

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk *City Clerk*

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Carrasco Magdalena 2016 07 08 908 575-9905

REPORTING PERIOD
July 1 - September 30, 2016

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*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

N/A

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: *N/A*

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

Date Signed *Oct. 6, 2016*
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 10.6.2016	Date Stamp 2016 OCT -6 PM 4: 04 SP OTC	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember - District 5	PERIOD COVERED BY THIS REPORT July 1 TO Sept 30	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
May 25th 2016	200	Lois Lourenco, Owner -Bacalhua 1555 Alum Rock Ave, San Jose, CA 95116	National Night Out
May 25th 2016	500	Nanette Miranda, Assistant Manager, FoodMaxx 3002 Story Rd, San Jose 95127	National Night Out
May 25th 2016	1000	Eric Brandenburg, Partner Brandenburg Properties 1122 Willow Street, Suite 200	National Night Out
May 25th 2016	1000	Bill Baron, Partner, Brandenburg Properties 1122 Willow Street, Suite 200	National Night Out
May 25th 2016	1000	Dave Kaval, President of San Jose Earthquakes 1123 Coleman Ave San Jose 95110	National Night Out
May 25th 2016	1000	Cheye Calvo, 2001 Gateway PI San Jose CA 95110, Rocketship <i>Chief Growth and Community Engagement Officer</i>	National Night Out

NOTHING TO REPORT

Signature 

Date 10/6/2016

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

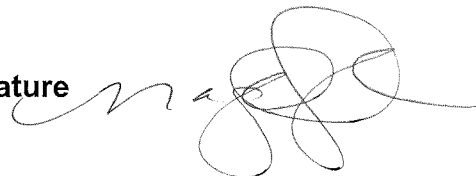
Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 10.6.16	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember - District 5	PERIOD COVERED BY THIS REPORT 7/1/16 TO 9/30/16	Page 3 of 9		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
5/25	100	Silicon Valley Club (LLC) 18800 Bella Vista, Saratoga, CA 95070 Devang Shah, CEO	National Night Out
5/25	220 + 89.99 (In Kind)	Liliana Diaz 1750 Story Rd, San Jose, CA, 95122 Chief Loss Prevention	National Night Out
5/25	500	Outfront Media 1331 Workman St., Los Angeles, CA 90031 Mary Bedrosian - Valencia, VP, Government Affairs	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 Arzobello, Businessman	National Night Out

NOTHING TO REPORT

Signature



Date 10/6/2016

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
JAN -5 PM 4:33

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Carrasco Magdalena (408) 535-4905

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*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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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: _____

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5. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

Date Signed 1-5-2017
(month, day, year)

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

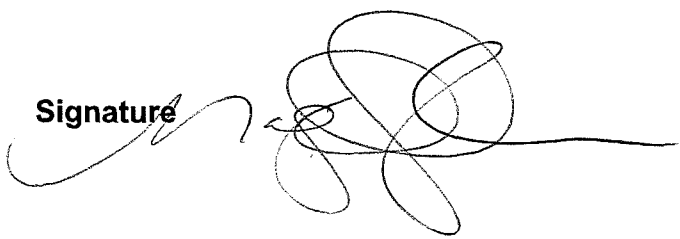
Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 1/5/2017	Date Stamp 2017 JAN -5 PM 4:30 EP JCV	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember - District 5	PERIOD COVERED BY THIS REPORT 10/1/2016 TO 12/31/16	Page 1 of 1		

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 1-5-2017
City of San José Form DFR-1 (Nov/2010)

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

RECEIVED
 San Jose City Clerk
HWOTC
 2017 APR -3 DAYTIME
 (408)535-4905

NAME (LAST) (FIRST) (MIDDLE) TELEPHONE NUMBER
 Carrasco Magdalena 2017 APR -3 DAYTIME (408)535-4905

REPORTING PERIOD
 January 1-March 31, 2017

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*

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

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NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

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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: _____

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5. VERIFICATION

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

Date Signed April 03, 2017
 (month, day, year)

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

Disclosure of Fundraising Report Form

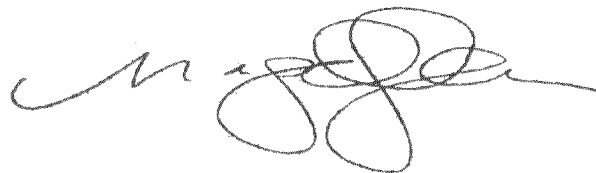
San Jose RECEIVED Page 1

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 4/12/17	Date Stamp 2017
OFFICE HELD Vice Mayor	PERIOD COVERED BY THIS REPORT 1/23/17 TO 2/10/17	Page 1 of 1	CITY OF SAN JOSE FORM DFR1 For Official Use Only 3-20 JH OTC

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
1/23/17-2/10/17	\$1,000	Jeanne Serpa, Republic Services, Municipal Relationship Manager	Vice Mayor Reception
1/23/17-2/10/17	\$500	Josue Garcia, Building Trades, CEO	Vice Mayor Reception
1/23/17-2/10/17	\$250	Kathy Duong, Canyon Snow Consulting, Associate	Vice Mayor Reception
1/23/17-2/10/17	\$2,000	Sean Kali-Rai	Vice Mayor Reception

NOTHING TO REPORT

Signature



Date

4/12/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

San Jose City Clerk

P.W. OTC

RECEIVED

2017 JUN 14 11:43 AM DAYTIME TELEPHONE NUMBER (408) 535-4905

NAME (LAST) (FIRST) (MIDDLE) Carrasco Magdalena

REPORTING PERIOD April 1- June 30, 2017

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.) NONE

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY M

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:

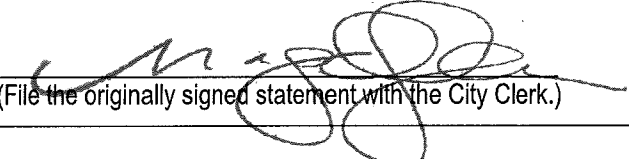
POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

Date Signed 7/6/17 (month, day, year)

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

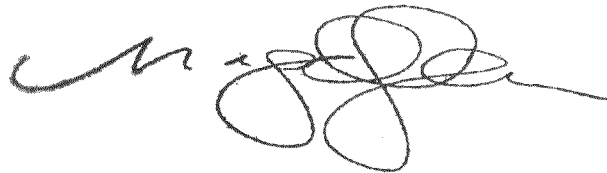
RECEIVED P.W OTC
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 7/6/17	Date Stamp 2017 JUL -6 PM 4:36	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Vice Mayor/ District 5	PERIOD COVERED BY THIS REPORT April 1 June 30 2017 TO 2017	Page 1 of 1		

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 7/6/17
City of San José Form DFR-1 (Nov/2010)

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

RECEIVED

San Jose City Clerk
GTC

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 10/5/17	Date Stamp 2017 OCT -5 AM 10:47	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Vice Mayor	PERIOD COVERED BY THIS REPORT 7/1/17 TO 9/30/17	Page 1 of 4		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/10/17	1000	Cal Waste 1120 Berryessa Rd, San Jose CA 95133	National Night Out
7/10/17	1000	The Schoennauer Company 90 Hawthorne Way, San Jose CA 95110	National Night Out
7/10/17	1000	Local 230 Firefighters Union 425 E. Santa Clara St #300 San Jose, CA 95113	National Night Out
7/10/17	250	Jesus Flores Flores Income Tax 1652 Alum Rock Ave San Jose CA 95116	National Night Out
7/10/17	250	Amn Singh (Mountain Whites Alum Rock) 2908 Alum Rock Ave, San Jose CA 95127	National Night Out
7/10/17	800	VA local Union 313 6150 Cottle Rd, San Jose, CA 95123	National Night Out

NOTHING TO REPORT

Signature

Date

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <i>Magdalena Carrasco</i>		Date of This Filing _____	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <i>Vice Mayor</i>	PERIOD COVERED BY THIS REPORT TO	Page <i>2</i> of <i>4</i>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
<i>7/10/17</i>	<i>500</i>	<i>Alpha schools PO Box 21366 San Jose, CA 95151</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1,000</i>	<i>Rocketship 2001 Gateway Pl Suite 230E San Jose CA 95110</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1000</i>	<i>Gonzalez, Hunter & Cruz 915 Lstreet Suite 1270 sacramento CA 95814</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>2000</i>	<i>local 270 509 Emory St, San Jose, CA 95110</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1000</i>	<i>Garden City 618 S 1st St San Jose</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>250</i>	<i>Santa Clara San Benito County Building and Construction Trades Council 2102 Almaden Road #101 San Jose CA 95125</i>	<i>National Night Out</i>

NOTHING TO REPORT

Signature

Date

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <i>Magdalena Camasco</i>		Date of This Filing _____	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <i>Vice Mayor</i>	PERIOD COVERED BY THIS REPORT _____ TO _____	Page <i>3</i> of <i>4</i>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
<i>7/10/17</i>	<i>500</i>	<i>49rs . 4900 Marie P Dehantolo Way Santa Clara, CA 95054-1100</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1000</i>	<i>Ace Charter</i> <i>84 W Santa Clara St, San Jose CA 95113</i> <i>Republic Companies</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1000</i> <i>500</i>	<i>Republic Companies</i> <i>1100 Shasta Ave #250</i> <i>Ace Charter</i> <i>San Jose, CA 95126</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1000</i>	<i>Roem Corp 1650 Lafayette Street Santa Clara</i> <i>95050</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>1000</i>	<i>Swenson Builders 777 N 1st St. San Jose CA</i> <i>95112</i>	<i>National Night Out</i>
<i>7/10/17</i>	<i>500</i>	<i>Hispanic Foundation of Silicon Valley</i> <i>1922 The Alameda, Suite 217 San Jose, CA 95126</i>	<i>National Night Out</i>

NOTHING TO REPORT

Signature

Date

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing _____	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Vice Mayor	PERIOD COVERED BY THIS REPORT 4 TO 4	Page ____ of ____		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/10/17	School Supplies, bikes	Target 1000 Nicollet Mall Minneapolis, MN 55403	National Night Out
7/10/17	1000	Republic Services 42600 Boyce Rd, Fremont CA 94538	National Night Out
7/10/17	1000	Coca Cola 1 Coca Cola Plaza, Atlanta GA 30313	National Night Out
7/10/17	150	South Bay Dental 2505 Berryessa Rd San Jose CA 95132	National Night Out
7/10/17		Core Companies 470 S Market San Jose CA 95113	National Night Out
7/10/17	100	Nurse Builders 1825 De La Cruz Blvd, Santa Clara, CA 95050	National Night Out

NOTHING TO REPORT

Signature

Date

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
2018 JAN 11 PM 2:48

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Carrasco Magdalena (408) 535-4905

REPORTING PERIOD
10-1-17-12-31-17

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*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
N/A

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: _____

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5. VERIFICATION

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

Date Signed 1/11/18
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing 1.11.18	Date Stamp 2018 JAN 11 PM 2:48	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Councilmember - District 5	PERIOD COVERED BY THIS REPORT 10-1-17 12-31-17 TO	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
12.1.17	\$1000	Meri Maben, 1294 Hanchett Avenue, San Jose, CA 95126 Education Manager at Silicon Valley Education Foundation	Fiesta Navedena, holiday tree giveaway

NOTHING TO REPORT

Signature



Date

1/11/18

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

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

Signature

Date

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
DAYTIME TELEPHONE NUMBER
(408) 535-4905
MAY 23 PM 1:47

NAME (LAST) Carrasco (FIRST) Magdalena (MIDDLE)
DAYTIME TELEPHONE NUMBER (408) 535-4905

REPORTING PERIOD
January 1, 2018-March 31, 2018

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*

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

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 Trust Governmental Agency Nonprofit Organization Other

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

POSITION: _____
GENERAL DESCRIPTION OF SERVICES RENDERED: _____

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

Date Signed 3/21/18
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
Date Stamp
2018 MAR 23 PM 1:47

NAME OF ELECTED OFFICIAL
Magdalena Carrasco

Date of This Filing 3/21/18

CITY OF SAN JOSE FORM **DFR1**

OFFICE HELD
Councilmember, District 5

PERIOD COVERED BY THIS REPORT
1/1/18 TO 3/31/18

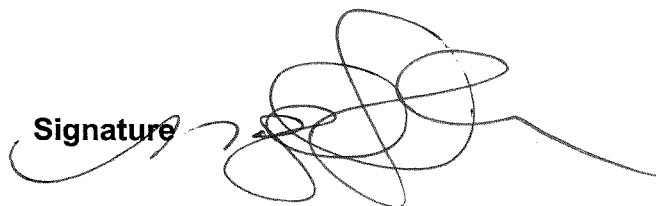
Page 1 of 1

For Official Use Only

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

NOTHING TO REPORT

Signature



Date

3/21/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Carrasco Magdalena (408) 535-4905

REPORTING PERIOD
April 1-June 30

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*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
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 [Handwritten Signature] Date Signed 7/16/18
(File the originally signed statement with the City Clerk.) (month, day, year)

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

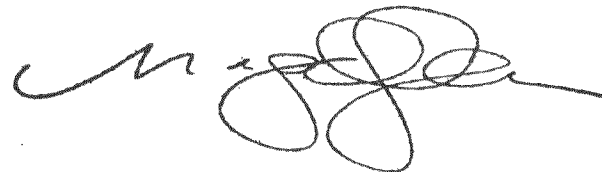
Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing <u>1</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Councilmember - District 5	PERIOD COVERED BY THIS REPORT April 1 TO June 30	Page <u>1</u> of <u>1</u>		

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 7/16/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

OTC

2018 DAYTIME TELEPHONE NUMBER
408-535-4905

NAME (LAST) (FIRST) (MIDDLE)
Carrasco Magdalena

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

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) No

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

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.

RESET

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

Date Signed 10/11/18
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED

Page 1

NAME OF ELECTED OFFICIAL Vice Mayor Magdalena Carrasco		Date of This Filing 10/11/2018	San Jose City Clerk Date Stamp 2018 OCT 12 PM 4:16	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Council District 5	PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18	Page 1 of 4		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/13/2018	\$500	Erik E. Schoennauer, 90 Hawthorne Way, San Jose, CA 95110, THE SCHOENNAUER COMPANY, LLC, Land Use Consultant	National Night Out 2018
6/13/2018	\$500	Angelina Ramos, 1100 Shasta Avenue, San Jose, CA 95126, ACE Charter Schools, Director of Community Engagement	National Night Out 2018
6/13/2018	\$500	John Glover, 1601 Cunningham Avenue, San Jose, CA 95122, Alpha Public Schools, Chief Executive Officer	National Night Out 2018
6/13/2018	\$2000	Enrique Arguello, 2195 Fortune Drive, San Jose, CA 95131, LIUNA! Local 270, Chief Executive Officer	National Night Out 2018
6/13/2018	\$2000	Cathy Lachenmyer, 2880 Lakeside Drive Ste. 300, Santa Clara, CA 95054, Swinerton Builders, Project Field Administrator	National Night Out 2018
6/13/2018	\$1500	Maria O'Hollearn, 350 Twin Dolphin Dr., Ste.109 Redwood City, CA 94065, Rocketship Schools, San Jose Regional Director	National Night Out 2018

NOTHING TO REPORT

Signature



Date

10/12/18

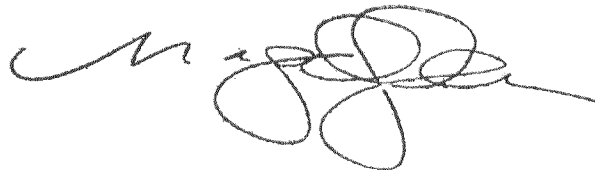
Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/13/2018	\$2000	Al Gonzalez Jr, 6150 Cottle Road, San Jose, CA 95123, UA Local Union 393, Business Representative	National Night Out 2018
6/13/2018	\$500	Victoria Castro, 1600 Yosemite Blvd, Modesto, CA 95354, The SaveMart Companies, Public Affairs Manager	National Night Out 2018
6/13/2018	\$300	Marco Robles, 2501 E. Guasti Rd., Ontario, CA 91761, Cardenas Markets, Public Affairs Director	National Night Out 2018 / in-kind water
6/13/2018	\$500	Siara Brito, 5130 Hacienda Dr, Dublin, CA 94568, Ross Stores, Facilities Supervisor	National Night Out 2018 / in-kind Backpacks
6/13/2018	\$1000	Katie Katout, 295 89th Street, Suite 304, Daly City, CA 94015, Teamsters Local Union No. 350, Office Manager	National Night Out 2018
6/13/2018	\$1000	Jeanne Serpa, 1601 Dixon Landing Road, Milpitas, CA 95035, Republic Services, Municipal Relationship Manager	National Night Out 2018

NOTHING TO REPORT

Signature



Date

10/12/18

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
Date Stamp
0728

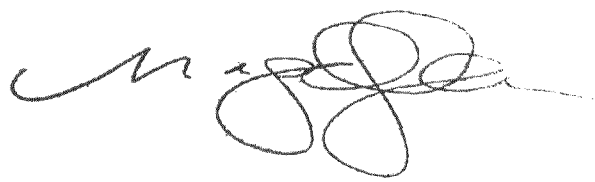
Page 3

NAME OF ELECTED OFFICIAL Vice Mayor Magdalena Carrasco		Date of This Filing 10/11/2018	2018 OCT 12 PM 4:17	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Council District 5	PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18	Page ____ of ____		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/13/2018	\$250	Cindy Su, 2890 Monterey Rd., San Jose, CA 95111, Advantage Homes, Vice President	National Night Out 2018
6/13/2018	\$250	Jenny Thach, 1290 Hammerwood Ave Suite D, Sunnyvale, CA 94089, Bay Alarm Company, Sales Coordinator	National Night Out 2018
6/13/2018	\$250	Nicholas Aguilar, 1210 S Bascom Ave, Suite 100 San Jose, CA 95128, Premier Healthcare, Community Relations	National Night Out 2018
6/13/2018	\$250	Guadalupe Zavala, 1775 Story Rd. Ste 110 San Jose, CA 95122, PatelCo Credit Union, Member Solutions Specialist	National Night Out 2018

NOTHING TO REPORT

Signature



Date

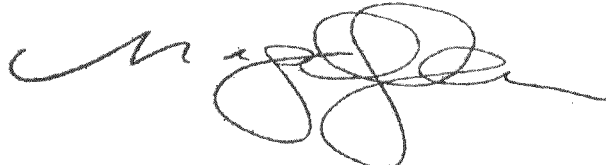
10/12/18

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

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

Signature 

Date 10/12/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Garrazo Magdalena 2019 JAN 1 12:00 PM LAYO

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

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
N/A
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 [Signature] Date Signed 1/14/19
(File the originally signed statement with the City Clerk.) (month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <i>Magdalena Carrasco</i>		Date of This Filing _____	RECEIVED San Jose City Clerk Date Stamp <i>ORC</i> 2019 JAN 16 PM 3:19	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <i>Council member</i>	PERIOD COVERED BY THIS REPORT <i>10/1/18</i> TO <i>12/31/18</i>	Page _____ of _____		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
<i>11/16/2018</i>	<i>2,500</i>	<i>San Jose Fire Fighter local 230</i>	<i>Fiesta Navidena event Dec 2018</i>
<i>11/06/2018</i>	<i>3,000</i>	<i>Labor's International Union of North America</i>	<i>Fiesta Navidena event</i>

NOTHING TO REPORT

 Signature: *Magdalena Carrasco*

DATE:

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) 2019 DAYTIME TELEPHONE NUMBER
CARRASCO Magdalena 408-575-3925

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

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY _____

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 [Handwritten Signature] Date Signed 6/27/19
(File the originally signed statement with the City Clerk.) (month, day, year)

RECEIVED
San Jose City Clerk
2019 JUN 27 AM 10:37

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL
Magdalena Carrasco

Date of This Filing June 27, 20

RECEIVED

Date Stamp

2019 JUN 27 AM 10:30

CITY OF SAN JOSE FORM **DFR1**

For Official Use Only

OFFICE HELD
Councilmember - District 5

PERIOD COVERED BY THIS REPORT
4.1.19 TO 6.30.19

Page 1 of 1

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:

6/27/19

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

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) 2019 DAYTIME TELEPHONE NUMBER
CARRASCO Magdalena 408-575-3925

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

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY _____

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 [Signature] Date Signed 6/27/19
(File the originally signed statement with the City Clerk.) (month, day, year)

RECEIVED
San Jose City Clerk
2019 JUN 27 AM 10:37

RESET

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL
Magdalena Carrasco

Date of This Filing June 27, 20

RECEIVED

Date Stamp

2019 JUN 27 AM 10:30

CITY OF SAN JOSE FORM **DFR1**

For Official Use Only

OFFICE HELD
Councilmember - District 5

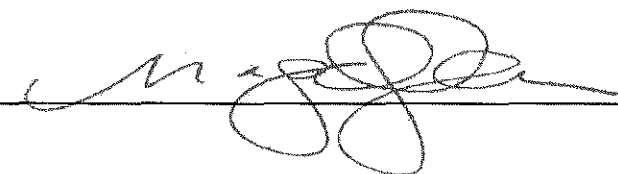
PERIOD COVERED BY THIS REPORT
4.1.19 TO 6.30.19

Page 1 of 1

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: 6/27/19

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

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Carrasco Magdalena 4085354905

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

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

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:

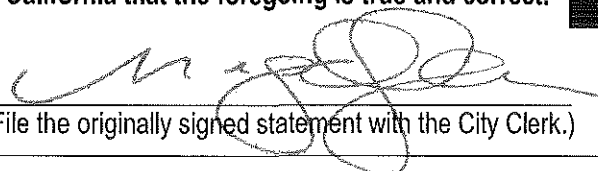
POSITION: _____

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

Date Signed 10/15/2013
(month/day, year)

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Carrasco, Magdalena 408-535-4905

REPORTING PERIOD
10/1/19-12/31/19

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

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

Date Signed 01/18/2020
(month, day, year)

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

Disclosure of Fundraising Report Form

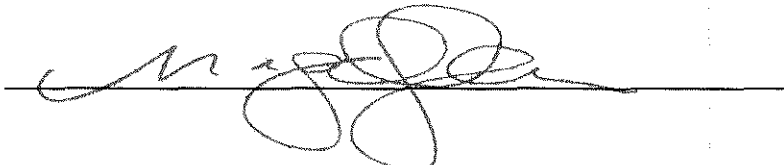
NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing <u>1.8.20</u>	RECEIVED San Jose City Clerk Date Stamp 2020 JAN -8 AM 11:16 2020	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember - District 5	PERIOD COVERED BY THIS REPORT 10.1.19 TO 12.31.19	Page <u>1</u> of <u>1</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10.15.19	1,000.00	Plumbers, Steamfitters and Refridgerations Fitters UA Local 393 2525 Barrington Court, Hayward, CA	Holiday Tree Giveaway
10.4.19	1,000.00	Republic Services 1601 Dixon Landing Road, Milpitas, CA	Holiday Tree Giveaway
11.21.19	500.00	City Ventures Communities LLC 3121 Michelson Drive Suite 150 Irvine CA 92612	Holiday Tree Giveaway
11.18.19	1000.00	Schoennauer Company 90 Hawthorne Way San Jose, Ca 95110	Holiday Tree Giveaway
11.18.19	1000.00	WCC Consulting LLC 10 Jackstone Street Suite 105 Los Gatos, CA 95030	Holiday Tree Giveaway
11.22.19	1,000.00	Sanitary Truck Drivers and Helpers Teamsters Local 350 295 89th Street Suite 304 Daly City CA 94015	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: _____



DATE:

1/8/2020

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
CARRASCO MAGDALENA GLORIA 408.834.7473

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.

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

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


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

Date Signed

8/5/22
(month, day, year)

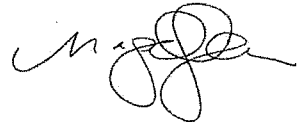
Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing <u>08/05/2022</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT April 2022 TO June 2022	Page <u>1</u> of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/16/2022	\$4,000	Sharanjit S. Kali-rai, President Jackson and Main, LLC 10 Jackson Street, Suite 105, Los Gatos, CA 95030	Raising Money for our District 5 Events

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

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
CARRASCO MAGDALENA GLORIA 408.834.7473

REPORTING PERIOD 7/1/22-09/30/2022

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY _____

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

Date Signed 10/14/22
(month, day, year)

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

Disclosure of Fundraising Report Form

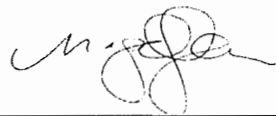
NAME OF ELECTED OFFICIAL Magdalena Carrasco		Date of This Filing <u>10/14/2022</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT June 2022 TO September 2022	Page <u>1</u> of <u>3</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
6/16/2022	\$4,000	Victor Duong, Vice President California Waste Solutions 1120 Berryessa St, San Jose, CA, 95133	Raising Money for our District 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 District 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 District 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 District 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 District 5 Events

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: 10/14/2022

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
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

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

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
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

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