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

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

RECEIVED San Jose City Clerk

Page 1

NAME OF ELECTED	Arevas	,			Date of This Filing		Date Stamp 2017 APR 19		CITY OF SAN JOSE FORM	DFR1
OFFICE HELD		3	PERIOD COVERED B	Y THIS		4		oto	For Official U	se Only
City Coures	1, D8, 5	sire		3/31/17	Page of	1	1991	010	•	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMF	PLOYER AND O	CCUPATION OF CONT	RIBUTOR	DESCRIPTION OF	EVENT OR PU CONTRIBU	JRPOSE OF FUNDR TION	AISING
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NOTHING TO REPORT

Disclosure of Fundraising Report Form

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

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

RECEIVED San Jose City Clark

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

NOTHING TO REPORT

Signature: _

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
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NOTHING	TO	REPORT	1

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

NAME (LAST) (FIRST) (MIDDLE) 2017 UCT 7 DAYTIME TELEPHONE NUMBE Arenas Sylvia (408) 535-4908	R
REPORTING PERIOD 00/01/17-09/30/17	
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.)	
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	
*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 /0/16//7 (month, day, year)	_

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

NOTHING TO REPORT

Date

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/02/2017	\$100	Evergreen Pharmacy, 2590 S. White Road, Ste 80, San Jose, CA 95148	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
9/02/2017	\$100	Dignity Memorial, Ronda Thompson, 300 Curtner Ave, San Jose, CA 95135	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/29/2017	\$100	South Bay Health & Insurance Services, 740 Bay Blvd, Chula Vista, CA 91910	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
9/06/2017	\$100	LegalShield, Denise Hankes, 1849 Bagpipe Way, San Jose, CA 95132	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/24/17	\$2,000	Republic Urban Properties, 84 W. Santa Clara Street, San Jose, CA 95113	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/28/17	\$1000	Republic Services, Jeanne Serpa (Municipal Relationship Manager), 1601 Dixon Landing Road, Milpitas, CA 95035	Fall Family Festival-Day in the Park 2017 Event City-Sponsored Event
8/23/17	\$5000	The Arcadia companies, Kathy schmidt, P.O. Blx 5368, San, 70se, CA 95150	Fall Family Festival - Day in the Park 2017 City-sponsored Event

NOTHING TO REPORT

Signature

Date

0/16/17

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

NAME	(LAST) Arenas	(FIRST) Sylvia	(MIDDLE)	2018 FDAYTHM (408) 5:	E TELEPHONE NUMBER
	NG PERIOD 17 - 12/31/201	7				
			s did you spend rendering eed to Section 2 below.)	services unrelated to	your duties of office	for which you earned
1. INCOM	E EARNED T	HIS REPORTING P	ERIOD* -	E 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		*
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2. INCOM	E EARNEDT	HIS REPORTING YI	EAR		La	
	\$499*	\$500 - \$1,000	S1,001 - \$10,000	<u> </u>	,000 🗌 OVEF	R \$100,000
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☐ Trust		Governme	ntal Agency 🔲 Non	profit Organization	0	ther
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			RCE OF INCOME OF \$5,05,000 OR MORE (attach a			PERIOD AND IF THE

5. VERIFIC	CATION					
I have used	d all reasonable		ing this statement. I have ned schedules is true and			
		nat the foregoing is			, , ,	- •
Signature	(File the origin:	ally/signed statemen	t with the City Clerk.)	Date Signed	d <u>V</u>	17/2018 th. day, year)

Type or print in ink.

Amounts may be rounded to whole dollars.

San Jose City Clark

Disclosure (of Fundraisir	ng Report Form	·	San Jose Cily Clark	Page 1
NAME OF ELECTE	D OFFICIAL		Date of 1/2/2016		CITY OF SAN DED1
Sylvia Arenas	i		This Filing 00/1/000	018 FEB - 7 AM 9: 24	JOSE FORM DFR1
OFFICE HELD		PERIOD COVERED BY THIS REPORT			For Official Use Only
City Council -	District 8	10/1/20 17 TO 12/31/2017	Page <u>2</u> of <u>2</u>		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
08/25/2017	\$1000	Eastridge Center, 2200 Eastridg 95122	je Loop, San Jose, CA	Fall Family Festival - Day Sponsorship	/ in the Park
08/25/2017	\$1000	PG&E, 77 Beale Street, San Fra	ancisco, CA	Fall Family Festival - Da Sponsorship	y in the Park
08/21/2017	\$250	Santa Clara Valley Water District Expressway, San Jose, CA 951		Fall Family Festival - Day Sponsorship	y in the Park
09/02/2017	\$100	Caremore Health Plan, 3075 Va Cincinnati, OH 45209	ndercar Way,	Fall Family Festival - Day Participation	/ in the Park Vendor
09/02/2017	\$100	Vong Group (Intero Real Estate Creek Valley Road, San jose, C.		Fall Family Festival - Day Participation	/ in the Park Vendor
12/05/2017	\$2000 (Gift (Ards)	Sears, 2200 Eastridge Loop, Sa	ın Jose, CA 95122	Cookies for Coats	
		n den C) <u>E</u> TT		

NOTHING TO REPORT

Signature:

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
12/05/2017	\$139.00	4055 Evergreen Village Square Suite 100, 95135	Fruit Basket for Community Event at Valle Vista
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NOTHING	TO	REPORT	

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

RECEIVED
Jose City Clerk

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NAME	(LAST) Arenas	(FIRST) Sylvia	(MI	DDLE)		É	DAYTIME TELEP (408) 535-4908	HONE NUMBER
	NG PERIOD 8- 03/31/20							
		Period, how many hou er is none, please prod			ces unrelated to かりの	your dutie	es of office for which	h you earned
1. INCOM	IE EARNED	THIS REPORTING F	ERIOD*					
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*If aggrega	ate in Repor	ting Year is less than \$	5500, proceed to Sec	ction 5.				
	:	ng Year is more than						
	And a second of the second of the second of the	//TRUST/GOVERNME ENTITY/TRUST/GOV	- Control of the Cont	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ION OF SERVI	CES		
ADDRESS	S							
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☐ Propri	etorship	☐ Partnershi	р	LLC		☐ Co	orporation	
☐ Trust		Governme	ental Agency [Nonprofit	Organization		Other	
GENERAL	DESCRIPT	TON OF BUSINESS E	NTITY/TRUST/GOV	/ERNMENT	AL AGENCY A	CTIVITY:		
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GENERAL	. DESCRIPT	TION OF SERVICES F	RENDERED:					
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5. VERIFI	CATION			9				
information	n contained	able diligence in prepa herein and in any attad a that the foregoing i	ched schedules is tru					
Signature	my	ginally signed stateme	1	(.)	Date Signo	ed	4/17/9018 (month, day, y	ear)

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

NOTHING TO REPORT

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

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

		ng Report Form	,	San Jose City C	Page 1
OFFICE HELD	OFFICIAL APP	PERIOD COVERED BY THIS	Date of This Filing 7/1/2018	2018 JUL 13 AM 10	CITY OF SAN DER1
Council	rember	4-1-2018 TO 6-30-20	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND		DESCRIPTION OF EVENT OR F CONTRIB	
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NOTHING TO	REPORT 🖫	Signature W	yru max	Dat	
			/	City of Sa	an José Form DFR-1 (Nov/2010)

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

NAME (LAST)	(FIRST)	(MIDDLE)		018 OCT 15 TELEPHONE NUMBER
Arenas REPORTING PERIO 7/01/2018 - 9/30/ 20	D			(408) 535-4908
	Period, how many hours		services unrelated to your d	uties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PE	RIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	S10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo Section 5.	orting Year is more than \$	500, proceed to Section 2	. If aggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YE	AR		
× \$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	orting Year is less than \$5	500, proceed to Section 5.		
If aggregate in Repor	ting Year is more than \$5	500, proceed to Section 3.		
3. BUSINESS ENTIT	Y/TRUST/GOVERNMEN	NTAL AGENCY & DESCR	RIPTION OF SERVICES	
NAME OF BUSINESS	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
h				
ADDRESS				
TYPE OF BUSINESS	B ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership	☐ LLC		Corporation
☐ Trust	☐ Governmer	ntal Agency Nonr	profit Organization	
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4. LIST EACH REPO	RTABI E SINGLE SOUR	CE OF INCOME OF \$5.00	00 OR MORE FOR THIS RI	EPORTING PERIOD AND IF THE
			separate sheet if necessar	
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5. VERIFICATION				
information contained		ed schedules is true and o		I to the best of my knowledge the enalty of perjury under the laws of
Signature (Filedthe or	riginally signed statement	t with the Oity Clerk.)	Date Signed	16/15/2018 (morth, day, year)

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

NOTHING TO REPORT

DATE:

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
08/13/208	500	Amy Aken, 19000 Homestead Ave, Building 1 Cupertino 95014, Kaiser Permanente, Sr. Public Affairs Representative	Day in the Park Sponsorship
08/22/2018	1,000	Sarah Jimenez, 1879 Lundy Ave STE 233 San Jose 95131, With Grace Hospice, Community Liaison	Day in the Park Sponsorship
08/13/2018	1,000	Erik Shoennauer, 90 Hawthorne Way, San Jose, 95110, The Shoennauer Company, President and CEO	Day in the Park Sponsorship
8/13/2018	1,000	Megan Wessling, 670 Lincoln Ave, San Jose 95126, Citizens Equity First Credit Union, Community Relations & Business Relationship Manager	Day in the Park Sponsorship
09/10/2018	200	Troy Jones, 1445 Monterey St, San Jose, 95110, Pacific Printing, Owner	Day in the Park printing in kind
09/10/2018	1,650	Stacia Levenfeld, 6375 Clark Ave., Dublin, CA 94568, The Save Mart Companies, Executive Director of Communications and Public Affairs	5,000 water bottles in kind for Day in the Park

NOTHING TO KEPOKI	NOTHING	TO	REPORT	
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Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8.31.2018	40.00	San Jose Museum of Art 110 South Market Street San Jose, CA 95113	In-Kind Gift, Day in the Park
8.31.2018	160.00	San Jose Giants P.O. Box 21727 San Jose, CA 95151	In-Kind Gift, Day in the Park
		^	

NOTHIN	NG TO) REF	PORT	•

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

NAME (LAST) (FIRST) Arenas Sylvia	(MIDDLE)	2019 JÁN 15 1	DAYOME TELEPHONE NUMBER
REPORTING PERIOD OCTOBER 1, 2018	- Decem	ber 31. 5	2018
During the Reporting Period, how many hours did Income? (If your answer is none, please proceed to	you spend rendering service		
1. INCOME EARNED THIS REPORTING PERIO	D*		医外线性 医静脉及 法
☐ LESS \$500 ☐ \$500 - \$1,000 ☐	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Year is more than \$500, Section 5.	, proceed to Section 2. If a	ggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING YEAR			
\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Year is less than \$500,	proceed to Section 5.		
If aggregate in Reporting Year is more than \$500,	proceed to Section 3.		
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL		ON OF SERVICES	建筑等地位于美国
NAME OF BUSINESS ENTITY/TRUST/GOVERNM	MENTAL AGENCY		
ADDRESS			
TYPE OF BUSINESS ENTITY/TRUST/GOVERNM	MENTAL AGENCY:		
☐ Proprietorship ☐ Partnership	☐ LLC		Corporation
☐ Trust ☐ Governmental A		Organization	Parameter Barrens
Covernmental A	Type I Nonprofit	organization	Other
GENERAL DESCRIPTION OF BUSINESS ENTITY	Y/TRUST/GOVERNMENTA	L AGENCY ACTIVITY	/ :
¥1	,		
POSITION:			
GENERAL DESCRIPTION OF SERVICES RENDE	ERED:		
4. LIST EACH REPORTABLE SINGLE SOURCE (AGGREGATE IN REPORTING YEAR IS \$5,000			
	o e i i i o i e i e i e i e i e i e i e	ate check if hoosedar,	
5. VERIFICATION			
I have used all reasonable diligence in preparing the information contained herein and in any attached so the State of California that the foregoing is true	chedules is true and compl	ved this statement and ete. I certify under p	to the best of my knowledge the enalty of perjury under the laws of
Signature (File the originally signed statement with	for	Date Signed	// 14/2019 (month, blay, year)

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

NOTHING TO REPORT

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

NOTHING TO REPORT [

Signature

Date

te 1/14/2019

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

NOTHING TO REPORT [

\$100

7/12/2018

Signature

Nancy Z. Liu, Asian American Home Health

1840 The Alameda, San Jose, CA 95126

Date

Day in the Park Recourse Table

1/14/2019

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

NOTHING TO REPORT

Signature

Date

1/4/2019

	RECEIVED	
San	Jose City Clark	e

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

NOTHING TO REPORT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) 2019 APR 15 PIDAYTIME TELEPHONE NUMBER 408 - 535 - 4908
REPORTING PERIOD
During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.)
1. INCOME EARNED THIS REPORTING 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*
*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
NAME OF BOSINESS ENTITYTROST/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.
A 1
Signature (File the originally signed statement with the City Clerk.) Date Signed (month, day, year)

Disclosure of Fundraising Report Form RECEIVED Page 1 NAME OF ELECTED OFFICIAL Date of **CITY OF SAN** Sylvia Arenas This Filing JOSE FORM PERIOD COVERED BY THIS For Official Use Only Councilwoman, District 8 Page DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION Mexico Bakery 2811 Story Rd. San Jose, CA 95127 DATE: 4. 15. 19 Signature: **NOTHING TO REPORT** City of San José Form DFR-1 (Nov/2010)

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

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		DAYTII (408)53	ME TELEPHONE NUMBER 5-4908
REPORTING PERIOD Jan 1-March 31	V	April 1-June 30		July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is		s did you spend rendering services eed to Section 2 below.) None	unrelate	d to your duties of office	ce for which you earned
1. INCOME EARNED TH	IISREPORTINGEP	ERIOD*			
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000 \$	0,001 -	\$100,000 OV	ER \$100,000
*If aggregate in Reporting Section 5.	Year is more than S	\$500, proceed to Section 2. If aggr	egate in	Reporting Year is less	s than \$500, proceed to
2. INCOME EARNED TH	IISREPORTINGY	EAR			
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000 \$1),001 - \$	\$100,000 OVE	ER \$100,000
*If aggregate in Reporting	Year is less than \$	500, proceed to Section 5.			
		500, proceed to Section 3.			
3. BUSINESS ENTITY/TI NAME OF BUSINESS EN		NTAL AGENCY & DESCRIPTION ERNMENTAL AGENCY	opse	RVICES	
ADDRESS				W	
TYPE OF BUSINESS EN	TITY/TRUST/GOVE	ERNMENTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	on I
Trust	Governme	ental Agency Nonprofit Or	janizatio	on	Other
GENERAL DESCRIPTION	N OF BUSINESS E	NTITY/TRUST/GOVERNMENTAL	AGENC	Y ACTIVITY:	
WHO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	The state of the s		(Official Institution of the Control		
POSITION:	······································				
GENERAL DESCRIPTION	N OF SERVICES R	ENDERED:			
	CONTROL OF THE PROPERTY OF THE	RCE OF INCOME OF \$5,000 OR N 65,000 OR MORE (attach a separa	Annual Control of the Control		PERIOD AND IF THE
4					
5. VERIFICATION					
		ring this statement. I have reviewe ched schedules is true and complet			
the State of California th			THE RESERVE AND PERSONS ASSESSMENT		ESET The laws of
Signature	&L		Date S	6/27/2019	
(File-the-or(gin	alfy signed stateme	nt with the City Clerk.)			onth, day, year)

Type or print in ink.

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

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

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		DAYTIME TELEPHONE NUMBER (408)535-4908
REPORTING PERIO 7/012010 - 9/30/20	= =			
		rs did you spend rendering speed to Section 2 below.)		ur duties of office for which you earned
1. INCOME EARNI	ED THIS REPORTING F	ERIOD*		
LESS \$500	S500 - \$1,000	S1,001 - \$10,000	\$10,001 - \$100,00	00 OVER \$100,000
Section 5.			. If aggregate in Reporti	ing Year is less than \$500, proceed to
2. INCOME EARN	ED THIS REPORTING Y	EAR		
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	0 OVER \$100,000
*If aggregate in Rep	orting Year is less than \$	\$500, proceed to Section 5.	NOVE	,
		\$500, proceed to Section 3.		
		ENTAL AGENCY & DESCR	RIPTION OF SERVICES	
NAME OF BUSINES	55 ENTITY (KUST/GUV	ERNMENTAL AGENCY		
ADDRESS		The state of the s	The state of the s	
TYPE OF BUSINES	S ENTITY/TRUST/GOV	ERNMENTAL AGENCY:		
☐ Proprietorship	☐ Partnersh	ip 🔲 LLC	,	☐ Corporation
☐ Trust	☐ Governme	ental Agency	profit Organization	П
1140		oman igono, in non	prom organization	Other
GENERAL DESCRI	PTION OF BUSINESS E	NTITY/TRUST/GOVERNM	IENTAL AGENCY ACTIV	VITY:
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POSITION:				
GENERAL DESCRI	PTION OF SERVICES F	RENDERED:		
		IRCE OF INCOME OF \$5,0 \$5,000 OR MORE (attach a		S REPORTING PERIOD AND IF THE
5. VERIFICATION				
information containe		ched schedules is true and		t and to the best of my knowledge the er penalty of perjury under the laws of
Signature (File the	originally signed stateme	ent with the City Clerk.)	Date Signed _	/0//5/20(9 (month, day, year)

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

Disclosure of Fundraising Report Form

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

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NOTHING TO REPORT

Signature:

DATE:

10/14/2019

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7.26.19	\$5,000	Josue Garcia, Santa Clara County Residents for Responsible Development, 555 Capitol Mall, STE 400, Sacramento, CA 95814	Fall Family Festival Sponsorship 2019
7.26.19	\$1650	Stacia Levenfeld, 6375 Clark Ave., Dublin, CA 94568, The Save Mart Companies, Executive Director of Communications and Public Affairs	Fall Family Festival In-Kind Sponsorship

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Page 1

		.3 / top-011 - 011			1 age 1
NAME OF ELECTE	D OFFICIAL	:	Date of 10/01/19	Date Stamp CITY OF	SAN ELEZ
Councilwoma	n Sylvia Arena	is :	This Filing	San Jose City Clay Jose Fo	RM DER1
OFFICE HELD		PERIOD COVERED BY THIS		For C	fficial Use Only
District 8		7/1/2019 TO 9/30/201	Page _ of	2019 OCT 15 PM 3: 35	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF CONTRIBUTION	FUNDRAISING
9/04/19	\$130.00	Jaspreet Bassi, 1188 S De An Ste 1188 San Jose, CA 95129		Food distrubution to Fall Family Fe volunteers (13 food vouchers at \$1 were donated)	
9/04/19	\$500.00	Juana Perez, 4798 Raspberry 95129, Tlaxiacos' Pizza, Owne	· · · · · · · · · · · · · · · · · · ·	Food distrubution to Fall Family Fe volunteers (50 food vouchers at \$7 were donated)	
9/04/19	\$500.00	Gabriel Guizar, 558 Mekler Di 95111,Takoz Mod Mex, Owne		Food distrubution to Fall Family Fe volunteers (50 food vouchers at \$7 were donated)	
7/30/19	\$500.00	Pele Cao, 2260 Berryessa Rd Cookies n Cream SJ, Owner	San Jose, CA ,	Food distrubution to Fall Family Fe volunteers (50 food vouchers at \$1 were donated)	
		And the state of t			
		ANNE CALL	SETI		
		7 Signature:	lys	DATE: 18/15/	2619
NOTHING TO	REPORT	١ / /	Campbell		
				City of San José Form	DFR-1 (Nov/2010)

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

NAME (LAST Arena		(MIDDLE)		DAYTIME TELEPHONE NUMBER (408) 535-4908
REPORTING PER October 1, 2019-	OD December 31, 2019			
		rs did you spend rendering s ceed to Section 2 below.)	services unrelated to your de	uties of office for which you earned
1. INCOME EARN	NED THIS REPORTING F	PERIOD*		
☐ LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Re Section 5.	porting Year is more than	\$500, proceed to Section 2.	. If aggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARN	NED THIS REPORTING	/EAR		
× \$0 - \$499*	S500 - \$1,000	S1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Re	porting Year is less than	\$500, proceed to Section 5.		
If aggregate in Rep	orting Year is more than	\$500, proceed to Section 3.		
		ENTAL AGENCY & DESCR	RIPTION OF SERVICES	
NAME OF BUSINE	SS ENTITY/TRUST/GOV	VERNMENTAL AGENCY		21
ADDDECC				3 : n
ADDRESS				JAN DA
TYPE OF BUSINE	SS ENTITY/TRUST/GOV	ERNMENTAL AGENCY:	,	6 6 6
☐ Proprietorship	☐ Partnersh	ip 🔲 LLC		Corporation
☐ Trust	Governm	ental Agency	profit Organization	Other No.
GENERAL DESCE	RIPTION OF BUSINESS	ENTITY/TRUST/GOVERNM	ENTAL AGENCY ACTIVITY	otte a
GENERAL DESCI	AIF HON OF BOSINESS I	-INTITITIOS 1700 VERNINI	LIVIAL AGENCI ACTIVIT	
POSITION:				
GENERAL DESCR	RIPTION OF SERVICES	RENDERED:		
4. LIST EACH REI AGGREGATE I	PORTABLE SINGLE SOUN REPORTING YEAR IS	JRCE OF INCOME OF \$5,00 \$5,000 OR MORE (attach a	00 OR MORE FOR THIS R	EPORTING PERIOD AND IF THE y)
5. VERIFICATION				· 计编写记录设施 · 发展的设备 · 九体形
I have used all rea	sonable diligence in prep	ached schedules is true and		d to the best of my knowledge the penalty of perjury under the laws of
Signature (File the	e originally signed statem	ent with the City Clerk.)	Date Signed	1/15/2020 (month, day, year)

Amounts may be rounded to whole dollars. RECEIVED							
Disclosure of Fundraising Report Form				1997	San Jose City Clark	Pag	e 1
NAME OF ELECTED OFFICIAL				Date of	Date Stamp	OUTV OF OAN	
Sylvia Arenas				This Filing 1/16/2020	2020 JAN 16 PM 3: 01	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD PERIOD COVERED BY THIS REPORT				1 9		For Official	Use Only
City of San Jose - District 8 10/1/2019 TO 12/31/2019				Page 1 of 1	olcu		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
8/28/2019	\$60	Children's Discovery Museum 180 Woz Way San Jose CA 95110			Fall Family Festival, Prize Drawing		
8/28/2019	\$394	San Jose Arenas Authority 525 W Santa Clara St San Jose CA 95113			Fall Family Festival, Prize Drawing		
8/28/2019	\$100		Beauty Spot San Felipe Rd San José C	A 95135	Fall Family Festival, Prize	Drawing	
Behested payme made.			r more per calendar year may	also need to be reported	on a form 803 within 30 days	of the date the	

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

Disclosure of Fundraising Report Form

Page 1

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

Sylvia Are				Date of This Filing 1/16/2020	Date Stamp	CITY OF SAN DFR1		
OFFICE HELD			PERIOD COVERED BY THIS	SALASSIAN STATES	- -	For Official Use Only		
City Council, District 8 REPORT 10/1/19 TO 12/31/19				Page 2 of 2	_	, or emission each emity		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL 1	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTO	DESCRIPTION OF EVENT OR P			
12/2/2019 \$250 New Seasons Market 5667 Silver Creek Valley Road San Jose, CA 95138					In-Kind Cookies donated f	In-Kind Cookies donated for Coat Drive Event		
12/5/2019	\$50		& Body Works Eastridge Loop, San Jose,	CA 95122	In-Kind Prize Drawings for	In-Kind Prize Drawings for Coat Drive Event		
7/26/19	\$100	2680	C. Nguyen S. White Rd., STE 255 ose, CA 95148		Fall Family Festival Sponsorship 2019			
7/26/2019	500	3180	lealth Trust Newberry Dr Suite 200 Jose, CA 95118		Fall Family Festival Sponsorship 2019			
Behested payments made.			ature:	also need to be reported	ed on a form 803 within 30 days	of the date they are		

NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)	DAYTIME TELEPHONE NUMBER
REPORTING PERIOD January 1, 2020- Ma) irch 30, 2020		
Income? (If your answ	ver is none, please proceed t	o Section 2 below.) None -no	related to your duties of office for which you earned
1. INCOME EARNEI	THIS REPORTING PERIC	D*	
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	001 - \$100,000
*If aggregate in Report Section 5.	ting Year is more than \$500	, proceed to Section 2. If aggrega	ate in Reporting Year is less than \$500, proceed to
2. INCOME EARNEI	THIS REPORTING YEAR		
🗴 \$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	01 - \$100,000
	ting Year is less than \$500, ing Year is more than \$500,	•	
3. BUSINESS ENTIT	Y/TRUST/GOVERNMENTA	_ AGENCY & DESCRIPTION OF	SERVICES
NAME OF BUSINESS	ENTITY/TRUST/GOVERNI	MENTAL AGENCY	
ADDRESS			
TYPE OF BUSINESS	ENTITY/TRUST/GOVERNA	MENTAL AGENCY:	
Proprietorship	Partnership	☐ LLC	☐ Corporation
☐ Trust	Governmental n	Agency Nonprofit Organi	ization Other
GENERAL DESCRIP	TION OF BUSINESS ENTIT	Y/TRUST/GOVERNMENTAL AGI	ENCY ACTIVITY:
POSITION:			
		ERED:	
4. LIST EACH REPOR	RTABLE SINGLE SOURCE EPORTING YEAR IS \$5,000	OF INCOME OF \$5,000 OR MOR O OR MORE (attach a separate sl	RE FOR THIS REPORTING PERIOD AND IF THE neet if necessary)
		· · ·	
5. VERIFICATION			
I have used all reasor information contained		schedules is true and complete. I	is statement and to the best of my knowledge the certify under penalty of perjury under the laws of
Signature(File the or	iginally signed statement wit	Da h the City Clerk.)	te Signed(month, day, year)

Disclosure of Fundraising Report Form

Page 1

		3 1						
NAME OF ELECTED OFFICIAL					4/15/	202	Date Stamp	CITY OF SAN DFR1
Sylvia Are			This Filing	0				
OFFICE HELD			PERIOD COVERED BY THIS REPORT	Page 1	of	1		For Official Use Only
Councilwoman Dis	strict 8 City of San	Jose	1/1/2020 _{TO} 3/31/2020	rage	01 _			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OI	F CONTRI	BUTOR	DESCRIPTION OF EVENT OR P CONTRIB	
Behested paymomade.	ents that total \$5	5,000 o	r more per calendar year ma	y also need	to be re	eported	on a form 803 within 30 days	of the date they are

NOTHING TO REPORT 🗸

DATE: 4/15/2020

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

NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
REPORTIN	NG PERIOD			
•	. •	riod, how many hours did yo is none, please proceed to	. •	ated to your duties of office for which you earned
1. INCOM	E EARNED	THIS REPORTING PERIOD	*	
☐ LESS	S \$500	S \$500 - \$1,000 S	\$1,001 - \$10,000	1 - \$100,000
*If aggrega Section 5.	ate in Reportir	ng Year is more than \$500, p	proceed to Section 2. If aggregate	e in Reporting Year is less than \$500, proceed to
2. INCOM	E EARNED	THIS REPORTING YEAR		
SO - S	\$499*	\$500 - \$1,000	1,001 - \$10,000 🔲 \$10,001	- \$100,000
*If aggrega	ate in Reportir	ng Year is less than \$500, pr	oceed to Section 5.	
If aggregat	te in Reportin	g Year is more than \$500, p	roceed to Section 3.	
			AGENCY & DESCRIPTION OF S	SERVICES
NAME OF	BUSINESS	:NTITY/TRUST/GOVERNMI	ENTAL AGENCY	
ADDRESS	3			
TYPE OF I	BUSINESS E	NTITY/TRUST/GOVERNME	ENTAL AGENCY:	
☐ Propri	etorship	Partnership	☐ LLC	Corporation
☐ Trust		☐ Governmental Ag	gency Nonprofit Organiza	ationOther
05115541	DECODIDE			
GENERAL	. DESCRIPTION	ON OF BUSINESS ENTITY/	TRUST/GOVERNMENTAL AGEI	NCY ACTIVITY:
POSITION	l:			
		ON OF SERVICES RENDER		
/ LIST FA	\CH BEDORT	ABI E SINGI E SOLIBCE O	E INCOME OF \$5,000 OR MORE	FOR THIS REPORTING PERIOD AND IF THE
			OR MORE (attach a separate she	
5. VERIFI	CATION			
information	n contained he		hedules is true and complete. I c	statement and to the best of my knowledge the ertify under penalty of perjury under the laws of
ano otate (7/15/2020
Signature		hally signed statement with		e Signed (month, day, year)

Disclosure of Fundraising Report Form

Sylvia Are			Date of This Filing	7/1	5/2020	Date Stamp	CITY OF SAN JOSE FORM	DFR1	
OFFICE HELD District 8 Councilmember		r	PERIOD COVERED BY THIS REPORT 4/1/2020 TO 7/31/2020	Page 1	0	_{of} 1		For Official	Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND O	CCUPATION C	OF CON	NTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB		RAISING
6/15/2020	\$25.00		Park, 3236 S White Rd Sai nese Restaurant - Managei		A 951	48, Yuri	This donation of a \$25.00 gift card to Yuri Japanese Restaurant was used in a prize drawing to encourage District 8 neighbors to purchase goods and services from District 8 businesses.		
5/1/2020	\$12,000	Udacity 2440 El Camino Real, Floor 6, Mountain View, CA 94040;					6 laptops donated in kind - valued at \$600 each as part of digital inclusion efforts		
Behested paym made.	ents that total \$	5,000 o	r more per calendar year ma	y also need	d to b	e reported	l on a form 803 within 30 days	of the date the	y are
NOTHING TO	REPORT	Sign	nature: Shir 9	lima	5-		DATE:	7/15/20	4 (law 2020)
							City of Sa	n José Form DFR-	1 (Jan 2020)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER Arenas Sylvia	{
REPORTING PERIOD July 1, 2020- September 30, 2020	
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 - no income to report	
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:	
CENEIVAE DECORNE TION OF BOOINEGG ENTITY MOOT/GOVERNIMENTAL AGENOT 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.	
10/15/2020	
Signature Date Signed (month, day, year)	_

	Amounts may be rounded
isclosure of Fundraising Report Form	

Sylvia Arenas			Date of This Filing	10/15/20	20	Date Stamp	CITY OF SAN JOSE FORM	DFR1		
OFFICE HELD Councilmember District 8		3	PERIOD COVERED BY THIS REPORT 07/1/2020 TO 9/30/2020		Page 1	of <u>1</u>			For Official	Use Only
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND O			S, EMPLOYER AND C	CCUPATION (OF CONTRIBL	JTOR	DESCRIPTION OF EVENT OR F CONTRIB		RAISING	
Behested paymemade.	ents that total \$	5,000 or	more per ca	alendar year ma	y also need	d to be rep	orted	on a form 803 within 30 days	s of the date the	ey are
	_	₁ Signa	ature:	Byr. S	rung-			DATE:		
NOTHING TO	REPORT ×]		U				City of S	10/15/202 an José Form DFR-	.0 1 (Jan 2020)

Disclosure of Fundraising Report Form

Page 1

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

Sylvia Arenas					g 10/	/15/2021	Date Stamp	CITY OF SAN DFR1
OFFICE HELD District 8 Councilmember PERIOD COVERED BY THIS REPORT 07/01/2021 TO 09/30/2021			Page 1	o	_f 1		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND O	CCUPATION	OF CON	NTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB	
Behested paym made.	l ents that total \$5	5,000 o	r more per calendar year may	y also nee	ghto be	e reported	on a form 803 within 30 days	s of the date they are
NOTHING TO	REPORT ×	Sign	nature:		5 C		DATE:	10/15/2021

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 Arenas	(LAST)	(FIRST) Sylvia	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING October	NG PERIOD 1, 2021- Dec	ember 31, 2021			
•		eriod, how many hours d r is none, please procee	, .	vices unrelated to y	our duties of office for which you earned
1. INCOM	E EARNED	THIS REPORTING PER	lIOD*		
☐ LESS	S \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,	000 OVER \$100,000
*If aggrega Section 5.	ite in Reporti	ng Year is more than \$5	00, proceed to Section 2. If	aggregate in Repo	rting Year is less than \$500, proceed to
2. INCOM	E EARNED	THIS REPORTING YEA	R		
× \$0 - \$	\$499*	\$500 - \$1,000	\$1,001 - \$10,000] \$10,001 - \$100,0	00
*If aggrega	ite in Reporti	ng Year is less than \$50	0, proceed to Section 5.		
If aggregat	e in Reportin	g Year is more than \$50	0, proceed to Section 3.		
			AL AGENCY & DESCRIP	TION OF SERVICE	S
NAME OF	BUSINESS I	ENTITY/TRUST/GOVER	NMENTAL AGENCY		
ADDRESS	;				
TYPE OF I	BUSINESS E	NTITY/TRUST/GOVER	NMENTAL AGENCY:		
☐ Proprie	etorship	☐ Partnership	☐ LLC		Corporation
	0.010111p		<u>_</u>		
☐ Trust		Governmenta	al Agency	it Organization	Other
GENERAL	DESCRIPTI	ON OF BUSINESS ENT	TTY/TRUST/GOVERNMEN	TAL AGENCY ACT	IVITY:
POSITION	:				
GENERAL	DESCRIPTI	ON OF SERVICES REN	IDERED:		
					IS REPORTING PERIOD AND IF THE
AGGRE	GATE IN RE	PORTING YEAR IS \$5,0	000 OR MORE (attach a se _l	parate sneet if nece	essary)
5 VEDIEV	OATION				
5. VERIFI	CATION				
information	n contained h		d schedules is true and com		nt and to the best of my knowledge the der penalty of perjury under the laws of
	\wedge				4/40/0000
Signature	(File the original (File the ori	mally signed statement v	with the City Clerk.)	Date Signed	1/18/2022 (month, day, year)

Disclosure of Fundraising Report Form

NAME OF ELECTE Sylvia Arenas	D OFFICIAL				Date of This Filing 1/18/202	22_	Date Stamp	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD Councilwoman	District 8 City	of San	PERIOD COVERED BY THIS REPORT 10/1/2021 TO 12/31/2	2021	Page 1 of 1			For Official	Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER	AND O	CCUPATION OF CONTRIBU	TOR	DESCRIPTION OF EVENT OR P CONTRIBI		RAISING
10/1/2021	\$1,000.00		osé Water Company - /. Taylor Street, San J		-		District 8 Fall Family Festiv Cunningham Regional Par		
Behested paym made.	ents that total \$	5,000 o	r more per calendar yea	ar may	y also need to be repo	orted	on a form 803 within 30 days	of the date the	ey are
NOTHING TO	REPORT	Sign	ature: Syri,	Su	neS		DATE:	01/18/20	22

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

NAME (L	ASTUL 13 Arenas	P(FIBST)9 Sylvia	(MIDDLE)		DAYTIME TELEPHONE NUMBER (408)535-4908
REPORTING F April 1, 2022					
0 1	0		rs did you spend rendering sel	rvices unrelated to you	r duties of office for which you earned
1. INCOME E	ARNED THIS	REPORTING P	PERIOD*		
LESS \$5	00 🗆	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 OVER \$100,000
*If aggregate ir Section 5.	Reporting Y	ear is more than	\$500, proceed to Section 2.	lf aggregate in Reporti	ng Year is less than \$500, proceed to
2. INCOME E	ARNED THIS	REPORTING Y	'EAR		
⅓ \$0 - \$499)*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate ir	Reporting Y	ear is less than \$	\$500, proceed to Section 5.		
00 0	, ,		\$500, proceed to Section 3.		
HE DESCRIPTION OF STREET STREET, SALES	Haller actions, short period	properties and the second section of the second section of the second section of the second section of the second section sect	ENTAL AGENCY & DESCRIF PERNMENTAL AGENCY	TION OF SERVICES	
ADDRESS					·
TYPE OF BUS	INESS ENTI	TY/TRUST/GOV	ERNMENTAL AGENCY:		
☐ Proprietors	ship	☐ Partnershi	p LLC		Corporation
Trust		Governme	ental Agency Nonpro	ofit Organization [Other
GENERAL DE	SCRIPTION (OF BUSINESS E	ENTITY/TRUST/GOVERNMEN	NTAL AGENCY ACTIV	/ITY:
POSITION: _					3 2 2 <u> </u>
GENERAL DE	SCRIPTION	OF SERVICES F	RENDERED:	-	
			RCE OF INCOME OF \$5,000 \$5,000 OR MORE (attach a se		REPORTING PERIOD AND IF THE sary)
5. VERIFICAT	ION				
information co	ntained hereir	n and in any atta			and to the best of my knowledge the er penalty of perjury under the laws of
Signature		v signed stateme	ent with the City Clerk.)	Date Signed _	7/15/2022 (month, day, year)

RECEIVED San Jose City Clerk

Disclosure	of Fundraisin	g Rep	ort Form				San Jose C	ity Clerk	Page 1
Sylvia Are					Date of This Filing	7/15/2022	2022 JUL 15		CITY OF SAN DFR1
OFFICE HELD	an District 8		PERIOD COVERED BY THIS REPORT April1, 2022 TO June 30		Page 1	_ of 1			For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NA	AME, ADDRESS, EMPLOYE	ER AND OC	CCUPATION OF	CONTRIBUTOR	DESCRIPTION	OF EVENT OR F	PURPOSE OF FUNDRAISING BUTION
		i		L					
			3		-				
5.				k					
				=			-		
					-				
Behested paym	ents that total \$	5,000 or	more per calendar y	ear may	also need	to be reported	on a form 803 v	within 30 days	s of the date they are
NOTHING TO	O REPORT X	Signa	ature:	Fri S) rougs			DATE:	7/15/2022

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DÉSCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
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		5.	
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			E
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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	NOTHING	ТО	REPORT	
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NAME (LAST) Arenas	(FIRST) Sylvia	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING PERIOD	-			_
During the Reporting Period, Income? (If your answer is n			ces unrelated to your d	uties of office for which you earned
1. INCOME EARNED THIS	REPORTING PERIOD*			
☐ LESS \$500 ☐	\$500 - \$1,000	001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Ye Section 5.	ear is more than \$500, proc	ceed to Section 2. If a	ggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNED THIS	REPORTING YEAR			
☒ \$0 - \$499* ☐ \$	\$500 - \$1,000	01 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Ye	ear is less than \$500, proce	eed to Section 5.		
If aggregate in Reporting Yea	ar is more than \$500, proce	eed to Section 3.		
3. BUSINESS ENTITY/TRU			ON OF SERVICES	
NAME OF BUSINESS ENTI	TY/TRUST/GOVERNMEN	TAL AGENCY		
ADDRESS				
TYPE OF BUSINESS ENTIT	TV/TDLICT/CO\/EDNMENT	AL ACENICV		
TYPE UP DUSINESS EINTT	Y/TRUST/GUVERINIVIENT	AL AGENCT.		
Proprietorship	☐ Partnership	LLC		Corporation
☐ Trust	☐ Governmental Agend	cy Nonprofit	Organization	
				Other
GENERAL DESCRIPTION (OF BUSINESS ENTITY/TR	UST/GOVERNMENT/	AL AGENCY ACTIVITY	Y:
POSITION:				
GENERAL DESCRIPTION (OF SERVICES RENDERE	D:		
	E SINGLE SOURCE OF IN TING YEAR IS \$5,000 OR			EPORTING PERIOD AND IF THE y)
		(**************************************		
5. VERIFICATION				
I have used all reasonable d information contained herein the State of California that	and in any attached sched the foregoing is true and	dules is true and comp		d to the best of my knowledge the penalty of perjury under the laws of
Signature (File the originally	Signed statement with the	City Clerk.)	Date Signed	10/14/2022 (month, day, year)

Disclosure of Fundraising Report Form

Sylvia Are				Date of This Filing	10/1	4/2022	Date Stamp	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD Councilwoman D	istrict 8 City of Sa	an Jose	PERIOD COVERED BY THIS REPORT 07/1/2022 TO 09/30/2022	Page 1	of	1		For Official U	lse Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND O	CCUPATION O	F CONT	TRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB		RAISING
9/8/2022	\$500.00	1860 M	tion of Indo-American Associa lowry Ave Ste 200 nt, CA 94538-1730	ations of Nor	thern (California	India Independence Day & Reception - 9/18/2022	Flag Raising C	eremony
Behested paymer made.	ents that total \$5	5,000 oı	more per calendar year ma	y also need	to be	reported	on a form 803 within 30 days	s of the date the	y are
NOTHING TO	REPORT	Sign	ature: <u>Spr. Srm</u>	5			DATE:	10/14/2022	2

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.

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