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

NAME (LAST) DAVIS	(FIRST) DEV	(MIDDLE)	2017 APR	DAYTIMEJTELEPHONE NUMBER 408-535-4906
REPORTING PERIOD January 1 - March 31, 2	2017			
	iod, how many hours did you is none, please proceed to Se		unrelated to your dut	ies of office for which you earned
1. INCOME EARNED T	HIS REPORTING PERIOD*			
LESS \$500	<b>5</b> 500 - \$1,000 <b>\$</b> 1,	001 - \$10,000	0,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Section 5.	g Year is more than \$500, pro	ceed to Section 2. If aggre	egate in Reporting Y	ear is less than \$500, proceed to
2. INCOME EARNED T	HIS REPORTING YEAR			
□ \$0 - \$499*	]\$500 - \$1,000 []\$1,0	01 - \$10,000 🔲 \$10	),001 - \$100,000	OVER \$100,000
*If aggregate in Reporting	g Year is less than \$500, proc	eed to Section 5.		
	Year is more than \$500, proc			and the second
	RUST/GOVERNMENTAL AG		OF SERVICES	
ADDRESS	n and the second sec			
TYPE OF BUSINESS EN	ITITY/TRUST/GOVERNMEN	TAL AGENCY:		
Proprietorship	Partnership			Corporation
Trust	Governmental Ager	icy 🗌 Nonprofit Org	anization	Other
GENERAL DESCRIPTIO	N OF BUSINESS ENTITY/TF	RUST/GOVERNMENTAL A	GENCY ACTIVITY:	
POSITION:				
GENERAL DESCRIPTIO	N OF SERVICES RENDERE	D:		
	BLE SINGLE SOURCE OF I ORTING YEAR IS \$5,000 OF			PORTING PERIOD AND IF THE
5. VERIFICATION	Barris and States and S			
information contained her	e diligence in preparing this si ein and in any attached scheo nat the foregoing is true and	dules is true and complete.	this statement and t I certify under per	o the best of my knowledge the nalty of perjury under the laws of
Signature (File the original	ally signed statement with the	City Clerk.)	Date Signed	/13/3017 (month, day, year)

			Amo	Type or pri unts may be rou	nt in ink. nded to whole dollar	<b>8.</b> A T 14 T 15		
Disclosure of	of Fundraisin	ig Rej	port Form	·	san Jo	Page 1		
NAME OF ELECTED	D OFFICIAL			Date of This Filing	04/13/2017 	Date Stamp	CITY OF SAN DFR1	
OFFICE HELD PERIOD COVERED BY THIS CITY COUNCIL, DISTRICT 6 PERIOD COVERED BY THIS REPORT 01/01/2017 03/31/2017 TOTO			Page	1 1 of		For Official Use Only		
DATE OF AMOUNT SOLICITATION CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION				OCCUPATION O	F CONTRIBUTOR		OR PURPOSE OF FUNDRAISING	
1/20/2017	\$96		Karen Hennessy, Assistant Volunteer Services, The Tech Museum, 201 S. Market Street, San Jose, CA 95113			In-kind donation for raffle Walk	at 12th Annual West Valley Senior	
3/30/2017	\$55		Ramona Snyder, Team San Jose, 408 Almaden Blvd., San Jose, CA 95110			In-kind donation for raffle Walk on April 14th, 2017	at 12th Annual West Valley Senior	
3/30/2017	\$61.12	Ramo 95110	ona Snyder, SJC Airport, 1701 A 0	Airport Blvd.,	San Jose, CA	In-kind donation for raffle Walk on April 14th, 2017	at 12th Annual West Valley Senior	
-								

Signature

Date 4/13/2017

INCO	ME AND TIME DISCL (San Jose Municipal Cod		MENT RECEIVED San Jo <u>so C</u> ity <u>Cl</u> erk	
NAME (LAST) (FIRST) Davis, Davis Heinert 408-535-4906	(MIDDLE)		DAYTIME TELEPHONE 2017 OCT 13 PM 2: 34	NUMBER
REPORTING PERIOD April 2017 - October 2017		• <u>•</u> ••••••		
During the Reporting Period, how many hour Income? (If your answer is none, please proc		ervices unrelated to y None	your duties of office for which you e	arned
1. INCOME EARNED THIS REPORTING P	ERIOD*			
🗌 LESS \$500 🔲 \$500 - \$1,000	<b>\$1,001 - \$10,000</b>	\$10,001 - \$100	,000 🔲 OVER \$100,000	
*If aggregate in Reporting Year is more than Section 5.	\$500, proceed to Section 2.	If aggregate in Repo	orting Year is less than \$500, proce	ed to
2. INCOME EARNED THIS REPORTING Y	EAR			1.00
₭□ \$0 - \$499*       \$500 - \$1,000	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100,</b>	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/GOVERNME NAME OF BUSINESS ENTITY/TRUST/GOVI City of San JOse		PTION OF SERVICE	ΞS	
ADDRESS 200 E. Santa Clara Street, 18th Floor TYPE OF BUSINESS ENTITY/TRUST/GOVE	RNMENTAL AGENCY:			
Proprietorship Partnership			Corporation	
Trust K Governmen	ntal Agency 🗌 Nonpro	ofit Organization	Other	
GENERAL DESCRIPTION OF BUSINESS EN	NTITY/TRUST/GOVERNME	NTAL AGENCY ACT	IVITY:	
Councilmember POSITION:	······			
GENERAL DESCRIPTION OF SERVICES RE	ENDERED:			
4. LIST EACH REPORTABLE SINGLE SOUR AGGREGATE IN REPORTING YEAR IS \$				THE
			·····	
5. VERIFICATION				
I have used all reasonable diligence in prepari information contained herein and in any attack the State of California that the foregoing is	ed schedules is true and co			
Signature	t with the City Clerk.)	Date Signed	10 13 17 (month, day, year)	

			<b>Type or print in ink.</b> ounts may be rounded to whole dollars.	RECEIVED	_
		ng Report Form		San Jose City Clerk	Page 1
NAME OF ELECTED OFFICIAL Councilmember Dev Davis		Date of 10/13/17 This Filing	Date Stamp 2017 0CT   3 PM 2:   :	CITY OF SAN JOSE FORM DFR1	
OFFICE HELD City of San Jo	se - Council D	District PERIOD COVERED BY THIS REPORT 4/10/17 TO 10/13/17	Page 1 of 1	EP TC For Official Use	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PL CONTRIBU	
		See attached			

NOTHING TO REPORT /

DATE: 10/13/17

Date	COST	name lorganization lad	ldness	Forlitem	contact info
4/10/2017	\$21	Jennifer Garten, Breathe California of the Bay Area, 1469 Park Avenue, San Jose, CA 1 95126	A STORE AND A S	& miscellaneous items= in-kind donation 12th Annual West Valley Senior Walk on 017	408-998-586t ramya@lungsrus.org
<b>4/11/2017</b>	\$50	Janna Gonzalez, Star One Credit Union,1306 9 Bordeaux Drive, Sunnyvale, CA 94089	计专行任何 计算法 计算法	niscellaneous items = In-kind donation for n Annual West Valley Senior Walk on April	408-543-509f jannag@starone.org
4/11/2017	\$7.	Soudaly Pizano, Visiting Angels, 922 W. 5 Fremont Avenue, Sunnyvale, CA 94087	and the state of the	In-kind donation for raffle at 12th Annual Senior Walk on April 14th, 2017	408-735-097: <u>sourally@carebyangels.com</u>
4/14/2017	\$1	Bob Grandey, Sons In Retirement Mission Branch 32, 5917 Fishburne Avenue, San 2 Jose CA 95123	21. ····································	= In-kind donation for raffle at 12th Annua Senior Walk on April 14th, 2017	408-439-4521 bobgrandev@vahoo.com
4/14/2017	\$5	Kirby M. Cristobal, Heart of the Valley, Services for Seniors, Inc, 1550 El Camino Real, Santa Clara, CA 95050	11761月1月1日日 建合合规则	of Kind Bars = In-kind donation for raffle at West Valley Senior Walk on April 14th,	408-241-1571 kirby@servicesforseniors.or

Disclosuro	of Eundraicin		<b>Type or print in ink.</b> ounts may be rounded to whole dollar ୁ	s. RECEIVED an Jose City Clerk	Page 1
NAME OF ELECTED		ng Report Form	Data of 7/0/47	W. OTC Date Stamp 7 JUL - 6 PM 1:41	CITY OF SAN DFR1
OFFICE HELD Council District 6		PERIOD COVERED BY THIS REPORT 4/16/17 7/15/17 TO	Page <u>1</u> 1 		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIE	
4/10/17	\$20	Jennifer Garten, Breathe California c Avenue, San Jose, CA 95126	of the Bay Area, 1469 Park	Travel mug & miscellaneous it	ems for Senior Walk
4/11/17	\$50	Janna Gonzalez, Star One Credit Ur Sunnyvale, CA 94089	nion,1306 Bordeaux Drive,	Gift card and miscellaneous it	ems for Senior Walk
4/11/17	\$75	Soudaly Pizano, Visiting Angels, 922 Sunnyvale, CA 94087	2 W. Fremont Avenue,	Gift basket for Senior Walk	
4/14/17	\$12	Bob Grandey, Sons In Retirement M Fishburne Avenue, San Jose CA 95		Wine Bottle for Senior Walk	
4/14/17	\$50	Kirby M. Cristobal, Heart of the Valle 1550 El Camino Real, Santa Clara,		(4) 12 packs of Kind Bars for s	Senior Walk

NOTHING TO REPORT

Signature

Streen V

Date 7/6/17

RECEIVED San Jose City Clerk

NAME (LAST) Davis, Dev Heinert	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER 4081835A40061 PM 3: 24	२
REPORTING PERIOD Jan 1-March 31	Apr	il 1-June 30	July	y 1-Sept 30 🖌 Oct 1-Dec 31	
During the Reporting Period, Income? ( <i>If your answer is n</i> o			ces unrelated to yo	our duties of office for which you earned	
1. INCOME EARNED THIS	•••	,			
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	] \$10,001 - \$100,0	000 OVER \$100,000	
Section 5.		proceed to Section 2. If a	aggregate in Repo	rting Year is less than \$500, proceed to	
2. INCOME EARNED THIS	REPORTING YEAR				
\$0 - \$499*	500 - \$1,000	1,001 - \$10,000	\$10,001 - \$100,0	00 OVER \$100,000	
*If aggregate in Reporting Ye	ar is less than \$500, p	roceed to Section 5.			
If aggregate in Reporting Yea	• •				
3. BUSINESS ENTITY/TRUS NAME OF BUSINESS ENTIT			ON OF SERVICES	S	
ADDRESS					
TYPE OF BUSINESS ENTITY	Y/TRUST/GOVERNM	ENTAL AGENCY:			-
Proprietorship	Partnership			Corporation	
Trust	Governmental A	gency Nonprofit	Organization	Other	
GENERAL DESCRIPTION O	F BUSINESS ENTITY	TRUST/GOVERNMENT/	AL AGENCY ACTI	VITY:	
POSITION:					-
GENERAL DESCRIPTION O	F SERVICES RENDEI	RED:			-
4. LIST EACH REPORTABLE AGGREGATE IN REPORT	SINGLE SOURCE O ING YEAR IS \$5,000	F INCOME OF \$5,000 OF OR MORE (attach a sepa	R MORE FOR THI rate sheet if neces	S REPORTING PERIOD AND IF THE ssary)	
5. VERIFICATION	an a				
	and in any attached sc	hedules is true <u>and comp</u> l		t and to the best of my knowledge the er penalty of perjury under the laws of RESET	
Signature	6 CH		Date Signed _	01/11/2018	
(File the originally s	signed statement with	he City Clerk.)		(month, day, year)	

				iounts may be rou	unded to whole dolla	ars.			
Disclosure o	of Fundraisir	ng Rep	oort Form				And a second sec	Pag	e 1
NAME OF ELECTED	OFFICIAL			Date of	1/9/18	Vall JU:Date		CITY OF SAN	DEDA
Dev Davis				This Filing	1/9/10	5770	Contraction 6	JOSE FORM	DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT	1	1	2010 JAN 11		For Official	Use Only
Council Distri	ct 6		10/13/17 <sub>TO</sub> 1/15/18	Page	of				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND	OCCUPATION C	OF CONTRIBUTOR	DESCRIPTI	ON OF EVENT OR F CONTRIE	PURPOSE OF FUNE BUTION	RAISING
			· .						

Type or print in ink.

the source Signature: 5

DATE: 1/9/18

	(San Jose Municipal Code Chap	ter 12.19)	NECEWED	
NAME (LAST) (FIRST) Davis Dev	(MIDDLE) Heinert		DAYTIME TELEPHONE NUMB	
	pril 1-June 30	July 1-Se	ZIIGAPR II FILL !!	<u>)                                    </u>
During the Reporting Period, how many hours di		unrelated to your du	ties of office for which you earned	
Income? (If your answer is none, please proceed				
1. INCOME EARNED THIS REPORTING PERI				
LESS \$500 \$500 - \$1,000	\$1,001 - \$10,000 \$1	0,001 - \$100,000	OVER \$100,000	
*If aggregate in Reporting Year is more than \$50 Section 5.	0, proceed to Section 2. If aggre	egate in Reporting Y	ear is less than \$500, proceed to	
2. INCOME EARNED THIS REPORTING YEAR	2			
\$500 - \$499*	\$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/GOVERNMENT/	AL AGENCY & DESCRIPTION	OF SERVICES		
NAME OF BUSINESS ENTITY/TRUST/GOVERN	IMENTAL AGENCY			
ADDRESS				
TYPE OF BUSINESS ENTITY/TRUST/GOVERN	MENTAL AGENCY:			
Proprietorship Partnership			Corporation	
 Trust Governmental	Agency Nonprofit Org	anization		
			Other	
GENERAL DESCRIPTION OF BUSINESS ENTIT	Y/TRUST/GOVERNMENTAL A	GENCY ACTIVITY:	· · · · · · · · · · · · · · · · · · ·	
			-	
POSITION:				
GENERAL DESCRIPTION OF SERVICES RENE	ERED:			
4. LIST EACH REPORTABLE SINGLE SOURCE			PORTING PERIOD AND IF THE	
AGGREGATE IN REPORTING YEAR IS \$5,00	0 OR MORE (attach a separate	sheet if necessary)		
5. VERIFICATION				
I have used all reasonable diligence in preparing				<u>.</u>
information contained herein and in any attached the State of California that the foregoing is tru		i certify under per	RESET	Т
Signature		Apr 	il 11, 2018 (month, day, year)	
(File the originally signed statement wi	in the City Clerk.)		(month, day, year)	

Disclosure o	of Fundraisin	ig Rep	port Form			V14 (*	Pag	e 1
NAME OF ELECTED	OFFICIAL			Date of $4/11/18$	San Date Star		CITY OF SAN	
Dev Davis				Date of 4/11/18 This Filing			CITY OF SAN JOSE FORM	DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT	- 1 1 1	2018 APR 11	р∦ 2: 43	For Official	Use Only
Council Distrie	ot 6		1/15/20183/31/18	Page of	2010-10-4			
DATE OF SOLICITATION	TE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR		CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION			RAISING	
				11				

Signature: Debog MD

NOTHING TO REPORT  $\checkmark$ 

DATE: 4/11/2018

Disclosure	of Fundraisir	ıg Rej		Type or print in ink. unts may be rounded to whol	e dollars	RECEIVED	Page 1	
NAME OF ELECTER	DOFFICIAL			Date of 7/16/19		ZW Date Stamp Clerk		
Devora "Dev" Davis		Date of 7/16/18 This Filing			JOSE FORM DFR1			
OFFICE HELD			-   1 1		2018 JUL 16 PM 12: 20	For Official Use Only		
Councilmemb	er		REPORT           4/1/18         TO	Page <u>1</u> of <u>1</u>				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL 1	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBL	JTOR	DESCRIPTION OF EVENT OR I CONTRIE		
03/21/18	\$200	1	ara Marshman, 1143 Blewo 5 Retired Editor, San Jose	· · · · · · · · · · · · · · · · · · ·	CA	SJ Measures B & C cam	ıpaign	
03/21/18	\$100		John Leyba, 321 Mayellen Ave., San Jose, CA, PG& E, Business Process Analyst			SJ Measures B & C campaign		
03/21/18	\$100		s Roth, 1136 Brace Ave. A Il Operations Lead, Viavi S		А,	SJ Measures B & C can	npaign	
03/21/18	\$1,000	1	Cochran, 1772 Kirkmont D nerican Investors Compan		, VP	SJ Measures B & C carr	npaign	
03/21/18	\$100	1	es Rincon, 479 Merker Ave employed	e, San Jose, CA,		SJ Measures B & C cam	npaign	
06/11/18	\$10,000	Mou	er Gonzalez, 1600 Amphith ntain View, CA 94043, Go ic Policy Manager		Đ	Rose, White, and Blue F	Parade Sponsorship	

CH wouse

DATE: 07/16/18

NOTHING TO REPORT

Signature:

## INCOME AND TIME DISCLOSURE STATEMENTRECEIVED

(San Jos	se Municipal Code Chap	ter 12.19) San Jose City	Clerk
NAME (LAST) (FIRST) Davis Dev	(MIDDLE) Heinert	2018 OCT DAYTIME 2018 OCT 408-535-4	TELEDHONE NUMBER
REPORTING PERIOD Jan 1-March 31 April 1-Ju	ne 30	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period, how many hours did you sp Income? (If your answer is none, please proceed to Section		unrelated to your duties of office	for which you earned
1. INCOME EARNED THIS REPORTING PERIOD*	·		
LESS \$500 \$500 - \$1,000 \$1,00	1 - \$10,000 🚺 \$1	0,001 - \$100,000	R \$100,000
*If aggregate in Reporting Year is more than \$500, proce Section 5.	ed to Section 2. If aggre	gate in Reporting Year is less th	nan \$500, proceed to
2. INCOME EARNED THIS REPORTING YEAR			
\$500 - \$499* \$500 - \$1,000 \$1,001	- \$10,000 \$10	,001 - \$100,000	\$100,000
*If aggregate in Reporting Year is less than \$500, proceed	d to Section 5.		
If aggregate in Reporting Year is more than \$500, procee	d to Section 3.		
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGEN	NCY & DESCRIPTION	OF SERVICES	
NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTA	L AGENCY		
		-	
ADDRESS			
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL	AGENCY:		
Proprietorship Partnership	LLC	Corporation	
	Nonprofit Orga		
Trust Governmental Agency		Oth	ner
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUS	T/GOVERNMENTAL A	GENCY ACTIVITY	
POSITION:			
GENERAL DESCRIPTION OF SERVICES RENDERED:			
4. LIST EACH REPORTABLE SINGLE SOURCE OF INC	OME OF \$5,000 OR MO	RE FOR THIS REPORTING PE	ERIOD AND IF THE
AGGREGATE IN REPORTING YEAR IS \$5,000 OR M	ORE (attach a separate	sheet if necessary)	
		······································	
5. VERIFICATION			
I have used all reasonable diligence in preparing this state	ement. I have reviewed	his statement and to the best of	my knowledge the
information contained herein and in any attached schedule	es is true and complete.	I certify under penalty of perj	ury under the laws of
the State of California that the foregoing is true and co		RES	
Signature Devergh		October 10, 2	2018
(File the originally signed statement with the Cil	y Clerk.)		, day, year)

		INCOM	E AND TIME D (San Jose Municip	ISCLOSURE S al Code Chapter 1		NT RECEIVED San Jose City Clerk
NAME	(LAST)	(FIRST)	(MIDI			201BOCTMETELEPHONE AUN
REPORTIN	Davis G PERIOD -March 31		April 1-June 30	einert	July 1-8	Sept 30 Oct 1-Dec 31
		d, how many hours d none, please procee			ated to your	duties of office for which you earne
		S REPORTING PER				
<b>LESS</b>	\$500	\$500 - \$1,000	\$1,001 - \$10,00	0 510,001	- \$100,000	OVER \$100,000
*If aggregate Section 5.	e in Reporting Y	ear is more than \$50	00, proceed to Sect	ion 2. If aggregate	in Reporting	Year is less than \$500, proceed to
2. INCOME	EARNED THIS	S REPORTING YEA	R			
\$0 - \$4	199*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001	- \$100,000	OVER \$100,000
*If aggregate	e in Reporting Y	ear is less than \$50	0, proceed to Sectio	n 5.		
If aggregate	in Reporting Ye	ear is more than \$50	0, proceed to Section	on 3.		
3. BUSINES	SS ENTITY/TRU	JST/GOVERNMENT	ALAGENCY & DE	SCRIPTION OF SI	ERVICES	
NAME OF B	USINESS ENTI	ITY/TRUST/GOVER	NMENTAL AGENC	Y		
						,
ADDRESS						
TYPE OF BU	JSINESS ENTI	TY/TRUST/GOVERN	MENTAL AGENCY	1:		·
Propriet	orship	Partnership		LLC	[	Corporation
Trust		Governmenta		Nonprofit Organizat	ion [	ר ק
				ionpront organiza		Other
GENERAL D	ESCRIPTION (	OF BUSINESS ENTI	TY/TRUST/GOVEF	RNMENTAL AGEN		Y:
POSITION:			<del></del>			
						unan ann ann ann ann ann ann Ag tag ann an Ag tag ann ann ann ann ann ann ann ann ann a
		E SINGLE SOURCE TING YEAR IS \$5,0				EPORTING PERIOD AND IF THE
5. VERIFICA						
information c	ontained herein		schedules is true a			d to the best of my knowledge the enalty of perjury under the laws RESET
			»			
Signature	Roz	signed statement w	Statement of the statem	Date S	Signed	ctober 11, 2018 (month, day, year)
(F	ile the originally	signed statement w	ith the City Clerk.)			(month, day, year)

				Ar	Type or pi nounts may be ro	rint in ink. unded to whole dollar	rs. area	81 J.64 MM	
Disclosure o	of Fundraisin	ig Rep	oort Form		,		San Jose (		Page 1
NAME OF ELECTED Dev Davis OFFICE HELD Council I	Dev Davis OFFICE HELD Council District 6 PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18					g <u>10/11/18</u> of <u>1</u>	2018 OCT 11	ame AM 11:08	CITY OF SAN JOSE FORM DFR1 For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULLN	NAME, ADDRES	SS, EMPLOYER AND	OCCUPATION	OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
9/27/18	\$2,500			ele Wymer Ave. San Jose	, CA 95125		River Glen At	hletics Prog	ram

Signature: Carto 

DATE: 10/11/18

NOTHING TO REPORT

Amended

Disclosure o	of Fundraisir	ng Rep		unts may be rout			rs. RECEIVED San Jose City Clerk	Page 1	
NAME OF ELECTED Dev Davis	D OFFICIAL			Date of This Filing	10/1	0/18	2018 OCT 10 PM 3: 17	CITY OF SAN JOSE FORM DFR1	
OFFICE HELD	Council District 6					2		For Official Use Only	
DATE OF SOLICITATION	FULL N	AME, ADDRESS, EMPLOYER AND O	CCUPATION OI	F CONT	RIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION			
4/13/18	\$500	1	as Russell, Central YMCA The Alameda, San Jose, C	•		\$500 YMCA Membership used as a raffle prize during Senior Fair event			
4/13/18	\$50.00		nie May, Anthem/Caremore White Rd # 200, San Jos		27	\$50.00 Starbucks gift card used as a raffle prize during Senior Fair event			
4/13/18	\$15.00	1	Alberto Ezpinoza, Project S El Camino Real, Santa Cla		050		Cup, mug and a t-shirt a raffle prize during Se	valued at \$15.00 used as nior Fair event	
4/13/18	\$20.00	1	Hightower, Connect Heariı Villow St Ste 300, San Jos	•	25		-	l cup valued at \$20.000 luring Senior Fair event	
4/13/18	\$20.00		na Rangarao, Rebuilding S 7th St suite 10, San Jos			Rebuilding Together Bag, T-Shirt and Chocolates valued at \$20.00 used as a raffle prize during Senior Fair event			
3/21/18	\$200.00	1	ara Marshman, 1143 Blewo 5 - Retired Editor, San Jos			SJ Measures B & C Campaign			

. . . . .

Signature

NOTHING TO REPORT

DATE: 10/10/18

### 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
\$100	John Leyba, 321 Mayellen Ave. San Jose, CA PG&E, Business Process Analyst	SJ Measures B & C Campaign
\$100	Chris Roth, 1136 Brace Ave. Apt. #4 San Jose, CA Legal Operations Lead, Viavi Solutions	SJ Measures B & C Campaign
\$1,000	Nick Cochran, 1772 Kirkmont Drive San Jose, CA VP at American Investors Company	SJ Measures B & C Campaign
\$100	James Rincon, 479 Merker Ave San Jose, CA, Self-employed	SJ Measures B & C Campaign
\$10,000	Javier Gonzalez, 1600 Amphiteathre Parkway, Mountain View, CA 94043, Government Affairs & Public Policy Manager, Googe	Rose, White and Blue Parade Sponsorship
	<i>CONTRIBUTED</i> \$100 \$100 \$1,000 \$100	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR\$100John Leyba, 321 Mayellen Ave. San Jose, CA PG&E, Business Process Analyst\$100Chris Roth, 1136 Brace Ave. Apt. #4 San Jose, CA Legal Operations Lead, Viavi Solutions\$1,000Nick Cochran, 1772 Kirkmont Drive San Jose, CA VP at American Investors Company\$100James Rincon, 479 Merker Ave San Jose, CA, Self-employed\$10,000Javier Gonzalez, 1600 Amphiteathre Parkway, Mountain View, CA 94043, Government Affairs &

		C	DTCEA.		
NAME (LAS	ſ) (FIRST)	(MI <b>204</b>	9)JAN 15 PM 4:4	DAYTIME TELEPHONE NU	JMBER
REPORTING PER Jan 1-March		April 1-June 30	Jul	/ 1-Sept 30 🖌 Oct 1-Dec 31	
		urs did you spend renderin oceed to Section 2 below.)	g services unrelated to y None	our duties of office for which you earr	ned
1. INCOME EARI	VED THIS REPORTING	PERIOD*			
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,	000 OVER \$100,000	
*If aggregate in Re Section 5.	porting Year is more than	n \$500, proceed to Sectior	2. If aggregate in Repo	rting Year is less than \$500, proceed	to
2, INCOME EAR	NED THIS REPORTING	YEAR			
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,0	00 OVER \$100,000	
*If aggregate in Re	porting Year is less than	\$500, proceed to Section	5.		
If aggregate in Rep	orting Year is more than	\$500, proceed to Section	3.		
3. BUSINESS EN	TTY/TRUST/GOVERNM	ENTAL AGENCY & DESC	CRIPTION OF SERVICE	Ŝ	
NAME OF BUSINE	SS ENTITY/TRUST/GO	VERNMENTAL AGENCY			
ADDRESS					
TYPE OF BUSINE	SS ENTITY/TRUST/GOV	ERNMENTAL AGENCY:			
Proprietorship	Partnersh	ip	C	Corporation	
Trust	Governm	ental Agency	nprofit Organization		
				Other	
GENERAL DESCR	IPTION OF BUSINESS F	ENTITY/TRUST/GOVERN	MENTAL AGENCY ACT	VITY:	
POSITION:					
GENERAL DESCR	IPTION OF SERVICES F	RENDERED:			
				S REPORTING PERIOD AND IF TH	
		\$5,000 OR MORE (attach			E
<u></u>		·····		······································	
5. VERIFICATION		and the second			
	anable diligance in prop	wing this statement. I have	reviewed this statemen	t and to the best of my knowledge the	0
information contain	ed herein and in any atta	ched schedules is true and		er penalty of perjury under the law	
the State of Califor	rnia that the foregoing i			RESET	
Signature	Severa 115		Date Signed _	01/15/19	
(File the	originally signed stateme	ent with the City Clerk.)		(month, day, year)	

		Amo	Type or print in in unts may be rounded to	k. whole dollars	S.			
Disclosure of	of Fundraisir	ng Report Form	-		RECEIVER	Page 1		
NAME OF ELECTER Devora "De OFFICE HELD City Cou	ev" Davis	Der 10/01/18 TO 12/31/18		15/19 20	OTC EA 19 JAN 15 PM 4:48	CITY OF SAN JOSE FORM DFR1 For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CON	TRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION			
11/26/19	\$60.00	Megan Merino, megan.merino@ for 7-Eleven, Inc.	)∕7-11.com, mar	keting	Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of coffee was offered to volunteers.			
11/26/18	Troy Tibbils, ttibbils@gmail.com Zanotto's Market.	, co-owner of F	ruitdale	Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of bottled water was offered to volunteers.				

Serve H Dove

DATE: 01/15/19

NOTHING TO REPORT

Signature:

FORM 470

NAME (LAST) Davis	(FIRST) Devora	(MIDDLE)	<u>,,,,,</u>	DAYTIME TELEPHONE NUMBE 408 535 4906	R
REPORTING PERIOD Jan 1-March 31	$\checkmark$	April 1-June 30		July 1-Sept 30 Oct 1-Dec 31	
		s did you spend rendering served to Section 2 below.)	vices unrelated	to your duties of office for which you earned	
1 INCOME EARNED	THIS REPORTING P	ERIOD*	a lan a <mark>Esperan</mark> te Destatut destatut destatut		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$	00000 OVER \$100,000	
*If aggregate in Report Section 5.	ing Year is more than	\$500, proceed to Section 2. If	aggregate in F	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 - \$1	100,000 OVER \$100,000	
*If aggregate in Report	ing Year is less than \$	500, proceed to Section 5.			
		500, proceed to Section 3.			
		NTAL AGENCY & DESCRIP ERNMENTAL AGENCY	<u>Ionofiserv</u>	VICES	
ADDRESS				annan ann an an a-fra f-gorf - g <b>hr church fo</b> rdon - Eisean ann an an an an an	—
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:			†
Proprietorship	Partnership			Corporation	
Trust	Governme	ntal Agency Nonprof	t Organization	Other	
GENERAL DESCRIPT	ION OF BUSINESS EI	NTITY/TRUST/GOVERNMEN	TAL AGENCY /	ACTIVITY:	
					Ì
POSITION:			64000416661809049801801801888018988		
GENERAL DESCRIPT	ION OF SERVICES RI	ENDERED:			_
		RCE OF INCOME OF \$5,000 ( 5,000 OR MORE (attach a ser		R THIS REPORTING PERIOD AND IF THE	
				HE CONSIDER AND A STREET AND A ST	
5. VERIFICATION					
	erein and in any attacl	ned schedules is true and com	plete. I certify	ement and to the best of my knowledge the r under penalty of perjury under the laws of RESET	
Signature <u>Soc</u> (File the orig	inally signed statemen	t with the City Clerk.)	Date Sigr	ned <u>June 28, 2019</u> (month, day, year)	

NAME OF ELECTER Devora Davis			Date of 7/ This Filing	1/2019	Date Stamp 2019 JUL - 2	AMII:	ITY OF SAN
OFFICE HELD Councilmemb	er Ditrict 6	PERIOD COVERED BY THIS REPORT 4/1/19 TO 6/30/	1	of _/			For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYE	······································	NTRIBUTOR	DESCRIPTION OF EVENT OR PURP CONTRIBUTIO		
	1						<u></u>
- <u>,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			RESET				<u> </u>
				.Ø			

### 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
25.00	Kiehl's 2855 Stevens Creek Blvd A045, Santa Clara, CA 95050	Starbucks Gift Card & Picnic Basket Promoting
25.00	Americoppes Rebuilding Together 1701 S. 7th St #10, San Jose, CA 95112	Shirts, shower cap, and Nighlight
25.00	Camp Laughter, Yoga, Fun	T-shirt -promoting community resources
		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		
	<i>солтківитер</i> 25.00 25.00	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR25.00Kiehl's 2855 Stevens Creek Blvd A045, Santa Clara, CA 9505025.00Americores Rebuilding Together 1701 S. 7th St #10, San Jose, CA 95112Camp Laughter, Yoga, Fun

	of Fundraisin	<u>ig i vi</u>						Page 1	
NAME OF ELECTE				Date of 7/12/2019			Date Stamp 3n - ote	CITY OF SAN DFR	
Devora Davis	• 		PERIOD COVERED BY THIS	This Filing			1019 JUL 12 I TH 4* 10	For Official Use Only	
Councilmemb	per Ditrict 6		4/1/19 TO 6/30/19	Page 1	of	2			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND (	OCCUPATION O	FCONTR		DESCRIPTION OF EVENT OR PUR CONTRIBUTI		
4/26/19	65.00		m/ CareMore //www.caremore.com/Loc snx	ate-Service	es/Care	e-Cent			
4/26/19	25.00	840 \	ect Hearing Villow St Ste 300, San Jo <del>271 9447</del>	se, CA 951	Kohls Gift Card				
4/26/19	50.00	2155	y Matters-In Home Care S Bascom Ave #116, Cai 824-1021	mpbell, CA	Cheesecake Factory Gift Card				
4/26/19	102.00	730 E	any Center mpey Way, San Jose, CA 83 9036	95128			Gift Certificate for Membership (2))		
4/26/19	20.00	200 E	us 2020 of San Jose ast Santa Clara Street, S 35 7906	an Jose, C	A		T-shirt (2)		
4/26/19	25.00	inforn	Captions nation@clearcaptions.con -868-8695	n			Movie Gift Card		

Signature: \_\_\_\_

Store

DATE: 7/12/19

NAME	(LAST) Davis	(FIRST) Devora	(MIDDLE)		DA		TELEPHONI 535 4906	ENUMBER
	NG PERIOD 1-March 31		April 1-June 30		July 1-Sept 30	$\checkmark$	Oct 1-Dec 3	1
			did you spend rendering serected to Section 2 below.)	rvices unrelate	d to your duties of	office f	or which you	earned
1-INCOM	E. EARNED THI	S REPORTING PI	ERIOD*					
	\$ \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 -	\$100,000	]over	\$100,000	
*lf aggrega Section 5.	ite in Reporting	Year is more than S	500, proceed to Section 2.	lf aggregate in	Reporting Year is	less tha	an \$500, proc	ceed to
2. INCOM	e earned thi	S REPORTING YI	EAR					
\$0 - \$	\$499*	\$500 - \$1,000 [	\$1,001 - \$10,000	\$10,001 - \$	100,000	OVER	\$100,000	
*lf aggrega	te in Reporting	Year is less than \$	500, proceed to Section 5.					
		-	500, proceed to Section 3.	NITE & MARKED & MARKED MILLION - MARKED DO VILLION	พระบรรมสามอาณารับราชนับ 103/02ได้เกิดเหลือเราะ (05-021 10:00			
			NTAL AGENCY & DESCRIF ERNMENTAL AGENCY	TION OF SE	WICES			
	20011200 E.H							
ADDRESS					· ··· ,			
TYPE OF E	BUSINESS ENT	ITY/TRUST/GOVE	RNMENTAL AGENCY:					
	etorship	Partnership			Corpo	ation	Finite Conser Tradition Tradition	13 2007 Marine angle
Trust	storoup			fit Organizatio		ation	normany Normany Normany Normany Normany	
		Governme	ntal Agency Nonpro	fit Organizatio	" <u> </u>	Oth		- CEPARC
GENERAL	DESCRIPTION	OF BUSINESS EN	ITITY/TRUST/GOVERNMEN	ITAL AGENCY	ACTIVITY:			
								or e 4
POSITION	۱ ۱ ۱				· · · · · · · · · · · · · · · · · · ·			
GENERAL	DESCRIPTION	OF SERVICES RE	ENDERED:					
4 LISTIEA	CH REPORTAB	LE SINGLE SOUR	CE OF INCOME OF \$5,000	OR MORE FO	OR THIS REPORT	NGP	RIOD AND I	
			5,000 OR MORE (attach a se					
			Meletari beletari bela konstante den antanan en en antanan en antanan en antanan en antanan de deserra				********	
5. VERIFIC	CATION							
			ing-this-statement. I have-rev ned schedules is true and cor					
				AN ADDRESS AND ADDRESS AND ADDRESS ADDR		RES	Sec. a second second	C 18449 UF
C Signature	- 	<u>PIS</u>		Date Si	1/14/202	20	ac na mitrossan (Antica	
	(File the original	ly signed statemen	t with the City Clerk.)			(month	, day, year)	

	ng Re	port Form		Type or print in punts may be rounde	n ink. d to whole dollar	naotility den hen om ne	Page 1
		-		Date of 1/	'14/2020	GIMU	FSAN DER
		PERIOD COVE	RED BY THIS		/		or Official Use Only
er Ditrict 6		10/1/19 12/31/19		Page <u>1</u> of		ote LL	
AMOUNT CONTRIBUTED	FULL	NAME, ADDRES	S, EMPLOYER AND (	DCCUPATION OF C	ONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE CONTRIBUTION	FFUNDRAISING
15.00	601 Bir	d Ave	Eleven Market Mana	ager 2367 North P	acific Zone)	Coffee for the volunteers of Trash Talk	
¢							
		-			·		
		:	<u></u>				
		- - - -					
		· · ·					
	ן Sigr	ature:		alperature and the second s		DATE: 1/ <b>14/2</b> (	020
	D OFFICIAL OPER Ditrict 6  AMOUNT CONTRIBUTED  15.00	D OFFICIAL Der Ditrict 6 AMOUNT CONTRIBUTED FULL 1 Kia Has 601 Bir San Jo *	D OFFICIAL PERIOD COVE REPORT 10/1/19 AMOUNT CONTRIBUTED FULL NAME, ADDRESS NIA Hasheminejad,(7-E 601 Bird Ave San Jose, CA 95125 • • Signature:	of Fundraising Report Form D OFFICIAL Der Ditrict 6 PERIOD COVERED BY THIS REPORT 10/1/19 TO 12/31/19 AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND C Kia Hasheminejad,(7-Eleven Market Mana 601 Bird Ave San Jose, CA 95125	Amounts may be rounde of Fundraising Report Form DOFFICIAL DOFFIC	of Fundraising Report Form       D OFFICIAL     Date of This Filing     1/14/2020       Der Ditrict 6     Percor 10/1/19 to 12/31/19     Page 1 of 1       AMOUNT CONTR/BUTED     FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR       15.00     Kia Hasheminejad, (7-Eleven Market Manager 2367 North Pacific Zone) 601 Bird Ave San Jose, CA 95125       •     •	Amounts may be rounded to whole dollars.

### **Disclosure of Fundraising Report Form**

2.00.000.00		.9				i ago i	
NAME OF ELECTED OFFICIAL				Date of This Filing	Date Stamp	CITY OF SAN DFR1	
OFFICE HELD			PERIOD COVERED BY THIS REPORT TO	Page of		For Official Use Only	
DATE OF AMOUNT SOLICITATION CONTRIBUTED		FULL	NAME, ADDRESS, EMPLOYER AN	ND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT

Signature:

DATE:

Page 1

### 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

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.

NAME	(LAST)	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTIN	NG PERIOD				
			did you spend rendering eed to Section 2 below.)	services unrelated to	your duties of office for which you earned
1. INCOM	E EARNED 1	HIS REPORTING PI	ERIOD*		
	S \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	\$10,001 - \$10	0,000 🗌 OVER \$100,000
*If aggrega Section 5.	ite in Reportin	g Year is more than s	500, proceed to Section 2	. If aggregate in Rep	porting Year is less than \$500, proceed to
2. INCOM	E EARNED	THIS REPORTING YI	EAR		
□ \$0 - S	\$499* [	\$500 - \$1,000	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100</b>	,000 🗌 OVER \$100,000
*lf aggrega	ite in Reportin	g Year is less than \$	500, proceed to Section 5.		
00 0			500, proceed to Section 3.		
			NTAL AGENCY & DESCR	RIPTION OF SERVIC	ES
NAME OF	BOSINESS E	NTTTY/TRUST/GOVI	ERNMENTAL AGENCY		
ADDRESS	;				
TYPE OF I	BUSINESS EI	NTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprie	etorship	Partnership		:	Corporation
Trust		Governme	ntal Agency 🗌 Non	profit Organization	Other
GENERAL	DESCRIPTIO	ON OF BUSINESS EI	NTITY/TRUST/GOVERNM	ENTAL AGENCY AC	CTIVITY:
POSITION	:				
GENERAL	DESCRIPTIO	ON OF SERVICES R	ENDERED:		
4. LIST EA AGGRE	.CH REPORT GATE IN REF	ABLE SINGLE SOUF PORTING YEAR IS \$	RCE OF INCOME OF \$5,0 5,000 OR MORE (attach a	00 OR MORE FOR 1 separate sheet if ne	HIS REPORTING PERIOD AND IF THE cessary)
5. VERIFI	CATION				
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 Signe	d
	(File the origi	nally signed statemer	t with the City Clerk.)		(month, day, year)

NAME (LAST) DAVIS	(FIRST) DEVORA	(MIDDLE) H		DAYTIME TELEPHONE NUMBER 408-535-4906
REPORTING PERIO JULY 1-SEPTEMB				
• •	Period, how many hours wer is none, please proce		services unrelated to NONE	your duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PE	RIOD*		
LESS \$500	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	S10,001 - \$100 (	0,000 🔲 OVER \$100,000
*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		
☓ \$0 - \$499*	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	S10,001 - \$100	000 🔲 OVER \$100,000
*If aggregate in Repo	orting Year is less than \$5	00, proceed to Section 5.		
If aggregate in Report	ting Year is more than \$5	500, proceed to Section 3.		
		NTAL AGENCY & DESCR	RIPTION OF SERVIC	ES
NAME OF BUSINES	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
ADDRESS				
TYPE OF BUSINESS	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership			Corporation
Trust	Governmer	ntal Agency 🗌 Nonp	profit Organization	Other
GENERAL DESCRIF	TION OF BUSINESS EN	ITITY/TRUST/GOVERNMI	ENTAL AGENCY AC	TIVITY:
GENERAL DESCRIF	TION OF SERVICES RE	NDERED:		
		CE OF INCOME OF \$5,00 5,000 OR MORE (attach a		HIS REPORTING PERIOD AND IF THE cessary)
5. VERIFICATION				
information contained		ed schedules is true and o		ent and to the best of my knowledge the nder penalty of perjury under the laws of
Signature			Date Signo	k
(File the o	riginally signed statement	t with the City Clerk.)	Date orgine	(month, day, year)

Disclosure of	of Fundraisin	ng Rep	oort Form			Page	e 1
NAME OF ELECTED		IS		Date of This Filing 10/15/2022	Date Stamp	CITY OF SAN JOSE FORM	DFR1
OFFICE HELDPERIOD COVERED BY THIS REPORTCouncilmember, D67/1/2022 7/1/2022 TO 9/30/2022				Page <u>1</u> of <u>1</u>		For Official	Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	JAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB		RAISING

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.

### Disclosure of Fundraising Report Form

Page 2

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

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.