YEAR IS \$5,000 OR MOR		
5. VERIFICATION			a and a second
information contained here		is true and complete. I certify und	t and to the best of my knowledge the ler penalty of perjury under the laws of
Signature	nally signed statement with the City (	Date Signed _	(month, day, year)

Disclosure (	of Fundraisir	na Rei		Type or print in ink. bunts may be rounded to whole dollar	s. RECEIVED San Jose City Clerk	Page 1
NAME OF ELECTER Magdalena Carra	OFFICIAL	<u> </u>		Date of 10.6.2016 This Filing	Date Stamp 2016 OCT - 6 PH 4: 01	
OFFICE HELD PERIOD COVERED BY THIS Councilmember - District 5 July 1 Sept 30 TO		Page of	se otc	For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND (	DCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE	
May 25th 2016	200		ourenco, Owner -Bacalhua 15 CA 95116	55 Alum Rock Ave, San	National Night Out	
May 25th 2016	500		ette Miranda,Assistant Manager an Jose 95127	, FoodMaxx 3002 Story	National Night Out	
May 25th 2016	1000		Brandenburg, Partner Brandenb t, Suite 200	ourg Properties 1122 Willow	National Night Out	
May 25th 2016	1000	Bill B Suite	aron, Partner, Brandenburg Pro 200	operties 1122 Willow Street,	National Night Out	
May 25th 2016	1000		Kaval, President of San Jose Coleman Ave San Jose 95110		National Night Out	
May 25th 2016	1000	Rock	re Calvo, 2001 Gateway Pl San cetship cf Growth and Commu Officer		National Night Out	
			Officer	000		

NOTHING TO REPORT

Signature

Date 10/6/2016

Disclosure (	of Fundraisin	ig Report Form			Page 1
NAME OF ELECTED OFFICIAL Magdalena Carrasco			Date of 10.6.16 This Filing	Date Stamp	CITY OF SAN DFR1
OFFICE HELD Councilmember -	District 5	PERIOD COVERED BY THIS REPORT	Page <u>3</u> of <u>4</u>		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING RIBUTION
5/25	100	(UC) Silicon Valley Club - 18000 Bella CA 95070 Devong Shah, CEO	i Vina, Savatoga,	National Night Out	
5/25	220 + 89.99 ( In Kind)	Liliana Diaz 1750 Story Rd, San Jose Chief Loss Praven		National Night Out	
5/25	500	Outfront Media 1331 Workman St., Los A Mary Bedrosian - Valence	ngettes, CA 90031 ia VP, Government Frairs	National Night Out	
5/25				National Night Out	
5/25				National Night Out	
5/25/16	500	509 Emory Street San Jose 95110 San Jose Local 270 Enrique Arocella	o, Buionesomer	National Night Out	

NOTHING TO REPORT

Signature 4

Date 10/6/2016

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INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (MIDDLE) DAYTIME TELEPHONE NUMBER (LAST) (FIRST) **Magdaléna** (408) 535-4905 Carrasco 11 REPORTING PERIOD October 1-December 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.) 0 1. INCOME EARNED THIS REPORTING PERIOD\* [X] 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 \$1,001 - \$10,000 N \$0 - \$499\* \$500 - \$1.000 \$10,001 - \$100,000 OVER \$100,000 \*If aggregate in Reporting Year is less than \$500, proceed to Section 5. If aggregate in Reporting Year is more than \$500, proceed to Section 3. 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ADDRESS TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship Partnership Corporation Trust Governmental Agency Nonprofit Organization Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: POSITION: GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed Signature / (File the originally signed statement with the City Clerk.)

			Type or print nounts may be rou	<b>nt in ink.</b> nded to whole dollar	s. RECEIVED	
Disclosure	of Fundraisin	ng Report Form			An less City Clock	Page 1
NAME OF ELECTEI Magdalena Carra			Date of This Filing	1/5/2017	Date Stamp	CITY OF SAN JOSE FORM DFR1
OFFICE HELD Councilmember - District 5		PERIOD COVERED BY THIS 107192016 12/31/16 TO	1 Page	1 of	2017 JAN -5 PM 4: 30 SP OTC/	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION O	F CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
						ч. — .

NOTHING TO REPORT

Date /- 5-2017-

# (San Jose Municipal Code Chapter 12.19) In Jose City Clerk

					Skuor	
NAME Carrasco	(LAST)	(FIRST) Magdalena	(MIDDLE		APR - 3 DAY 408)535-4905	METELEPHONE NUMBER
REPORTI Janaury	NG PERIO 1-March 31	D , 2017				
			rs did you spend rendering ceed to Section 2 below.)	services unrelated to	o your duties of of	fice for which you earned
1. INCOM	IE EARNE	D THIS REPORTING F	PERIOD*			
LES	S \$500	<b>\$500 - \$1,000</b>	☐ \$1,001 - \$10,000	<b>\$10,001 - \$1</b>	00,000 🔲 C	VER \$100,000
*If aggrega Section 5.	ate in Repo	rting Year is more than	\$500, proceed to Section	2. If aggregate in Re	porting Year is le	ss than \$500, proceed to
2. INCOM	1E EARNEI	D THIS REPORTING Y	/EAR			
\$0-	\$499*	<b>500 - \$1,000</b>	\$1,001 - \$10,000	<b>\$10,001 - \$10</b>	0,000 🔲 O\	/ER \$100,000
*If aggrega	ate in Repo	rting Year is less than S	\$500, proceed to Section 5			
If aggrega	te in Report	ing Year is more than	\$500, proceed to Section 3			
			ENTAL AGENCY & DESC /ERNMENTAL AGENCY	RIPTION OF SERVIO	DES	
ADDRESS	\$					
TYPE OF	BUSINESS	ENTITY/TRUST/GOV	ERNMENTAL AGENCY:			
🗌 Propri	etorship	Partnershi	p 🗌 LLC	t <b>)</b>	Corporati	on
🔲 Trust		Governme	ental Agency 🗌 Non	profit Organization	□	Other
GENERAL	DESCRIPT	FION OF BUSINESS E	NTITY/TRUST/GOVERNM	IENTAL AGENCY AG	CTIVITY:	
POSITION	•					
GENERAL	DESCRIPT	TION OF SERVICES R	ENDERED:		<u> </u>	
			RCE OF INCOME OF \$5,0 5,000 OR MORE (attach a			G PERIOD AND IF THE
5. VERIFI						
I have used information	d all reasona contained l		ring this statement. I have hed schedules is true and s true and correct.			
Signature	(File the orig	ginally signed statemer	nt with the City Clerk.)	Date Signe	d April (ma	03, 2017 onth, day, year)

Disclosure o	of Fundraisin	ng Report Form	nounts may be rounded to whole dollar	s. $S_{an} \int_{0.50}^{REO} \tilde{\mathbf{P}} age 1$	
NAME OF ELECTER Magdalena Carra		······································	Date of 4/12/17 This Filing	Date Stamp 2017, CITY OF SAN JOSE FORM	)FR1
OFFICE HELD PERIOD COVERED BY THIS REPORT 1/23/17 2/10/17 TO			Page <u>1</u> 1 	For Officiary is TH OTC	Only D
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAL CONTRIBUTION	SING
1/23/17-2/10/17	\$1,000	Jeanne Serpa, Republic Services, I Manager	Municipal Relationship	Vice Mayor Reception	
1/23/17-2/10/17	\$500	Josue Garcia, Building Trades, CE	0	Vice Mayor Reception	
1/23/17-2/10/17	\$250	Kathy Duong, Canyon Snow Const	ulting, Associate	Vice Mayor Reception	
1/23/17-2/10/17	\$2,000	Sean Kali-Rai		Vice Mayor Reception	
					1

NOTHING TO REPORT

Signature

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Date 7 1

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

NAME (LAST) Carrasco Magdale	(FIRST) na	(MIDDLE)		2017 JUDAYTIME TELE	HONE NUMBER
REPORTING PERIO April 1- June 30, 20	DD 017				
	Period, how many hours wer is none, please proce		ervices unrelated to NONE	your duties of office for whic	h you earned
1. INCOME EARNE	ED THIS REPORTING PE	RIOD*			
LESS \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$10</b>	0,000 🗌 OVER \$100,0	000
*If aggregate in Repo Section 5.	orting Year is more than \$	500, proceed to Section 2.	If aggregate in Rep	orting Year is less than \$500	), proceed to
2. INCOME EARNE	D THIS REPORTING YE	AR			
¢ <b>7</b> \$0 - \$499*	\$500 - \$1,000	<b>[]</b> \$1,001 - \$10,000	\$10,001 - \$100,	.000 🔲 OVER \$100,00	00
*If aggregate in Repo	orting Year is less than \$5	00, proceed to Section 5.			
		500, proceed to Section 3.			
and the second	S ENTITY/TRUST/GOVE	ITAL AGENCY & DESCR	IPTION OF SERVIC	<u>ES</u>	
ADDRESS					
TYPE OF BUSINESS	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:			
Proprietorship	Partnership			Corporation	
Trust	Governmen	tal Agency 🗌 Nonpr	ofit Organization	Other	
GENERAL DESCRIP	TION OF BUSINESS EN	TITY/TRUST/GOVERNME	NTAL AGENCY AC	TIVITY:	
POSITION:					
	TION OF SERVICES RE	NDERED:			
4. LIST EACH REPO	RTABLE SINGLE SOUR			IIS REPORTING PERIOD A essary)	ND IF THE
5. VERIFICATION					
information contained		ed schedules is true and co		nt and to the best of my know <b>der penalty of perjury und</b> e	
Signature	iginally signed statement	with the City Clerk.)	Date Signed	7/6/17 (month, day, ye	ar)

Disclosuro	of Eundraisin	Amo Ag Report Form	Type or print in ink. unts may be rounded to whole dollar	s. RECEIVED P.W OTC Ban Jose City Clerk	Pogo 4
NAME OF ELECTED Magdalena Carra	D OFFICIAL		7/6/17	Date Stamp 17 JUL - 6 PH 4: 36	Page 1 CITY OF SAN JOSE FORM DFR1
OFFICE HELD Vice Mayor/ Distr	ict 5	PERIOD COVERED BY THIS REPORT April 1 June 30 2017 TO 2017	1 1 Page of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE	
· · · ·					
		:			

NOTHING TO REPORT A Signature A Signature Date 7/6/17 City of San José Form DFR-1 (Nov/2010)

NAME OF ELECTED	OFFICIAL	Type or print in ink. Amounts may be rounded to whole dollars Date of	Date Stamp	Page 1 CITY OF SAN LOSE FORM DFR1
Magdale OFFICE HELD VILE Mayor		Sco PERIOD COVERED BY THIS REPORT 7/1/10_TO 9/30/12 Page of	J[]UC1=3 KITIO 41	JOSE FORM DITN For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISÌNG RIBUTION
רן) טו / ר	1000	Cal Waste 1120 Berryessald, San Jose CA 95133	National	Night Out
7   10   17	1000	The Schoennaver Company 90 Hawthome Way, San Jose OA 95 110	National	Night Out
7/10/17	୦୦୦୦	Local 230 Firefighters Union 425 E. Santa Clara St # 300 San Jose, CA 95113	National	Night Out
7 [10] 17	250	Jesus Flores Flores Incore Tax 1652 Allum Bock Ave San Jose CA 95/16	National	Night Out
רן טן ר	. 250	Ann Singh (Mountain Whites Alum Bock) 2908 Alum Bick Are, Canjose (A-9512)	National	Night Out
7 [[0][17	800	VA local Union 393 6150 Cottle Rd, San Jor, GI 95123	National	Night Out

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Signature

Date

infrid schluis	(21366	DESCRIPTION OF EVENT OR PURPOSE O CONTRIBUTION National Night	
Alpha schools PO BO,	(21366	CONTRIBUTION	
infrid schluis			
	Alpha schools PO BOx 21366 San Jose, CA 95151		t Onf
		National Night Out	
Conzalez, Hunter & Cruz	915 Lotheet Suite 1270 sachamento CA 95814	National Night	Out
10 cal 270 509 Emory	St, San Joe, CA 95116	National Night	Out
	-	National Night D	ut
Santa Clara San Ren Enal Construction Trades 7102 Almaden Do	into Courty Building Dad #101 San Dise	National Night O	ht
	San Jose C San Jose C Gonzalez, Hunter & Cruz bcal 270 509 Emory Garden City 618 S San Jo Santa Clara San Ber End Construction Trades 2102 Almaden D	San Jose CA 95110 Gonzalez, Hunter & Cruz 915 Listneet Suile 1270 Sacramento CA 9514 10 Cal 270 509 Emory St, San Jose, CA 951/6	San Jose CA 95110 National Might Dur San Jose CA 95110 National Might Dur Gonzalez, Hunter & Cruz 915 Listneet Swite 1270 Social 270 509 EmorySt, San Jose, CA 95110 National Night Garden City 618 5 list Stt San Jose National Night O Santa Chara San Benito County Building Zanta Chara San Benito County Building National Night C

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Signature

Date

Disclosure o	of Fundraisin	g Report Form	Amounts may be rounded to whole dollars.		Page 1
NAME OF ELECTED OFFICIAL Magdalona Canasco OFFICE HELD PERIOD COVERED BY THIS			Date of This Filing	Date Stamp	CITY OF SAN JOSE FORM DFR1
Vice Ma	yor	TO	Page <u>2</u> of <u>4</u>		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER A		DESCRIPTION OF EVENT OR CONTRI	PURPOSE OF FUNDRAISING BUTION
7/10/17	500	49rs 4900 Marie P Santa Clara, CA 9	Dehantolo Way sosy-1100	National Night	Out
רו   0 /ר	1000	<del>Ace Charter</del> 84 W S Republic Companies	ianta Clara St, San Jose CA 95113	National Night	Out
7/10/17	500	<u>Republic Companies</u> Ace Charter	1100 Shasta Ave #250 San Jose, (A 95126	National Ni	ght Out
רו   10   ר	1000	Roem Corp 1650 Laf	ayetk Street SantaClara 95 050	National Nig	,ht Out
רו 01 ד	1000	Swenson Builders	777 N 1stSt. San Jose CA 95 112	National Ni	ght Dut
רון סון ר	500	Hispanic Foundation of 1922 The Alameda, Suit	silicon Valley c 217 Jan Jore, CA 95126	National Ni	ight Out

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Date

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

Disclosure o	of Fundraisin	ng Report Form		Page 1	
NAME OF ELECTED Magdale	D <b>official</b> Na Cawa	560	Date of This Filing	Date Stamp	CITY OF SAN JOSE FORM DFR1
Via Ma	yor		Page of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB	
7/10/17	school supplies, bikes	Target 1000 Nicollet Mall Minn	vapolis, MN 55403	National Night	- Out
7/10/17	1006	Republic Services 42600 Boyce Rd, Frema	ont $CA$ $04528$	National Nig	ht Out
7/10/17	000	Coca Cola 1 Coca Cola Plaza, Atlan	nta GA 303B	National Nic	tht Out
7/ 10/17	150	South Bay Dental 2505 Berryesa Rd San	Due CA 95132	National Nie	jht Dut
7/10/17		Core companies 470 S Market San Jo	se CA 95113	National Nic	jht Out
7/10/17	001	Nurse Builders 1825 De La Gruz Blud	, Santa Ulana, CA 95050	National Ni	ght Out

NOTHING TO REPORT

Date

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

	(San J	lose Municipal Code	Chapter 12.19)	RECEIVED
NAME (LAST) Carrasco		(MIDDLE) (408) 535-4905		DAYTIME TELEPHONE NUMBER 2018 JAN 11 PH ST
REPORTING PERIOI 10-1-17-12-31-17	)			
	Period, how many hours did you s ver is none, please proceed to Se			ur duties of office for which you earned
1. INCOME EARNED	D THIS REPORTING PERIOD*	ne dan an a	· · · · · · ·	
🔲 LESS \$500	<b>\$500 - \$1,000 \$1,0</b>	001 - \$10,000	<b>\$10,001 - \$100,0</b>	00 OVER \$100,000
*If aggregate in Repor Section 5.	ting Year is more than \$500, proc	eed to Section 2. If	aggregate in Repor	ting Year is less than \$500, proceed to
2. INCOME EARNED	) THIS REPORTING YEAR			······································
\$0 - \$499*	\$500 - \$1,000 \$1,00	01 - \$10,000	] \$10,001 - \$100,00	00 OVER \$100,000
	ting Year is less than \$500, proce ng Year is more than \$500, proce			
1.1. Martin State And Andrew State And Martin and Street State	//TRUST/GOVERNMENTAL AGE ENTITY/TRUST/GOVERNMENT		FION OF SERVICES	
ADDRESS				
TYPE OF BUSINESS	ENTITY/TRUST/GOVERNMENT	AL AGENCY:		
Proprietorship	Partnership		ŧ	Corporation
Trust	Governmental Agence	;y 🗌 Nonprofi	it Organization	Other
GENERAL DESCRIPT	ION OF BUSINESS ENTITY/TRU	JST/GOVERNMENT	TAL AGENCY ACTIV	/ITY:
	ION OF SERVICES RENDERED			
	TABLE SINGLE SOURCE OF IN EPORTING YEAR IS \$5,000 OR I			S REPORTING PERIOD AND IF THE sary)
5. VERIFICATION				
information contained h	ble diligence in preparing this stand nerein and in any attached schedu I <b>that the foregoing is true and</b>	ules is true and com	ewed this statement plete. I certify unde	and to the best of my knowledge the er penalty of perjury under the laws of
Signature	inally signed statement with the f	Dity Clerk.)	Date Signed _	/ // /B (month, day, year)

Disclosure of Fundraising Report Form						ype or prin may be roui	nt in ink. nded to whole dolla		RECEIV Jose Ch	ED V Clork	Pag	je 1
	NAME OF ELECTED OFFICIAL Magdalena Carrasco					ate of his Filing	1.11.18		Date Stamp	M 2:48	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD       PERIOD COVERED BY THIS         CIty Councilmember - District 5       10-1-17       12-31-17         TO						1 age	1 of				For Officia	l Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRES	S, EMPLOYER A	AND OCCU	PATION O	FCONTRIBUTOR	DESCR	IPTION OF E	VENT OR PL CONTRIBU	JRPOSE OF FUN TION	DRAISING
			ri Maben,1294 Hanchett Avenue, San Jose, CA 95126 ucation Manager at Silicon Valley Education Foundation				Fiesta Navedena, holiday tree giveaway					
		-						-				
					-				-			
					A							

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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
	· ·		

NOTHING TO REPORT

Signature

Date

# (San Jose Municipal Code Chapter 12.19)

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					San Jose City, Clerk
NAME Carrasco	(LAST)	(FIRST) Magdalena	(MIDDLE)	.**	DAYTIME TELEPHONE NUMBER
	IG PERIOD , 2018-Marc				(408) 238-4909 PN 1:47
			s did you spend rendering s eed to Section 2 below.)	services unrelated to	your duties of office for which you earned
1. INCOME	E EARNED	THIS REPORTING P	ERIOD*		· · · · · · · · · · · · · · · · · · ·
🔀 LESS	\$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	☐ \$10,001 - \$10	00,000 🔲 OVER \$100,000
*If aggregat Section 5.	te in Reporti	ng Year is more than	\$500, proceed to Section 2.	If aggregate in Re	porting Year is less than \$500, proceed to
2. INCOME	E EARNED	THIS REPORTING Y	EAR		
\$0-\$	499*	<b>\$</b> 500 <b>-</b> \$1,000	\$1,001 - \$10,000	\$10,001 - \$100	0,000 OVER \$100,000
*If aggregat	e in Reporti	ng Year is less than \$	500, proceed to Section 5.		
If aggregate	e in Reportin	g Year is more than \$	500, proceed to Section 3.		
			NTAL AGENCY & DESCR	IPTION OF SERVIC	ES
NAME OF E	BUSINESS E	ENTITY/TRUST/GOVI	ERNMENTAL AGENCY		
ADDRESS					
TYPE OF B	USINESS E	NTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprie	torship	Partnership			Corporation
Trust		Governme	ntal Agency 🗌 Nonpi	rofit Organization	Other
GENERAL I	DESCRIPTI	ON OF BUSINESS EN	ITITY/TRUST/GOVERNME	ENTAL AGENCY AC	
POSITION:					
GENERAL [	DESCRIPTIC	ON OF SERVICES RE	NDERED:		
			CE OF INCOME OF \$5,000 5,000 OR MORE (attach a s		
AGGREG	/****				
5. VERIFIC					
information of	contained he		ed schedules is true and co		ent and to the best of my knowledge the nder penalty of perjury under the laws of
	Juniornia	and the pregoing 5		×	
Signature	File the origin	nally signed statement	with the City Clerk.)	Date Signed	a <u>3/2///8</u> (month, day, year)
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Disclosure	of Fundraisin	ıg Repo	ort Form	1	Amo	Type or pr punts may be ro	r <b>int in ink</b> . Junded to N	whole dollars	s. RECE San Jose I		Pag	le 1
NAME OF ELECTED OFFICIAL         Magdalena Carrasco         OFFICE HELD         Councilmember, District 5         PERIOD COVERED BY THIS         7/17/18        TO					Date of This Filing	3/21/ <sup>-</sup>	18		Stamp.Mz	CITY OF SAN JOSE FORM		
					1 Page	of	1	1. (r 1 w 1 11 11 ) 5 "		For Officia	Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NA	ME, ADDRES	SS, EMPLOY	ER AND C	OCCUPATION (	OF CONTI	RIBUTOR	DESCRIPTIC	N OF EVENT OR F CONTRIB	PURPOSE OF FUN	DRAISING
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NOTHING TO REPORT

Signature

Date M Date 3 21/18 City of San José Form DFR-1 (Nov/2010)

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

NAME (LAST) Carrasco Magdalena	(FIRST) (408) 535-4905	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING PERIOD April 1-June 30				
	riod, how many hours did yo is none, please proceed to		related to your duties	s of office for which you earned
1. INCOME EARNED T	HIS REPORTING PERIOD			
🕵 LESS \$500	🗌 \$500 - \$1,000 🔲 \$	1,001 - \$10,000 🔲 \$10,	001 - \$100,000	OVER \$100,000
*If aggregate in Reportin Section 5.	g Year is more than \$500, p	roceed to Section 2. If aggreg	ate in Reporting Yea	r is less than \$500, proceed to
2. INCOME EARNED T	HIS REPORTING YEAR			
\$499*	3500 - \$1,000 🔲 \$1	,001 - \$10,000 🔲 \$10,0	01 - \$100,000	] OVER \$100,000
*If aggregate in Reportin	g Year is less than \$500, pro	oceed to Section 5.		
	Year is more than \$500, pro			
	RUST/GOVERNMENTAL A NTITY/TRUST/GOVERNME	GENCY & DESCRIPTION OF	SERVICES	
ADDRESS		<u>.</u>	- -	
TYPE OF BUSINESS EN	ITITY/TRUST/GOVERNMEI	NTAL AGENCY:		
Proprietorship	Partnership		Cor	poration
Trust	Governmental Age	ency 🗌 Nonprofit Organ	ization	Other
GENERAL DESCRIPTIC	N OF BUSINESS ENTITY/T	RUST/GOVERNMENTAL AG	ENCY ACTIVITY:	
			<u></u>	
POSITION:				
GENERAL DESCRIPTIO	N OF SERVICES RENDER	ED:		
4. LIST EACH REPORTA AGGREGATE IN REP	ABLE SINGLE SOURCE OF ORTING YEAR IS \$5,000 O	INCOME OF \$5,000 OR MOF R MORE (attach a separate s	E FOR THIS REPO neet if necessary)	RTING PERIOD AND IF THE
5. VERIFICATION				
information contained her				he best of my knowledge the <b>ty of perjury under the laws of</b>
Signature(Fil <del>e the</del> origin	ally signed statement with th	Da e City Clerk.)	te Signed/	/16/18 (month, day, year)

## **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp CITY OF SAN JOSE FORM 1 Date of Magdalena Carrasco This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only 1 1 April 1 City Councilmember - District 5 June 30 Page \_\_\_\_ of \_\_\_ то DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR CONTRIBUTED SOLICITATION CONTRIBUTION -

NOTHING TO REPORT Date Signature ĪN City of San José Form DFR-1 (Nov/2010)

	E DISCLOSURE STA Inicipal Code Chapter 12.19	)) San Jose (	Cify Clerk
NAME (LAST) (FIRST) ( Carrasco Magdalena	MIDDLE)		
REPORTING PERIOD		July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period, how many hours did you spend r Income? (If your answer is none, please proceed to Section 2		to your duties of office	for which you earned
1. INCOME EARNED THIS REPORTING PERIOD*			
LESS \$500 \$500 - \$1,000 \$1,001 - \$7	10,000 🔲 \$10,001 - \$	100,000	R \$100,000
*If aggregate in Reporting Year is more than \$500, proceed to Section 5.	Section 2. If aggregate in F	Reporting Year is less th	an \$500, proceed to
2. INCOME EARNED THIS REPORTING YEAR		en e	
\$500 - \$499* \$500 - \$1,000 \$1,001 - \$10	0,000 \$10,001 - \$1	00,000 OVER	\$100,000
*If aggregate in Reporting Year is less than \$500, proceed to S	ection 5.		
If aggregate in Reporting Year is more than \$500, proceed to \$		an a dar <u>an Santanan a</u> Roman an Santanan an Santanan an Santanan an Santanan an Santanan an Santanan an Santana	
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY 8 NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AG		/ICES	
ADDRESS		a	
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AG	ENCY:		
Proprietorship Partnership	LLC	Corporation	
Trust Governmental Agency	Nonprofit Organization	Oth	ner
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GO	VERNMENTAL AGENCY	ACTIVITY:	
POSITION:			
GENERAL DESCRIPTION OF SERVICES RENDERED:			
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE	OF \$5,000 OR MORE FOF (attach a separate sheet if r	R THIS REPORTING PE necessary)	RIOD AND IF THE
		and a court 200 and to a compare of	
5. VERIFICATION I have used all reasonable diligence in preparing this statement information contained herein and in any attached schedules is the State of California that the foregoing is true and correct	rue and complete. I certify t.	under penalty of perju	ury under the laws of
Signature	Date Sigr		, day, year)

Disclosure	of Fundraisin	ng Report Form	Type or print in ink. unts may be rounded to whole dollar	rs. RECEIVED	Page 1
NAME OF ELECTER	DOFFICIAL		Date of 10/11/2018 This Filing	San Jossa SilynpClerk	CITY OF SAN DFR1
OFFICE HELD Council District 5		PERIOD COVERED BY THIS REPORT 711/18_TO_MM0118	Page of	2018 OCT 12 PM 4: 16	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING RIBUTION
6/13/2018	\$500	Erik E. Schoennauer, 90 Hawthorne M THE SCHOENNAUER COMPANY, L		National Night Out 2018	
6/13/2018	\$500	Angelina Ramos, 1100 Shasta Avenu ACE Charter Schools, Director of Cor		National Night Out 2018	
6/13/2018	\$500	John Glover, 1601 Cunningham Aver Alpha Public Schools, Chief Executiv		National Night Out 2018	
6/13/2018	\$2000	Enrique Arguello, 2195 Fortune Drive LIUNA! Local 270, Chief Executive O		National Night Out 2018	
6/13/2018	\$2000	Cathy Lachenmyer, 2880 Lakeside D CA 95054, Swinerton Builders, Proje		National Night Out 2018	
6/13/2018	\$1500	Maria O'Hollearn, 350 Twin Dolphin I CA 94065, Rocketship Schools, San		National Night Out 2018	

NOTHING TO REPORT

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AS

10/12/18 Date

## Disclosure of Fundraising Report Form

Page 2

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$2000	Al Gonzalez Jr, 6150 Cottle Road, San Jose, CA 95123, UA Local Union 393, Business Representative	National Night Out 2018
\$500	Victoria Castro, 1600 Yosemite Blvd, Modesto, CA 95354, The SaveMart Companies, Public Affairs Manager	National Night Out 2018
\$300	Marco Robles, 2501 E. Guasti Rd., Ontario, CA 91761, Cardenas Markets, Public Affairs Director	National Night Out 2018 / M-Kincl
\$500	Siara Brito, 5130 Hacienda Dr, Dublin, CA 94568, Ross Stores, Facilities Supervisor	National Night Out 2018 / M- Kind
\$1000	Katie Katout, 295 89th Street, Suite 304, Daly City, CA 94015, Teamsters Local Union No. 350, Office Manager	National Night Out 2018
\$1000	Jeanne Serpa, 1601 Dixon Landing Road, Milpitas, CA 95035, Republic Services, Municipal Relationship Manager	National Night Out 2018
	CONTRIBUTED         \$2000         \$2000         \$500         \$300         \$500         \$1000	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR\$2000Al Gonzalez Jr, 6150 Cottle Road, San Jose, CA 95123, UA Local Union 393, Business Representative\$500Victoria Castro, 1600 Yosemite Blvd, Modesto, CA 95354, The SaveMart Companies, Public Affairs Manager\$300Marco Robles, 2501 E. Guasti Rd., Ontario, CA 91761, Cardenas Markets, Public Affairs Director\$500Siara Brito, 5130 Hacienda Dr, Dublin, CA 94568, Ross Stores, Facilities Supervisor\$1000Katie Katout, 295 89th Street, Suite 304, Daly City, CA 94015, Teamsters Local Union No. 350, Office ManagerJeanne Serpa, 1601 Dixon Landing Road, Milpitas, CA 95035,

2/18 10/1 Signature 🤇 Date NOTHING TO REPORT City of San José Form DFR-1 (Nov/2010)

Disclosure	of Fundraisin	Armon Ag Report Form	Type or print unts may be round		rs. RECEIVED San Jose City Clerk	Page 1
NAME OF ELECTER		Date of This Filing _	10/11/2018	0 7 Date Starto 2018 OCT 12 PM 4: 17	CITY OF SAN DFR1	
OFFICE HELD Council District 5		PERIOD COVERED BY THIS REPORT 7/1/18_TO_9/30/18	Page	of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	OCCUPATION OF (	CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIE	
6/13/2018	\$250	Cindy Su, 2890 Monterey Rd., San Jo Homes, Vice President	ose, CA 95111,	National Night Out 2018		
6/13/2018	\$250	Jenny Thach, 1290 Hammerwood Av 94089, Bay Alarm Company, Sales C		National Night Out 2018		
6/13/2018	\$250	Nicholas Aguilar, 1210 S Bascom Av San Jose, CA 95128,Premier Health		ity Relations	National Night Out 2018	
6/13/2018	\$250	Guadalupe Zavala, 1775 Story Rd. S 95122, PatelCo Credit Union, Membe			National Night Out 2018	
			<u> </u>			

7 - 585 Signature

Date 14 12/18 City of San José Form DFR-1 (Nov/2010)

## Disclosure of Fundraising Report Form

I	Page	2

	DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTED		FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION	
6/13	8/2018	\$1000	Sharanjit S. Kali-rai, 10 Jackson Street, Suite 105, Los Gatos, CA 95030, Silicon Valley Cannabis Alliance, CEO	National Night Out 2018	
6/13	6/13/2018 \$1000 Sean Kaldor, 201 N. Market St., San Jos Fire Fighters Local 230, President		Sean Kaldor, 201 N. Market St., San Jose, CA 95110, San Jose Fire Fighters Local 230, President	National Night Out 2018	
6/13	3/2018	\$1000	Lindsay Quackenbush, 13520 Evening Creek Dr. N, Ste. 160, San Diego, CA 92128, Affirmed Housing, VP of Development	National Night Out 2018	
6/13	8/2018	\$1000	David Calegari, 1080 Walsh Avenue, Santa Clara, CA 95050, Garden City Sanitation, General Manager	National Night Out 2018	
6/1:	3/2018	\$250	Jesus Flores, 1652 Alum Rock Ave #B, San Jose, CA 95116, Flores Professional Services, Owner	National Night Out 2018	
6/13	3/2018	\$250	Andrea Boutte, 1641 N. 1st St., Ste. 245, San Jose, CA 95112, Santa Clara County Federal Credit Union, VP of Business Dev.	National Night Out 2018	
_					

10/12/13 Date

INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19) RECEIVED
NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELÉPHONE NUMBER
REPORTING PERIOD       O         Jan 1-March 31       April 1-June 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*
ESS \$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
NIA
ADDRESS
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Proprietorship Partnership LLC Corporation
Trust Governmental Agency Nonprofit Organization Other
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
POSITION:
GENERAL DESCRIPTION OF SERVICES RENDERED:
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)
5. VERIFICATION
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of
the State of California that the foregoing is true and correct.
Signature Date Signed/ [File the originally signed statement with the City Clerk.] Date Signed/ (month, day, year)

Type or print in ink.

Disclosure o	of Fundraisin	ig Report Form	unts may be rounded to whole dolla	RECEIVED	Page 1
NAME OF ELECTED OFFICIAL MALAAA OFFICE HELD OFFICE HEL			Date of This Filing Page of	2019 JAN 16 PM 3: 19	CITY OF SAN JOSE FORM DFR1 For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
11/26/2018	2500	San José Fire Fighte		Fresh Maildon Dec 20	a event
11/06/2018	14/2018 3,000 Labor's International Vision of Normania		Fresh Naw	idence over	

1 Signature:

NOTHING TO REPORT

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

DATE:

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED (San Jose Municipal Code Chapter 12.19) San Jose City Clock
NAME (LAST) (FIRST) (MIDDLE) 2019 DAYTIME TELEPHONE NUMBER
REPORTING PERIOD D 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
\$1,001 - \$10,000 OVER \$100,000 OVER \$100,000
*If aggregate in Reporting Year is less than \$500, proceed to Section 5.
If aggregate in Reporting Year is more than \$500, proceed to Section 3.
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
ADDRESS
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Proprietorship Partnership LLC Corporation
Trust Governmental Agency Nonprofit Organization Other
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
POSITION:
GENERAL DESCRIPTION OF SERVICES RENDERED:
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF 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 Fundraisin	g Report Form	RECEIVED	Page 1	
NAME OF ELECTED OFFICIAL Date of June 27, 20				Date Stamp	
Magdalena Carrasco			This Filing	2019 JUN 27 AM 10: 38	CITY OF SAN DFR1
OFFICE HELDPERIOD COVERED BY THI REPORTCouncilmember - District 54.1.19TO6.30		REPORT	Page 1 of 1	LOID CON LI MI) MAR 310	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED			DESCRIPTION OF EVENT OR CONTRIE	
			••••••••••••••••••••••••••••••••••••••		
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NOTHING TO	O REPORT 🕑	Signature:	- Ale		621119 Gan José Form DFR-1 (Nov/2010)

## 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
			·
*******			
NOTHING TO			

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED (San Jose Municipal Code Chapter 12.19) San Jose City Clock
NAME (LAST) (FIRST) (MIDDLE) 2019 DAYTIME TELEPHONE NUMBER
REPORTING PERIOD D 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
\$1,001 - \$10,000 OVER \$100,000 OVER \$100,000
*If aggregate in Reporting Year is less than \$500, proceed to Section 5.
If aggregate in Reporting Year is more than \$500, proceed to Section 3.
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
ADDRESS
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Proprietorship Partnership LLC Corporation
Trust Governmental Agency Nonprofit Organization Other
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
POSITION:
GENERAL DESCRIPTION OF SERVICES RENDERED:
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF 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 Fundraisin	g Report Form	RECEIVED	Page 1	
NAME OF ELECTED OFFICIAL Date of June 27, 20				Date Stamp	
Magdalena Carrasco			This Filing	2019 JUN 27 AM 10: 38	CITY OF SAN DFR1
OFFICE HELDPERIOD COVERED BY THI REPORTCouncilmember - District 54.1.19TO6.30		REPORT	Page 1 of 1	LOID CON LI MI) MAR 310	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED			DESCRIPTION OF EVENT OR CONTRIE	
			••••••••••••••••••••••••••••••••••••••		
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NOTHING TO	O REPORT 🕑	Signature:	- Ale		621119 Gan José Form DFR-1 (Nov/2010)

## 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
			·
*******			
NOTHING TO			

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

NAME (LAST) Carrasco Magdalena	(FIRST)	(MIDDLE)		YTIME TELEPHONE NUMBER 5354905
REPORTING PERIOD Jan 1-March 31		April 1-June 30	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? ( <i>If your answer is r</i>		s did you spend rendering service eed to Section 2 below.)	s unrelated to your duties of	office for which you earned
1. INCOME EARNED THIS		,		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Y Section 5.	ear is more than (	\$500, proceed to Section 2. If ago	regate in Reporting Year is	less than \$500, proceed to
2. INCOME EARNED THIS	REPORTING Y	EAR		
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000 \$	10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Y				
If aggregate in Reporting Ye		500, proceed to Section 3. NTAL AGENCY & DESCRIPTIO		
NAME OF BUSINESS ENTI				
<b>176 - 1</b> 11 - 11		na na mana ang ang ang ang ang ang ang ang ang		
ADDRESS				
TYPE OF BUSINESS ENTIT	TY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership		Corpo	ration
Trust	Governme	ntal Agency Nonprofit O	ganization	
				Other
GENERAL DESCRIPTION (	JF BUSINESS EI	NTITY/TRUST/GOVERNMENTAL	AGENCY ACTIVITY:	
POSITION:	**************************************	an a		
	OF SERVICES RE	ENDERED:		
		RCE OF INCOME OF \$5,000 OR I		
		5,000 OR MORE (attach a separa		
	<u></u>		· · · ·	
5. VERIFICATION	a kang distancen sub distant wante organ			
		ing this statement. I have reviewend the schedules is true and completed the schedules is true and com		
the State of California that				A SET
Signature (File the originally	7 signed statemen	t with the City Clerk.)	Date Signed\6	(5/20) (month/day, year)

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

NAME (LAST) Carrasco, Magdalena	(FIRST)	(MIDDLE)	DA\ 408-535-4905	YTIME TELEPHONE NUMBER		
REPORTING PERIOD 10/1/19-12/31/19		991996tmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	адаанын налар <sup>10</sup> с			
	eriod, how many hours did you er is none, please proceed to S		nrelated to your duties of	office for which you earned		
1. INCOME EARNED	THIS REPORTING PERIOD*					
LESS \$500	<b>\$500 - \$1,000 \$</b>	1,001 - \$10,000 🔲 \$10	),001 - \$100,000	OVER \$100,000		
*If aggregate in Report Section 5.	ng Year is more than \$500, pr	roceed to Section 2. If aggree	jate in Reporting Year is	less than \$500, proceed to		
2. INCOME EARNED	THIS REPORTING YEAR					
\$0 - \$499*	<b>\$500 - \$1,000 \$1</b>	,001 - \$10,000 🔲 \$10,	001 - \$100,000	OVER \$100,000		
*If aggregate in Reporti	ng Year is less than \$500, pro	ceed to Section 5.				
	ng Year is more than \$500, pro					
	/ <mark>TRUST/GOVERNMENT</mark> AL A ENTITY/TRUST/GOVERNME		IF SERVICES			
ADDRESS						
TYPE OF BUSINESS E	ENTITY/TRUST/GOVERNMEN	NTAL AGENCY:				
Proprietorship	Partnership		Corpora	ation		
Trust	Governmental Age	ency 🗌 Nonprofit Orga	nization			
				Other		
GENERAL DESCRIPTI	ON OF BUSINESS ENTITY/T	RUST/GOVERNMENTAL AC	ENCY ACTIVITY:			
DOCITION	999939 <u>11-001776-0-1</u> 0	SNW0	<u>1</u>			
POSITION:						
	ON OF SERVICES RENDER					
	TABLE SINGLE SOURCE OF PORTING YEAR IS \$5,000 O			NG PERIOD AND IF THE		
MCC						
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(	inally signed statement with th	D	ate Signed	181.7020 mont/l, day, year)		

Disclosure	of Fundraisir	ng Rej	port Form		RECHNER	Page 1
Magdaler	-	0		Date of This Filing <u>1.8.20</u>	San Petertampy Clerk	CITY OF SAN DFR1
OFFICE HELDPERIOD COVERED BY THIS REPORTCouncilmember - District 510.1.19 TO 12.31.19		Page <u>1</u> of <u>1</u>	2020 JAN -8 AMII: 16	For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F	
10.15.19	1,000.00	Local	bers, Steamfitters and Refr 393 Barrington Court, Hayward	0	Holiday Tree Giveaway	
10.4.19	1,000.00	Repu CA	blic Services 1601 Dixon L	anding Road, Milpitas,	Holiday Tree Giveaway	
11.21.19	500.00		/entures Communities LLC 150 Irvine CA 92612	3121 Michelson Drive	Holiday Tree Giveaway	лан <u>ула соци</u> он <u>оро</u> лиц
11.18.19	1000.00	Schoo Ca 95	ennauer Company 90 Haw 5110	thorne Way San Jose,	Holiday Tree Giveaway	
11.18.19	1000.00		Consulting LLC 10 Jacksto Satos, CA 95030	one Street Suite 105	Holiday Tree Giveaway	
11.22.19	1,000.00		ary Truck Drivers and Help 95 89th Street Suite 304 D		Holiday Tree Giveaway	

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:

20 DATE:

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 NUMBERCARRASCOMAGDALENAGLORIA408.834.7473	
REPORTING PERIOD 4/1/22 -6/30/22	-
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.	ξ
2. INCOME EARNED THIS REPORTING YEAR	
⊠ \$0 - \$499* □ \$500 - \$1,000 □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 □ OVER \$100,000	
*If aggregate in Reporting Year is less than \$500, proceed to Section 5.	
If aggregate in Reporting Year is more than \$500, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY	
ADDRESS	-
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:	-
Proprietorship     Partnership     LLC     Corporation	
Trust Governmental Agency Nonprofit Organization Other Other	
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:	
POSITION:	
GENERAL DESCRIPTION OF SERVICES RENDERED:	-
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)	
	-
5. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature	
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**Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp CITY OF SAN Date of Magdalena Carrasco JOSE FORM This Filing \_08/05/2022 OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Councilmember Page \_\_\_1\_ of 1 April 2022  $_{TO}$  June 2022 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR CONTRIBUTED SOLICITATION CONTRIBUTION 6/16/2022 \$4,000 Raising Money for our District 5 Events Sharanjit S. Kali-rai, President Jackson and Main, LLC 10 Jackson Street, Suite 105, Los Gatos, CA 95030

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: 08/05/2022

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

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

NAME (LAST) CARRASCO MAG	(FIRST) DALENA GLORIA	(MIDDLE) 408.834.7473		DAYTIME TELEPHONE NUMBER
REPORTING PERIOD	7/1/22-09/30/2022			
	eriod, how many hours er is none, please proce		ervices unrelated to yo	ur duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PE	RIOD*		
LESS \$500	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	<b>\$10,001 - \$100,0</b>	00 🗌 OVER \$100,000
Section 5.	-		If aggregate in Report	ing Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEA	AR		
<b>\$0 - \$499</b>	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	<b>\$10,001 - \$100,00</b>	0 OVER \$100,000
*If aggregate in Reporti	ng Year is less than \$50	00, proceed to Section 5.		
	<u> </u>	00, proceed to Section 3.		
	/TRUST/GOVERNMEN ENTITY/TRUST/GOVE	TAL AGENCY & DESCRI RNMENTAL AGENCY	PTION OF SERVICES	
ADDRESS				
TYPE OF BUSINESS E	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:		
Proprietorship	Partnership			Corporation
Trust	Governmen	tal Agency 🗌 Nonpr	ofit Organization	Other
GENERAL DESCRIPT	ION OF BUSINESS EN	TITY/TRUST/GOVERNME	NTAL AGENCY ACTI	VITY:
POSITION:				
GENERAL DESCRIPT	ION OF SERVICES RE	NDERED:		· · · · · · · · · · · · · · · · · · ·
		CE OF INCOME OF \$5,000 ,000 OR MORE (attach a s		S REPORTING PERIOD AND IF THE sary)
5. VERIFICATION				
information contained h		ed schedules is true and co		and to the best of my knowledge the er penalty of perjury under the laws of
Signature (File the orig	inally signed statement	with the City Clerk.)	Date Signed _	10/14/22 (month, day, year)

Disclosure	of Fundraisir	ng Report Form			Page 1
NAME OF ELECTED OFFICIAL Magdalena Carrasco			Date of This Filing 10/14/2022	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD     PERIOD COVERED BY THIS       Councilmember     June 2022       TO     September 2022		Page <u>1</u> of <u>3</u>			
DATE OF AMOUNT SOLICITATION CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND O		OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB		
6/16/2022	\$4,000	Victor Duong,Vice President California Waste Solutions 1120 Berryessa St, San Jose, CA, 95133		Raising Money for our Dis	trict 5 Events
6/16/2022	\$3,000	Enrique Arguello Business Manager/ Secretary-Treasurer LiUNA Local 270 2195 Fortune Drive, San Jose, CA 95131		Raising Money for our District 5 Events	
6/16/2022	\$2,000	Michael Van Every, President Republic Urban Properties 77 N 1st St. 5th Floor, San Jose, CA 95113		Raising Money for our Dis	trict 5 Events
6/16/2022	\$2,000	Denisse Garcia, Director of Community Engagement Ace Charter School 1100 Shasta Ave, San Jose, CA, 95126		Raising Money for our Dis	trict 5 Events
6/16/2022	\$2,000	John Bouchard,Secretary-Treasurer Sanitary Truck Drivers and Helpers Union No. 350 295 89th St. Suite 304, Daly City, CA 94015		Raising Money for our Dis	trict 5 Events
6/16/2022	\$2,000	Will Smith, Business Representative International Brotherhood of Electrical Workers Local 332 2125 Canoas Garden Suite 100, San Jose CA 95125		Raising Money for our Dis	trict 5 Events

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## **Disclosure of Fundraising Report Form**

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DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/16/2022	\$2,000	Erik Schoennauer, Partner The Schoennauer Company 90 Hawthorne Way, San Jose, CA 95110	Raising Money for our District 5 Events
6/16/2022	\$2,000	Jorge Arellano, Director of Advocacy and Community Engagement Alpha Public Schools P.O Box 21366, San Jose, CA 95151	Raising Money for our District 5 Events
6/16/2022	\$2,000	Sean Morley, Principal The Morley Bros. 475 Alberto Wy. Suite 210, Los Gatos, CA 95032	Raising Money for our District 5 Events
6/16/2022	\$1,000	Stephanie Flores, Programs Manager Latino Business Foundation of Silicon Valley 1652 Alum Rock Ave #C, San Jose CA 95116	Raising Money for our District 5 Events
6/16/2022	\$1,000	Jeanne Serpa, Municipal Services Manager Republic Services 18500 N Allied WayPhoenix, AZ 85054	Raising Money for our District 5 Events
6/16/2022	\$1,000	Geoffrey Morgan, President and CEO First Community Housing 75 E Santa Clara St, Suite 1300, San Jose, CA 95113	Raising Money for our District 5 Events
6/16/2022	\$800	Ben Naranjo, Advisor San Jose Firefighters Local 230 201 N Market St, San Jose, CA 95110	Raising Money for our District 5 Events

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## **Disclosure of Fundraising Report Form**

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DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/16/2022	\$500	Michael Fox, President and CEO Goodwill of Silicon Valley 1080 N 7th StSan Jose, CA 95112	Raising Money for our District 5 Events
6/16/2022	\$500	Jesus Flores, Owner Flores Professional Services 1652 Alum Rock Ave, San Jose, CA 95116	Raising Money for our District 5 Events
6/16/2022	\$500	Adriano Naderi, President Nurse Builders Academy 1825 De La Cruz Blvd # 105, Santa Clara, CA 95050	Raising Money for our District 5 Events
6/16/2022	\$250	David Bini, Executive Director Santa Clara & San Benito Counties Building & Construction Trades Council 2102 Almaden Road, Suite 101, San Jose, CA 95125	Raising Money for our District 5 Events
6/16/2022	\$300	Mark Robson, President Robson Home 2185 The Alameda, San Jose, CA 95126	Raising Money for our District 5 Events

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