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

NAME (LAST) (FIRST) (MIDDLE)__________________________
________________________________________
________________________________________

REPORTING PERIOD: 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.)

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 ____________________________ Date Signed 4/18/17

(File the originally signed statement with the City Clerk.)
### Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL**
Sylvia Arenas

**OFFICES HELD**
City Council, D8, S9

**PERIOD COVERED BY THIS REPORT**
1/1/17 TO 3/31/17

**DATE OF SOLICITATION**

**AMOUNT CONTRIBUTED**

**FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR**

**DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION**

---

**Date Stamp**
2017 APR 19 AM 10:01 AT 0TC

**CITY OF SAN JOSE FORM**
DFR1

**FOR OFFICIAL USE ONLY**

---

**NOTHING TO REPORT** ☐

**Signature**

**Date**
4/18/17

City of San José Form DFR-1 (Nov/2010)
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

<table>
<thead>
<tr>
<th>NAME</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arenas</td>
<td>Sylvia</td>
<td></td>
<td></td>
<td>(408)535-4908</td>
</tr>
</tbody>
</table>

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.

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: ____________________________

(date originally signed statement with the City Clerk)

Date Signed: 07/24/2017

(month, day, year)
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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<tbody>
<tr>
<td>5/04/2017</td>
<td>500.00</td>
<td>Keiser foundation Health plan Inc. 75 N. Fair Oaks Avenue, 4th Fl, Pasadena, ca 5113-1905</td>
<td>9th Annual Senior Health Fair and Walk Friday June 9, 2017</td>
</tr>
<tr>
<td>5/15/2017</td>
<td>1000.00</td>
<td>The Health Trust 3180 Newbeery Dr. Suite 200 San Jose, Ca, 95118</td>
<td>9th Annual Senior Health Fair and Walk Friday June 9, 2017</td>
</tr>
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</table>

NOTHING TO REPORT □
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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</tbody>
</table>

NOTHING TO REPORT ☐
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE)  ARENAS SylVIA
DAYTIME TELEPHONE NUMBER (408) 535-4908
REPORTING PERIOD 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*

<table>
<thead>
<tr>
<th>Amount</th>
<th>Box</th>
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<tr>
<td>$0 - $499*</td>
<td>X</td>
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<tr>
<td>$500 - $1,000</td>
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</tr>
<tr>
<td>$1,001 - $10,000</td>
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<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

*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.

2. INCOME EARNED THIS REPORTING YEAR

<table>
<thead>
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<tbody>
<tr>
<td>$0 - $499*</td>
<td>X</td>
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<tr>
<td>$500 - $1,000</td>
<td></td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Type</th>
<th>Box</th>
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<tbody>
<tr>
<td>Proprietorship</td>
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<tr>
<td>Partnership</td>
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<td>LLC</td>
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<td>Corporation</td>
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<td>Trust</td>
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<tr>
<td>Governmental Agency</td>
<td></td>
</tr>
<tr>
<td>Nonprofit Organization</td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

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

Date Signed 10/16/17 (month, day, year)
<table>
<thead>
<tr>
<th>Date of Solicitation</th>
<th>Amount Contributed</th>
<th>Full Name, Address, Employer and Occupation of Contributor</th>
<th>Description of Event or Purpose of Fundraising Contribution</th>
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<tbody>
<tr>
<td>08/10/2017</td>
<td>$260 (In-Kind Passes)</td>
<td>Testarossa Winery, Julie Scopazzi (Marketing Manager), 300 College Ave, Los Gatos, CA 95030</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
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<tr>
<td>08/14/2017</td>
<td>$346 (In-Kind Passes)</td>
<td>The Tech Museum of Innovation, Christie Jensen (Executive Assistant to CEO), 201 S. Market Street, San Jose, CA 95113</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
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<tr>
<td>08/10/2017</td>
<td>$25 (In-Kind Gift Card)</td>
<td>Edible Arrangements, 4055 Evergreen Village Square, San Jose CA 95135</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
<tr>
<td>08/11/2017</td>
<td>$50 (In-Kind Item)</td>
<td>San Jose Sharks, 525 W. Santa Clara Street, San Jose, CA 95113</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
<tr>
<td>08/11/2017</td>
<td>$57 (In-Kind Passes)</td>
<td>Happy Hollow Park &amp; Zoo, Kiersten McCormick (Assistant General Manager), 1300 Senter Road, San Jose, CA 95112</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
<tr>
<td>08/21/2018</td>
<td>$250 (In-Kind)</td>
<td>Santa Clara Valley Water District, Rachael Gibson (Local &amp; Regional Government Relations), 5750 Almaden Expressway, San Jose, CA 95118</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT ☐
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/02/2017</td>
<td>$100</td>
<td>Evergreen Pharmacy, 2590 S. White Road, Ste 80, San Jose, CA 95148</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
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<tr>
<td>09/02/2017</td>
<td>$100</td>
<td>Dignity Memorial, Ronda Thompson, 300 Curtner Ave, San Jose, CA 95135</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
<tr>
<td>08/29/2017</td>
<td>$100</td>
<td>South Bay Health &amp; Insurance Services, 740 Bay Blvd, Chula Vista, CA 91910</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
<tr>
<td>09/06/2017</td>
<td>$100</td>
<td>LegalShield, Denise Hankes, 1849 Bagpipe Way, San Jose, CA 95132</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
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<tr>
<td>8/24/17</td>
<td>$2,000</td>
<td>Republic Urban Properties, 84 W. Santa Clara Street, San Jose, CA 95113</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
<tr>
<td>8/28/17</td>
<td>$1000</td>
<td>Republic Services, Jeanne Serpa (Municipal Relationship Manager), 1601 Dixon Landing Road, Milpitas, CA 95035</td>
<td>Fall Family Festival-Day in the Park 2017 Event City-Sponsored Event</td>
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<tr>
<td>8/23/17</td>
<td>$5000</td>
<td>The Arcadia Companies, Kathy Schmidt, P.O. Box 5368, San Jose, CA 95150</td>
<td>Fall Family Festival-Day in the Park 2017 City-Sponsored Event</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □  [Signature]  Date 10/16/17
**INCOME AND TIME DISCLOSURE STATEMENT**  
(San Jose Municipal Code Chapter 12.19)

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arenas</td>
<td>Sylvia</td>
<td></td>
<td>(408) 535-4908</td>
</tr>
</tbody>
</table>

**REPORTING PERIOD**  
10/1/2017 - 12/31/2017

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

1. **INCOME EARNED THIS REPORTING PERIOD***
   - [ ] LESS $500  
   - [ ] $500 - $1,000  
   - [ ] $1,001 - $10,000  
   - [ ] $10,001 - $100,000  
   - [x] 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**
   - [x] $0 - $495*  
   - [ ] $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: ____________________________  
   Date Signed: 02/16/2018 (month, day, year)
## Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL**
Sylvia Arenas

**OFFICE HELD**
City Council - District 8

**DATE OF SOLICITATION** | **AMOUNT CONTRIBUTED** | **FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR** | **DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION**
--- | --- | --- | ---
08/25/2017 | $1000 | Eastridge Center, 2200 Eastridge Loop, San Jose, CA 95122 | Fall Family Festival - Day in the Park Sponsorship
08/25/2017 | $1000 | PG&E, 77 Beale Street, San Francisco, CA | Fall Family Festival - Day in the Park Sponsorship
08/21/2017 | $250 | Santa Clara Valley Water District, 5750 Almaden Expressway, San Jose, CA 95118 | Fall Family Festival - Day in the Park Sponsorship
09/02/2017 | $100 | Caremore Health Plan, 3075 Vandercar Way, Cincinnati, OH 45209 | Fall Family Festival - Day in the Park Vendor Participation
09/02/2017 | $100 | Vong Group (Intero Real Estate Services), 5609 Silver Creek Valley Road, San Jose, CA 95138 | Fall Family Festival - Day in the Park Vendor Participation
12/05/2017 | $2000 (Gift Cards) | Sears, 2200 Eastridge Loop, San Jose, CA 95122 | Cookies for Coats

**NOTHING TO REPORT**

**Signature:**

**DATE:** 02/7/2018
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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<tbody>
<tr>
<td>12/05/2017</td>
<td>$139.00</td>
<td>4055 Evergreen Village Square Suite 100, 95135</td>
<td>Fruit Basket for Community Event at Valle Vista</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

<table>
<thead>
<tr>
<th>NAME</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arenas Sylvia</td>
<td></td>
<td></td>
<td></td>
<td>(408) 535-4908</td>
</tr>
</tbody>
</table>

REPORTING PERIOD
01/01/2018-03/31/2018

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

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

2. INCOME EARNED THIS REPORTING YEAR

- [x] $0 - $499
- [ ] $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 3.

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

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:</th>
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<tbody>
<tr>
<td>[ ] Proprietorship</td>
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<tr>
<td>[ ] Trust</td>
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</table>

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

Signature: [Signature]

Date Signed: 4/17/2018 (month, day, year)

(File the originally signed statement with the City Clerk.)
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2018</td>
<td>$500</td>
<td>Santa Clara Valley Water District, 5750 Almaden Expwy, San Jose, CA 95118</td>
<td>Day in the Park 2018 Sponsorship</td>
</tr>
<tr>
<td>01/11/2018</td>
<td>$1,000</td>
<td>Freeman Orthodontics, 4205 San Felipe Road, Suite 220, San Jose, CA 95135</td>
<td>Day in the Park 2018 Sponsorship</td>
</tr>
<tr>
<td>01/18/2018</td>
<td>$160</td>
<td>San Jose Giants, P.O. Box 21727, San Jose, CA 95151</td>
<td>Day in the Park 2018 Raffle</td>
</tr>
<tr>
<td>01/11/2018</td>
<td>$500</td>
<td>San Jose Water Company, 110 W. Taylor Street, San Jose, CA 95110</td>
<td>Day in the Park 2018 Sponsorship</td>
</tr>
<tr>
<td>02/28/2018</td>
<td>$194.54</td>
<td>First 5 Santa Clara County, 400 Moor Park Avenue, Suite 200, San Jose, CA 95113</td>
<td>Balloons, fruit and cheese tray for children's Dental Health Fair</td>
</tr>
</tbody>
</table>
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

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

REPORTING PERIOD 
April 1, 2018 - June 30, 2018

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

- None

1. INCOME EARNED THIS REPORTING PERIOD

<table>
<thead>
<tr>
<th>Amount Range</th>
<th>Box</th>
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</thead>
<tbody>
<tr>
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<td>$500 - $1,000</td>
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<tr>
<td>$1,001 - $10,000</td>
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<tr>
<td>$10,001 - $100,000</td>
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</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Amount Range</th>
<th>Box</th>
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<tbody>
<tr>
<td>$500 - $1,000</td>
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<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

*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 

Date Signed 7/1/2018 (mon, day, year)

(File the originally signed statement with the City Clerk.)
Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL:** Sylvia Arenas

**OFFICE HELD:** Councilmember

**PERIOD COVERED BY THIS REPORT:** 1-1-2018 TO 6-30-2018

**Date of This Filing:** 7/1/2018

**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:** [Signature]

**Date:** [Date]

City of San José Form DFR-1 (Nov/2010)
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arenas Sylvia</td>
<td>(408) 535-4908</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REPORTING PERIOD
7/01/2018 - 9/30/2018

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

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: ____________________________  Date Signed: 10/15/2018

(Filed the originally signed statement with the City Clerk.)
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/03/2018</td>
<td>1,000</td>
<td>Amal Ann Prazer, 3180 Newberry Dr. Ste 200, San Jose 95118, The Health Trust, Grants Administrator</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/18/2018</td>
<td>10,000</td>
<td>Micheal VanEvery, 84 W Santa Clara St. Ste 600, Santa Jose 95113, Republic Family of Companies, CEO</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/13/2018</td>
<td>1,000</td>
<td>Joe Foster, 308 Stockton Ave, San Jose, 95126, PG&amp;E Public Affairs Representative</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/24/2018</td>
<td>1,000</td>
<td>Rah Riley, 2200 Eastridge Loop Ste. 2602, San Jose 95122, Eastridge Management Company, Marketing Manager</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/13/2018</td>
<td>3,000</td>
<td>Thoman Jajeh, 100 N Milpitas Blvd, Milpitas 95035, Shapell Properties, Inc., Regional Director</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/13/2018</td>
<td>5,000</td>
<td>Jean Cohen, 6150 Cottle Rd, San Jose 95123, UA Local Union 393, Political Director</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>DATE OF SOLICITATION</td>
<td>AMOUNT CONTRIBUTED</td>
<td>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</td>
<td>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</td>
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<tr>
<td>---------------------</td>
<td>--------------------</td>
<td>--------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>08/13/208</td>
<td>500</td>
<td>Amy Aken, 19000 Homestead Ave, Building 1 Cupertino 95014, Kaiser Permanente, Sr. Public Affairs Representative</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/22/2018</td>
<td>1,000</td>
<td>Sarah Jimenez, 1879 Lundy Ave STE 233 San Jose 95131, With Grace Hospice, Community Liaison</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>08/13/2018</td>
<td>1,000</td>
<td>Erik Shoennauer, 90 Hawthorne Way, San Jose 95110, The Shoennauer Company, President and CEO</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>8/13/2018</td>
<td>1,000</td>
<td>Megan Wessling, 670 Lincoln Ave, San Jose 95126, Citizens Equity First Credit Union, Community Relations &amp; Business Relationship Manager</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>09/10/2018</td>
<td>200</td>
<td>Troy Jones, 1445 Monterey St, San Jose, 95110, Pacific Printing, Owner</td>
<td>Day in the Park printing in kind</td>
</tr>
<tr>
<td>09/10/2018</td>
<td>1,650</td>
<td>Stacia Levenfeld, 6375 Clark Ave., Dublin, CA 94568, The Save Mart Companies, Executive Director of Communications and Public Affairs</td>
<td>5,000 water bottles in kind for Day in the Park</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT ☐
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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</thead>
<tbody>
<tr>
<td>8.31.2018</td>
<td>40.00</td>
<td>San Jose Museum of Art 110 South Market Street San Jose, CA 95113</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
<tr>
<td>8.31.2018</td>
<td>0.00</td>
<td>San Jose Giants P.O. Box 21727 San Jose, CA 95151</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

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

REPORTING PERIOD October 1, 2018 – December 31, 2018

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

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

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

   POSITION:

   GENERAL DESCRIPTION OF SERVICES RENDERED:

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

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

Signature Date Signed

(File the originally signed statement with the City Clerk.)
## Disclosure of Fundraising Report Form

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/13/2018</td>
<td>$3,000</td>
<td>Domcat Marketing, 3579 Ballantyne Drive Suite 201 Pleasanton, CA 94588,</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>8/13/2018</td>
<td>$1,000</td>
<td>With Grace Ministries, 1879 Lundy Ave Suite 233 San Jose, CA 95131</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>8/13/2018</td>
<td>$10,000</td>
<td>Republic Evergreen, 84 West Santa Clara Street Suite 600</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>8/13/2018</td>
<td>$3,000</td>
<td>San Jose Evergreen Community College, 40 S Market St, San Jose, CA 95113</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>8/13/2018</td>
<td>5,000</td>
<td>Local 393 Plumbers &amp; Steamfitters, 6150 Cottle Rd, San Jose, CA 95123</td>
<td>Day in the Park Sponsorship</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT ☐

Signature: ____________________________

Date: 1/14/2019

City of San José Form DFR-1 (Nov/2010)
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
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<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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<tbody>
<tr>
<td>8/13/2018</td>
<td>$1,000</td>
<td>Teamsters Joint Council 7 250 Executive Park Blvd # 3100, San Francisco, CA 94134</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>8/11/2018</td>
<td>$10,000</td>
<td>GOOGLE 1600 Amphitheatre Parkway Mountain View, CA 94043</td>
<td>Day in the Park Sponsorship</td>
</tr>
</tbody>
</table>
## Disclosure of Fundraising Report Form

### NAME OF ELECTED OFFICIAL
Sylvia Arenas

### OFFICE HELD
Councilmember

### PERIOD COVERED BY THIS REPORT
Jan 1, 2018 to Dec 31, 2018

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
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<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/13/2018</td>
<td>$5,000</td>
<td>Arcadia Management Services Co. P.O Box 5368 San Jose, California 95150</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$1,000</td>
<td>New Seasons Community Market 1300 SE Stark Street, Suite 401 Portland, Oregon 97214</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Tu-Anh Thu Huynh 1979 Edgebank Drive San Jose CA 95122</td>
<td>Day in the Park Sponsorship</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Provident Credit Union 303 Twin Dolphin Dr Redwood City, Ca 94065</td>
<td>Day in the Park Recourse Table</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Evergreen E Waste 2365 Paragon Drive, Suite B San Jose, Ca 95121</td>
<td>Day in the Park Recourse Table</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Nancy Z. Liu, Asian American Home Health 1840 The Alameda, San Jose, CA 95126</td>
<td>Day in the Park Recourse Table</td>
</tr>
</tbody>
</table>

### NOTHING TO REPORT □

**Signature**

**Date** 1/14/2019

City of San José Form DFR-1 (Nov/2010)
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<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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<tbody>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Carole J. Holcomb, Laughter Yoga Fun 5755 Cohasset Way San Jose, CA 95123</td>
<td>Day in the Park Recourse Table</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Denise E. Hankes, CEFCU 1849 Bagpipe Way San Jose Ca, 95121</td>
<td>Day in the Park Recourse Table</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Evergreen Pharmacy 2076, 2690 S White Rd # 200A, San Jose, CA 95148</td>
<td>Day in the Park Recourse Table</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>Caremore Health Plan 3075 Vandercar Way Cincinnati, OH 45209</td>
<td>Day in the Park Recourse Table</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>$100</td>
<td>With Grace Ministries Inc. 1879 Lundy Ave. Suite 233 San Jose, CA 95131</td>
<td>Day in the Park Recourse Table</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □

Signature

Date 1/14/2019

City of San José Form DFR-1 (Nov/2010)
<table>
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<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.13.18</td>
<td>$200</td>
<td>Great Clips, 4055 Evergreen Village Square Ste 110, San Jose, CA 95135</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
<tr>
<td>8.13.18</td>
<td>$30</td>
<td>Cleaners 4 Less, 4055 Evergreen Village Square, San Jose, CA</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
<tr>
<td>8.13.18</td>
<td>$30</td>
<td>Sophie's Mediterranean Grill, 4035 Evergreen Village Square Unit # 20, San Jose, CA 95135</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
<tr>
<td>8.13.18</td>
<td>$60</td>
<td>iNmotion Wellness, 4075 Evergreen Village Square #100, San Jose, CA 95135</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
<tr>
<td>8.13.18</td>
<td>$20</td>
<td>Seiki Ramen House, 4035 Evergreen Village Square #40, San Jose, CA 95135</td>
<td>In-Kind Gift, Day in the Park</td>
</tr>
</tbody>
</table>
**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 PERIOD**  
☐ Jan 1-March 31  
☒ April 1-June 30  
☐ July 1-Sept 30  
☐ Oct 1-Dec 31

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

Date Signed  
(6/27/2019)  
(month, day, year)
<table>
<thead>
<tr>
<th>Date of Solicitation</th>
<th>Amount Contributed</th>
<th>Full Name, Address, Employer and Occupation of Contributor</th>
<th>Description of Event or Purpose of Fundraising Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/15/2019</td>
<td>$500.00</td>
<td>Kaiser Permanente Foundation 75 N. Fair Oaks Ave, 4th Fl</td>
<td>Sponsor of our 2019 Senior Health fair and walk, providing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pasadena, CA 91103</td>
<td>resources and information to residents</td>
</tr>
<tr>
<td>06/28/2019</td>
<td>$1,000.00</td>
<td>The Schoenquer Company 90 Hawthorne Way</td>
<td>Sponsor of our 2019 Fall Family Festival, free resources, games</td>
</tr>
<tr>
<td></td>
<td></td>
<td>San Jose, CA 95110</td>
<td>and activities for community members</td>
</tr>
</tbody>
</table>
**INCOME AND TIME DISCLOSURE STATEMENT**  
(San Jose Municipal Code Chapter 12.19)

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>Arenas</th>
<th>(FIRST)</th>
<th>Sylvia</th>
<th>(MIDDLE)</th>
<th>Daytime Telephone Number</th>
<th>(408)535-4908</th>
</tr>
</thead>
</table>

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

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

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

<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:**

- [ ] Proprietorship  
- [ ] Partnership  
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- [ ] Corporation  
- [ ] Trust  
- [ ] Governmental Agency  
- [ ] Nonprofit Organization  
- [ ] Other

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


**POSITION:**


**GENERAL DESCRIPTION OF SERVICES RENDERED:**


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


**5. VERIFICATION**

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

Signature: [Signature]  
Date Signed: 6/27/2019  
(File the originally signed statement with the City Clerk.)

(month, day, year)
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/15/2019</td>
<td>$500.00</td>
<td>Kaiser Permanente Foundation 75 N. Fair Oaks Ave, 4th FL Pasadena, CA 91103</td>
<td>Sponsor of our 2019 Senior Health fair and walk, providing resources and information to seniors.</td>
</tr>
<tr>
<td>06/28/2019</td>
<td>$1,000.00</td>
<td>The Scheinacker Company 90 Hawthorne Way San Jose, CA 95110</td>
<td>Sponsor of our 2019 Fall Family Festival, free resources, games, and activities for community members.</td>
</tr>
</tbody>
</table>
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

REPORTING PERIOD
7/01/2019 - 9/30/2019

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

1. INCOME EARNED THIS REPORTING PERIOD

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

ADDRESS

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

☐ Proprietorship  ☐ Partnership  ☐ LLC  ☐ Corporation
☐ Trust  ☐ Governmental Agency  ☐ Nonprofit Organization  ☐ Other

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

Signature

(Date Signed) 10/15/2019

(File the originally signed statement with the City Clerk.)
<table>
<thead>
<tr>
<th>Date of Solicitation</th>
<th>Amount Contributed</th>
<th>Full Name, Address, Employer and Occupation of Contributor</th>
<th>Description of Event or Purpose of Fundraising Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/28/2019</td>
<td>$57</td>
<td>Happy Hollow Park and Zoo 748 Story Rd San Jose, CA 95112</td>
<td>Fall Family Festival 2019, Prize Drawing</td>
</tr>
<tr>
<td>8/28/2019</td>
<td>$106</td>
<td>Debbie Koelbl, Owner Nothing Bundt Cakes - Evergreen 2721 Ahrn Road, Suite 10 San Jose, CA 95121</td>
<td>Fall Family Festival 2019, Prize Drawing</td>
</tr>
<tr>
<td>8/28/2019</td>
<td>$50</td>
<td>San Jose Museum of Art 110 S Market St San Jose CA</td>
<td>Fall Family Festival, Prize Drawing</td>
</tr>
<tr>
<td>8/28/2019</td>
<td>$96</td>
<td>Six Flags Discovery Kingdom 1001 Fairgrounds Dr Vallejo CA</td>
<td>Fall Family Festival, Prize Drawing</td>
</tr>
<tr>
<td>8/28/2019</td>
<td>$100</td>
<td>The Cheesecake Factory 26901 Malibu Hills Road Calabasas Hills CA</td>
<td>Fall Family Festival, Prize Drawing</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □  
Signature:  
Date: 10/15/2019
<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
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<th>DESCRIPTION OF EVENT OR PURPOSE OF CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.26.19</td>
<td>$1,000</td>
<td>Republic Services, Jeanne Serpa (Municipal Relationship Manager), 1601 Dixon Landing Road, Milpitas, CA 95035</td>
<td>Fall Family Festival Sponsorship 2019 City - Sponsored Event</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$5,000</td>
<td>Jean Cohen, 6150 Cottle Rd, San Jose 95123, UA Local Union 393, Political Director</td>
<td>Fall Family Festival Sponsorship 2019 City - Sponsored Event</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$1,000</td>
<td>Megan Wessling, 670 Lincoln Ave, San Jose 95126, Citizens Equity First Credit Union, Community Relations &amp; Business Relationship Manager</td>
<td>Fall Family Festival Sponsorship 2019 City - Sponsored Event</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$5,000</td>
<td>Lorie Lamberson, Arcadia Management Services Co. P.O Box 5368 San Jose, California 95150</td>
<td>Fall Family Festival Sponsorship 2019 City-Sponsored Event</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$100</td>
<td>Nguyen and Tran Dental Corporation 2680 S. White Rd., STE 255 San Jose, CA 95148</td>
<td>Fall Family Festival Sponsorship 2019 City-Sponsored Event</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$100</td>
<td>Carole J, Holcomb, Certified Laughter Yoga Teacher 5755 Cohasset Way, San Jose, CA 95123</td>
<td>Fall Family Festival Sponsorship 2019 City-Sponsored Event</td>
</tr>
<tr>
<td>DATE OF SOLICITATION</td>
<td>AMOUNT CONTRIBUTED</td>
<td>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</td>
<td>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------</td>
<td>-------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$5,000</td>
<td>Josue Garcia, Santa Clara County Residents for Responsible Development, 555 Capitol Mall, STE 400, Sacramento, CA 95814</td>
<td>Fall Family Festival Sponsorship 2019</td>
</tr>
<tr>
<td>7.26.19</td>
<td>$1650</td>
<td>Stacia Levenfeld, 6375 Clark Ave., Dublin, CA 94568, The Save Mart Companies, Executive Director of Communications and Public Affairs</td>
<td>Fall Family Festival In-Kind Sponsorship</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT ☐
## Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL:**
Councilwoman Sylvia Arenas

**DATE OF FILING:**
10/01/18

### OFFICE HELD
District 8

### PERIOD COVERED BY THIS REPORT
7/1/2019 TO 9/30/2019

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
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<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/04/19</td>
<td>$130.00</td>
<td>Jaspreet Bassi, 1188 S De Anza Blvd Ste 1188 San Jose, CA 95129, Chaat Palace, Owner</td>
<td>Food distribution to Fall Family Festival 2019 volunteers (13 food vouchers at $10.00 set price were donated)</td>
</tr>
<tr>
<td>9/04/19</td>
<td>$500.00</td>
<td>Juana Perez, 4798 Raspberry Place San Jose, CA 95129, Tlaxiacos' Pizza, Owner</td>
<td>Food distribution to Fall Family Festival 2019 volunteers (50 food vouchers at $10.00 set price were donated)</td>
</tr>
<tr>
<td>9/04/19</td>
<td>$500.00</td>
<td>Gabriel Guizar, 558 Mekler Drive San Jose, CA 95111, Takoz Mod Mex, Owner</td>
<td>Food distribution to Fall Family Festival 2019 volunteers (50 food vouchers at $10.00 set price were donated)</td>
</tr>
<tr>
<td>7/30/19</td>
<td>$500.00</td>
<td>Pele Cao, 2260 Berryessa Rd San Jose, CA, Cookies n Cream SJ, Owner</td>
<td>Food distribution to Fall Family Festival 2019 volunteers (50 food vouchers at $10.00 set price were donated)</td>
</tr>
</tbody>
</table>

**NOTHING TO REPORT**

**Signature:**

**DATE:**
10/15/2019

---

City of San José Form DFR-1 (Nov/2010)
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones Chapp 408-635-4901

REPORTING PERIOD: October - December 31st

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

1. INCOME EARNED THIS REPORTING PERIOD

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Jones Enterprises

ADDRESS:
1005 White Oak Drive, San Jose, CA 95129

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:
Consulting and Real Estate

POSITION:
Co-owner

GENERAL DESCRIPTION OF SERVICES RENDERED:
Internal communications and support by Karen Jones (co-owner)

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

5. VERIFICATION

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

Signature

Date Signed [1/17/20] (month, day, year)

(File the originally signed statement with the City Clerk.)
## Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL**
Charles Jones

**OFFICE HELD**
City Council

**PERIOD COVERED BY THIS REPORT**
Oct 1 to Dec 31

### Date of Solicitation | Amount Contributed | Full Name, Address, Employer and Occupation of Contributor | Description of Event or Purpose of Fundraising Contribution
---|---|---|---
10/1/19 | $65.00 | City of Santa Clara 1500 Warburton Avenue, Santa Clara, CA 95050 | Disability Awareness Day

10/1/19 | $65.00 | Santa Clara Valley Transportation Authority 3331 North First Street San Jose, CA 95134 | Disability Awareness Day

10/1/19 | $250.00 | Specialized Daycare Services, Inc. 7777 Greenback Lane, Suite 208 Citrus Heights, CA 95610 | Disability Awareness Day

10/1/19 | $65.00 | The College of Adaptive Arts 1401 Parkmoor Ave, Suite 260 San Jose, CA 95126 | Disability Awareness Day

10/1/19 | $65.00 | Expandability 1080 North 7th Street San Jose, CA 95112 | Disability Awareness Day

10/1/19 | $500.00 | CEFCU P.O. Box 1715, Peoria, IL 61655 | Disability Awareness Day

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: [Signature]

Date: 1/17/20
## Disclosure of Fundraising Report Form

**Type or print in ink.**

**Amounts may be rounded to whole dollars.**

### Table:

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
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<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/19</td>
<td>$65.00</td>
<td>New Hope Band, 384 Sunpark Place, San Jose, CA 95136</td>
<td>Disability Awareness Day</td>
</tr>
<tr>
<td>10/1/19</td>
<td>$250.00</td>
<td>Kristine S. Bautista, 720 N. 17th Street, San Jose, CA 95112</td>
<td>Disability Awareness Day</td>
</tr>
<tr>
<td>10/1/19</td>
<td>$65.00</td>
<td>Housing Choices Coalition, 6203 San Ignacio Ave. Suite 108, San Jose, CA 95119</td>
<td>Disability Awareness Day</td>
</tr>
</tbody>
</table>

**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**

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