

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

BY OTC

2017 APR 19 AM 10:00
DAYTIME TELEPHONE NUMBER
408-535-4908

NAME (LAST) (FIRST) (MIDDLE) REPORTING PERIOD

Arenas Sylvia 1/1/17 - 3/31/17

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY _____

ADDRESS _____

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

- Proprietorship Partnership LLC Corporation
- Trust Governmental Agency Nonprofit Organization _____
Other

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

POSITION: _____

GENERAL DESCRIPTION OF SERVICES RENDERED: _____

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)

5. VERIFICATION

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

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

Date Signed 4/18/17
(month, day, year)

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

RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <i>Sylvia Arenas</i>		Date of This Filing _____	Date Stamp 2017 APR 19 AM 10:01 <i>AT OTC</i>	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <i>City Council, D8, San Jose</i>	PERIOD COVERED BY THIS REPORT <i>1/1/17 TO 3/31/17</i>	Page <u>1</u> of <u>1</u>		

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

NOTHING TO REPORT

Signature 

Date *4/18/17*

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

2017 JUNE 20 AFTERNOON
 DAYTIME TELEPHONE NUMBER
 (408) 535-4908

NAME (LAST) (FIRST) (MIDDLE)
 Arenas Sylvia

REPORTING PERIOD
 04/01/2017-06/30/17

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.) None

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

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

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ADDRESS

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization _____
 Other

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

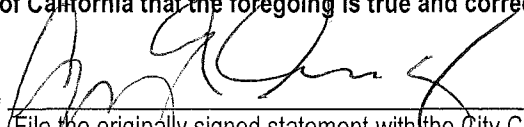
POSITION: _____

GENERAL DESCRIPTION OF SERVICES RENDERED: _____

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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 07/24/2017
 (month, day, year)

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

Disclosure of Fundraising Report Form

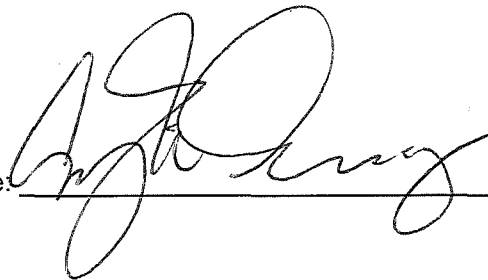
RECEIVED
San Jose City Clerk

CITY OF SAN JOSE FORM **DFR1**
For Official Use Only

NAME OF ELECTED OFFICIAL Sylvia Arenas		Date of This Filing 07/24/2017	Date Stamp 2017 JUL 26 AM 9:00
OFFICE HELD Council Member District 8	PERIOD COVERED BY THIS REPORT 04/01/17 TO 06/30/2017	Page 1 of 1	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
5/04/2017	500.00	Keiser foundation Health plan Inc. 75 N. Fair Oaks Avenue, 4th Fl, Pasadena, ca 5113-1905	9th Annual Senior Health Fair and Walk Friday June 9, 2017
5/15/2017	1000.00	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: 

DATE: 07/24/2017

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

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

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

RECEIVED

San Jose City Clerk

OTC *[Signature]*

2017 OCT 17

AM 10:32

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Arenas Sylvia _____ (408) 535-4908

REPORTING PERIOD
09/01/17-09/30/17

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.) _____

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

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

Date Signed 10/16/17
(month, day, year)

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

RECEIVED
San Jose City Clerk
Date Stamp
2017 OCT 17 AM 10:32

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sylvia Arenas		Date of This Filing 10/16/2017	CITY OF SAN JOSE FORM For Official Use Only DFR1
OFFICE HELD City Council, District 8	PERIOD COVERED BY THIS REPORT 07/01/2017 TO 09/30/2017	Page 1 of 2	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
08/10/2017	\$260 (In-Kind Passes)	Testarossa Winery, Julie Scopazzi (Marketing Manager), 300 College Ave, Los Gatos, CA 95030	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/14/2017	\$346 (In-Kind Passes)	The Tech Museum of Innovation, Christie Jensen (Executive Assistant to CEO), 201 S. Market Street, San Jose, CA 95113	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/10/2017	\$25 (In-Kind Gift Card)	Edible Arrangements, 4055 Evergreen Village Square, San Jose CA 95135	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/11/2017	\$50 (In-Kind Item)	San Jose Sharks, 525 W. Santa Clara Street, San Jose, CA 95113	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/11/2017	\$57 (In-Kind Passes)	Happy Hollow Park & Zoo, Kiersten McCormick (Assistant General Manager), 1300 Senter Road, San Jose, CA 95112	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/21/2018	\$250 (In-Kind)	Santa Clara Valley Water District, Rachael Gibson (Local & Regional Government Relations), 5750 Almaden Expressway, San Jose, CA 95118	Fall Family Festival-Day in the Park 2017 City-Sponsored Event

NOTHING TO REPORT

Signature 

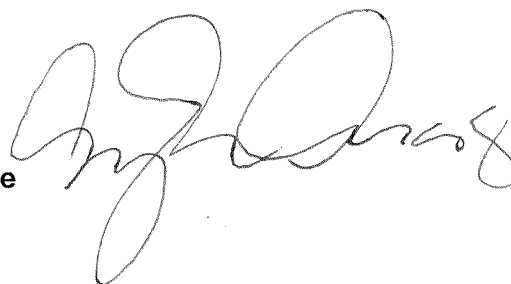
Date

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
09/02/2017	\$100	Evergreen Pharmacy, 2590 S. White Road, Ste 80, San Jose, CA 95148	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
09/02/2017	\$100	Dignity Memorial, Ronda Thompson, 300 Curtner Ave, San Jose, CA 95135	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
08/29/2017	\$100	South Bay Health & Insurance Services, 740 Bay Blvd, Chula Vista, CA 91910	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
09/06/2017	\$100	LegalShield, Denise Hankes, 1849 Bagpipe Way, San Jose, CA 95132	Fall Family Festival-Day in the Park 2017 City-Sponsored Event
8/29/17	\$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. Box 5368, San Jose, CA 95150	Fall Family Festival-Day in the Park 2017 City-sponsored Event

NOTHING TO REPORT

Signature



Date

10/16/17