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

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

REPORTING PERIOD
July 1 - September 30, 2016

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

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 (month, day, year)
## Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL**  
Magdalena Carrasco

**OFFICE HELD**  
Councilmember - District 5

**PERIOD COVERED BY THIS REPORT**  
July 1 to Sept 30

**DATE OF SORCITATION**  
May 25th 2016

<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>May 25th 2016</td>
<td>200</td>
<td>Lois Lourenco, Owner - Bacalhua 1555 Alum Rock Ave, San Jose, CA 95116</td>
<td>National Night Out</td>
</tr>
<tr>
<td>May 25th 2016</td>
<td>500</td>
<td>Nanette Miranda, Assistant Manager, FoodMaxx 3002 Story Rd, San Jose 95127</td>
<td>National Night Out</td>
</tr>
<tr>
<td>May 25th 2016</td>
<td>1000</td>
<td>Eric Brandenburg, Partner Brandenburg Properties 1122 Willow Street, Suite 200</td>
<td>National Night Out</td>
</tr>
<tr>
<td>May 25th 2016</td>
<td>1000</td>
<td>Bill Baron, Partner, Brandenburg Properties 1122 Willow Street, Suite 200</td>
<td>National Night Out</td>
</tr>
<tr>
<td>May 25th 2016</td>
<td>1000</td>
<td>Dave Kaval, President of San Jose Earthquakes 1123 Coleman Ave San Jose 95110</td>
<td>National Night Out</td>
</tr>
<tr>
<td>May 25th 2016</td>
<td>1000</td>
<td>Cheye Calvo, 2001 Gateway PI San Jose CA 95110, Rocketship</td>
<td>National Night Out</td>
</tr>
</tbody>
</table>

**NOTHING TO REPORT □**

**Date**  
10/6/2016

**Signature**

City of San José Form DFR-1 (Nov/2010)
<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>5/25</td>
<td>100</td>
<td>Silicon Valley Club - 18800 Bella Vista, Saratoga, CA 95070 (LLC) Devang Shah, CEO</td>
<td>National Night Out</td>
</tr>
<tr>
<td>5/25</td>
<td>220 + 89.99 (In Kind)</td>
<td>Liliana Diaz 1750 Story Rd, San Jose, CA, 95122 Target Chief Loss Prevention</td>
<td>National Night Out</td>
</tr>
<tr>
<td>5/25</td>
<td>500</td>
<td>Outfront Media 1331 Waverly St., Los Angeles, CA 90031 Mary Bedrosian - Valencia, VP, Government Affairs</td>
<td>National Night Out</td>
</tr>
<tr>
<td>5/25</td>
<td></td>
<td></td>
<td>National Night Out</td>
</tr>
<tr>
<td>5/25</td>
<td></td>
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<td>National Night Out</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>National Night Out</td>
</tr>
<tr>
<td>5/25</td>
<td>500</td>
<td>509 Emory Street San Jose 95110 San Jose Local 270 Enrique Arceelo, Businessman</td>
<td>National Night Out</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □ Signature 

Date 10/6/2016

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

NAME (LAST) Carrasco  (FIRST) Magdalena  (MIDDLE)  DAYTIME TELEPHONE NUMBER (408) 535-4805

REPORTING PERIOD October 1 - December 31

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) 0

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

*If aggregate in Reporting Year is less than $500, proceed to Section 5. 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 1-5-2017 (month, day, year)

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

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

### NAME OF ELECTED OFFICIAL
Magdalena Carrasco

### OFFICE HELD
Councilmember - District 5

### PERIOD COVERED BY THIS REPORT
10/1/2016 TO 12/31/16

### NAME OF ELECTED OFFICIAL
Magdalena Carrasco

### OFFICE HELD
Councilmember - District 5

### PERIOD COVERED BY THIS REPORT
10/1/2016 TO 12/31/16

### NAME OF ELECTED OFFICIAL
Magdalena Carrasco

### OFFICE HELD
Councilmember - District 5

### PERIOD COVERED BY THIS REPORT
10/1/2016 TO 12/31/16

### Date of Solicitation

### Amount Contributed

### Full Name, Address, Employer and Occupation of Contributor

### Description of Event or Purpose of Fundraising Contribution

### Date of Filing
1/5/2017

### Page
1

### Page
1

### Signature

### Date
1-5-2017

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

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>2017 APR - 3</th>
<th>DAYTIME TELEPHONE NUMBER</th>
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</thead>
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<tr>
<td>Carrasco</td>
<td>Magdalena</td>
<td></td>
<td></td>
<td>(408)535-4905</td>
</tr>
</tbody>
</table>

#### REPORTING PERIOD
January 1-March 31, 2017

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

0

1. **INCOME EARNED THIS REPORTING PERIOD**

| $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 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**

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
</tr>
</tbody>
</table>

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

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

**Date Signed** April 03, 2017

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

**NAME OF ELECTED OFFICIAL:** Magdalena Carrasco  
**OFFICE HELD:** Vice Mayor  
**PERIOD COVERED BY THIS REPORT:** 1/23/17 - 2/10/17  
**DATE OF THIS FILING:** 4/12/17  
**Date Stamp:** 4/12/17

<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>1/23/17-2/10/17</td>
<td>$1,000</td>
<td>Jeanne Serpa, Republic Services, Municipal Relationship Manager</td>
<td>Vice Mayor Reception</td>
</tr>
<tr>
<td>1/23/17-2/10/17</td>
<td>$500</td>
<td>Josue Garcia, Building Trades, CEO</td>
<td>Vice Mayor Reception</td>
</tr>
<tr>
<td>1/23/17-2/10/17</td>
<td>$250</td>
<td>Kathy Duong, Canyon Snow Consulting, Associate</td>
<td>Vice Mayor Reception</td>
</tr>
<tr>
<td>1/23/17-2/10/17</td>
<td>$2,000</td>
<td>Sean Kali-Rai</td>
<td>Vice Mayor Reception</td>
</tr>
</tbody>
</table>

**NOTHING TO REPORT** □  
**Signature:** [Signature]  
**Date:** 4/12/17  

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

**REPORTING PERIOD**
April 1 - June 30, 2017

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

NONE___________________________________________

### 1. INCOME EARNED THIS REPORTING PERIOD*

- [ ] LESS $500
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

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

### 2. INCOME EARNED THIS REPORTING YEAR

- [x] $0 - $499*
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

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

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

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

**NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY**

**ADDRESS**

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

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

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

**POSITION:**

**GENERAL DESCRIPTION OF SERVICES RENDERED:**

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

### 5. VERIFICATION

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

**Signature**

(File the originally signed statement with the City Clerk.) **Date Signed** 7/6/17 (month, day, year)
**Disclosure of Fundraising Report Form**

- **NAME OF ELECTED OFFICIAL**: Magdalena Carrasco
- **OFFICE HELD**: Vice Mayor/ District 5
- **PERIOD COVERED BY THIS FILING**: April 1, 2017 to June 30, 2017
- **DATE OF SOLICITATION**:
- **AMOUNT CONTRIBUTED**:
- **FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR**:
- **DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION**:

<table>
<thead>
<tr>
<th>DATE</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>
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</table>

**NOTHING TO REPORT** ✗

**Signature**

**Date**: 7/6/17

City of San José Form DFR-1 (Nov/2010)
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<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>7/10/17</td>
<td>$1000</td>
<td>Cal Waste 1120 Beryl Ave, San Jose, CA 95133</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>$1000</td>
<td>The Schoennauer Company 90 Hawthorne Way, San Jose, CA 95110</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>$1000</td>
<td>Local 230 Firefighters Union 425 E. Santa Clara St, San Jose, CA 95113</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>$250</td>
<td>Jesus Flores Flores Income Tax 1652 Alum Rock Ave, San Jose, CA 95116</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>$250</td>
<td>Brun Singh (Mountain Vista Alum Rock) 2908 Alum Rock Ave, San Jose, CA 95127</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>$800</td>
<td>VA Local Union 343 650 Cottonwood, San Jose, CA 95123</td>
<td>National Night Out</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □  
Signature

Date

City of San José Form DFR-1 (Nov/2010)
<table>
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<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>7/16/17</td>
<td>500</td>
<td>Alpha schools, PO Box 21366, San Jose, CA 95151</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1,000</td>
<td>Rockefiish, 2001 Gateway Pl Suite 200E, San Jose, CA 95110</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1,000</td>
<td>Gonzalez, Hunter &amp; Cruz, 415 1st Street, Sacramento, CA 95814</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>2,000</td>
<td>Local 270, 509 Emy St, San Jose, CA 95110</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1,000</td>
<td>Garden City, 618 S 1st St, San Jose</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>250</td>
<td>Santa Clara San Benito County Building and Construction Trades Council, 2102 Almaden Road #101, San Jose, CA 95125</td>
<td>National Night Out</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □

Signature

Date

City of San José Form DFR-1 (Nov/2010)
<table>
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<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>7/10/17</td>
<td>500</td>
<td>4955 S. 4900 Marie P Dehartado Way Santa Clara, CA 95054-1100</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1000</td>
<td>Ace Charter 84 W Santa Clara St, San Jose CA 95113</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1000</td>
<td>Republic Companies 1100 Shasta Ave #280 San Jose, CA 95126</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1000</td>
<td>Rom Corp 1650 Lafayette Street Santa Clara 95050</td>
<td>National Night Out</td>
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<tr>
<td>7/10/17</td>
<td>1000</td>
<td>Swenson Builders 777 N 1st St San Jose CA 95112</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>500</td>
<td>Hispanic Foundation of Silicon Valley 1922 The Alameda, Suite 217 San Jose, CA 95126</td>
<td>National Night Out</td>
</tr>
</tbody>
</table>
## Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL:** Magdalena Carrasco

**OFFICE HELD:** Vice Mayor

**DATE OF FILING:** [__]__

**AMOUNT CONTRIBUTED**

<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>7/10/17</td>
<td>School supplies, bikes</td>
<td>Target 1000 Nicollet Mall Minneapolis, MN 55403</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1000</td>
<td>Republic Services 42600 Boyce Rd, Fremont CA 94538</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>1000</td>
<td>Coca Cola Coca Cola Plaza, Atlanta GA 30313</td>
<td>National Night Out</td>
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<tr>
<td>7/10/17</td>
<td>150</td>
<td>South Bay Dental 2505 Berryessa Rd, San Jose CA 95132</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td></td>
<td>Core Companies 470 S Market San Jose CA 95113</td>
<td>National Night Out</td>
</tr>
<tr>
<td>7/10/17</td>
<td>100</td>
<td>Nurse Builders 1825 De La Cruz Blvd, Santa Clara, CA 95050</td>
<td>National Night Out</td>
</tr>
</tbody>
</table>

**NOTHING TO REPORT** □

**Signature**

**Date**

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
Carrasco Magdalena (408) 535-4905

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

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

0 _________________________________________ ___

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

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

ADDRESS

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

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

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

POSITION: ____________________________________________

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

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

**NAME OF ELECTED OFFICIAL**
Magdalena Carrasco

**OFFICE HELD**
City Councilmember - District 5

**PERIOD COVERED BY THIS REPORT**
10-1-17 to 12-31-17

### Date of Solicitation | Amount Contributed | Full Name, Address, Employer and Occupation of Contributor | Description of Event or Purpose of Fundraising Contribution
--- | --- | --- | ---
12.1.17 | $1000 | Meri Maben, 1294 Hanchett Avenue, San Jose, CA 95126 Education Manager at Silicon Valley Education Foundation | Fiesta Navedena, holiday tree giveaway

**NOTHING TO REPORT □**

**Signature**

**Date**
11/11/18

---

City of San Jose Form DFR-1 (Nov/2010)
## Disclosure of Fundraising Report Form

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

<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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</table>

NOTHING TO REPORT □ Signature Date

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
Carrasco Magdalena (408) 535-4905

REPORTING PERIOD
January 1, 2018-March 31, 2018

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) 0

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

ADDRESS

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

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

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

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

Date Signed 3/2/18 (month, day, year)
Disclosure of Fundraising Report Form

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
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NOTHING TO REPORT □

Signature

Date 3/21/18

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

<table>
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<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrasco</td>
<td>Magdalena</td>
<td>(408) 535-4905</td>
<td></td>
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</tbody>
</table>

REPORTING PERIOD
April 1-June 30

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

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:

POSİTİON:

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 7/16/18 (month, day, year)
# Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL**
Magdalena Carrasco

**OFFICE HELD**
City Councilmember - District 5

**PERIOD COVERED BY THIS REPORT**
April 1 to June 30

**NOTHING TO REPORT**

**DATE OF SOLICITATION**

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<th>AMOUNT CONTRIBUTED</th>
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**Signature**: [Signature]

**Date**: 7/16/18
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

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

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

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

1. INCOME EARNED THIS REPORTING PERIOD*

[ ] LESS $500  [ ] $500 - $1,000  [ ] $1,001 - $10,000  [ ] $10,001 - $100,000  [ ] OVER $100,000

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

ADDRESS

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

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

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

Signature  
(Fill in the originally signed statement with the City Clerk.)

Date Signed  11/21/20  (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>6/13/2018</td>
<td>$500</td>
<td>Erik E. Schoennauer, 90 Hawthorne Way, San Jose, CA 95110, THE SCHOENNAUER COMPANY, LLC, Land Use Consultant</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$500</td>
<td>Angelina Ramos, 1100 Shasta Avenue, San Jose, CA 95126, ACE Charter Schools, Director of Community Engagement</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$500</td>
<td>John Glover, 1601 Cunningham Avenue, San Jose, CA 95122, Alpha Public Schools, Chief Executive Officer</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$2000</td>
<td>Enrique Arguello, 2195 Fortune Drive, San Jose, CA 95131, LIUNA! Local 270, Chief Executive Officer</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$2000</td>
<td>Cathy Lachenmyer, 2880 Lakeside Drive Ste. 300, Santa Clara, CA 95054, Swinerton Builders, Project Field Administrator</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$1500</td>
<td>Maria O'Holleman, 350 Twin Dolphin Dr., Ste.109 Redwood City, CA 94065, Rocketship Schools, San Jose Regional Director</td>
<td>National Night Out 2018</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □  Signature  

City of San José Form DFR-1 (Nov/2010)
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</thead>
<tbody>
<tr>
<td>6/13/2018</td>
<td>$2000</td>
<td>Al Gonzalez Jr, 6150 Cottle Road, San Jose, CA 95123, UA Local Union 393, Business Representative</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$500</td>
<td>Victoria Castro, 1600 Yosemite Blvd, Modesto, CA 95354, The SaveMart Companies, Public Affairs Manager</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$500</td>
<td>Siara Brito, 5130 Hacienda Dr, Dublin, CA 94568, Ross Stores, Facilities Supervisor</td>
<td>National Night Out 2018 / in-kind water</td>
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<tr>
<td>6/13/2018</td>
<td>$1000</td>
<td>Katie Katout, 295 89th Street, Suite 304, Daly City, CA 94015, Teamsters Local Union No. 350, Office Manager</td>
<td>National Night Out 2018</td>
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<tr>
<td>6/13/2018</td>
<td>$1000</td>
<td>Jeanne Serpa, 1601 Dixon Landing Road, Milpitas, CA 95035, Republic Services, Municipal Relationship Manager</td>
<td>National Night Out 2018</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □ Signature ____________________________ Date 10/12/18

City of San José Form DFR-1 (Nov/2010)
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<tbody>
<tr>
<td>6/13/2018</td>
<td>$250</td>
<td>Cindy Su, 2890 Monterey Rd., San Jose, CA 95111, Advantage Homes, Vice President</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$250</td>
<td>Jenny Thach, 1290 Hammerwood Ave Suite D, Sunnyvale, CA 94089, Bay Alarm Company, Sales Coordinator</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$250</td>
<td>Nicholas Aguilar, 1210 S Bascom Ave, Suite 100 San Jose, CA 95128, Premier Healthcare, Community Relations</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$250</td>
<td>Guadalupe Zavala, 1775 Story Rd. Ste 110 San Jose, CA 95122, PatelCo Credit Union, Member Solutions Specialist</td>
<td>National Night Out 2018</td>
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NOTHING TO REPORT □

Signature

Date 10/11/2018
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<td>6/13/2018</td>
<td>$1000</td>
<td>Sharanjit S. Kali-rai, 10 Jackson Street, Suite 105, Los Gatos, CA 95030, Silicon Valley Cannabis Alliance, CEO</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$1000</td>
<td>Sean Kaldor, 201 N. Market St., San Jose, CA 95110, San Jose Fire Fighters Local 230, President</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$1000</td>
<td>Lindsay Quackenbush, 13520 Evening Creek Dr. N, Ste. 160, San Diego, CA 92128, Affirmed Housing, VP of Development</td>
<td>National Night Out 2018</td>
</tr>
<tr>
<td>6/13/2018</td>
<td>$1000</td>
<td>David Calegari, 1080 Walsh Avenue, Santa Clara, CA 95050, Garden City Sanitation, General Manager</td>
<td>National Night Out 2018</td>
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<tr>
<td>6/13/2018</td>
<td>$250</td>
<td>Jesus Flores, 1652 Alum Rock Ave #B, San Jose, CA 95116, Flores Professional Services, Owner</td>
<td>National Night Out 2018</td>
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<tr>
<td>6/13/2018</td>
<td>$250</td>
<td>Andrea Boutte, 1641 N. 1st St., Ste. 245, San Jose, CA 95112, Santa Clara County Federal Credit Union, VP of Business Dev.</td>
<td>National Night Out 2018</td>
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</table>
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

<table>
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<th>NAME</th>
<th>LAST</th>
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<th>MIDDLE</th>
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<tr>
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<td>Carrasco</td>
<td>magdalena</td>
<td></td>
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DAYTIME TELEPHONE NUMBER: 209-JAN 1-844-1610

REPORTING PERIOD

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

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

1. INCOME EARNED THIS REPORTING PERIOD*

- [ ] LESS $500
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

ADDRESS

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

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

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

Signature: ____________________________

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

Date Signed: 1/14/19 (month, day, year)
<table>
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<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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<tr>
<td>11/14/2015</td>
<td>2,500</td>
<td>San José Fire Fighter local 123</td>
<td>Fiesta Mudanca event Dec 2018</td>
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<tr>
<td>11/04/2015</td>
<td>3,000</td>
<td>Labor's International Union of America</td>
<td>Fiesta Mudanca event</td>
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NOTHING TO REPORT ✔️ Signature: ___________________________ DATE: ____________________________

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) 2019 DAYTIME TELEPHONE NUMBER

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

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

1. INCOME EARNED THIS REPORTING PERIOD

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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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 6/27/19 (month, day, year)
Disclosure of Fundraising Report Form

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NAME OF ELECTED OFFICIAL
Magdalena Carrasco

OFFICE HELD
Councilmember - District 5

PERIOD COVERED BY THIS REPORT
4.1.19 TO 6.30.19

PERIOD COVERED BY THIS FILING
June 27, 20

Page 1 of 1

DATE OF SOLICITATION

AMOUNT CONTRIBUTED

FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR

DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION

NOTHING TO REPORT ✔ Signature: [Signature]

DATE: 6/27/19

City of San José Form DFR-1 (Nov/2010)
## Disclosure of Fundraising Report Form

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

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

**NAME (LAST) (FIRST) (MIDDLE):**

**DAYTIME TELEPHONE NUMBER:**

**REPORTING PERIOD:**

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

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

1. **INCOME EARNED THIS REPORTING PERIOD**

- [ ] LESS $500
- [ ] $500-$1,000
- [ ] $1,001-$10,000
- [ ] $10,001-$100,000
- [ ] OVER $100,000

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

2. **INCOME EARNED THIS REPORTING YEAR**

- [ ] $50-$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**

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

**NAME OF ELECTED OFFICIAL:** Magdalena Carrasco  
**OFFICE HELD:** Councilmember - District 5

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
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**PERIOD COVERED BY THIS REPORT:** 4.1.19 TO 6.30.19

**DATE OF THIS FILING:** June 27, 20

**Page 1 of 1**

**NOTHING TO REPORT ✔**

**Signature:**

**DATE:** 6/27/19
Disclosure of Fundraising Report Form

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

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

**NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER**

| Carrasco Magdalena | 4085354905 |

**REPORTING PERIOD**

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

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

1. **INCOME EARNED THIS REPORTING PERIOD**

   - **☑** LESS $500
   - $500 - $1,000
   - $1,001 - $10,000
   - $10,001 - $100,000
   - **OVER $100,000**

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

2. **INCOME EARNED THIS REPORTING YEAR**

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

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

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:**

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

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

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

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

<table>
<thead>
<tr>
<th>1. INCOME EARNED THIS REPORTING PERIOD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ LESS $500 ☐ $500 - $1,000 ☐ $1,001 - $10,000 ☐ $10,001 - $100,000 ☐ OVER $100,000</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.

<table>
<thead>
<tr>
<th>2. INCOME EARNED THIS REPORTING YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ $0 - $499* ☐ $500 - $1,000 ☐ $1,001 - $10,000 ☐ $10,001 - $100,000 ☐ OVER $100,000</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.

<table>
<thead>
<tr>
<th>3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY &amp; DESCRIPTION OF SERVICES</th>
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<tr>
<td>NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY</td>
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</tbody>
</table>

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 01/8/2020

(File the originally signed statement with the City Clerk.)
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<tr>
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<th>FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR</th>
<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUION</th>
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</thead>
<tbody>
<tr>
<td>10.15.19</td>
<td>1,000.00</td>
<td>Plumbers, Steamfitters and Refrigerations Fitters UA Local 393 2525 Barrington Court, Hayward, CA</td>
<td>Holiday Tree Giveaway</td>
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<tr>
<td>10.4.19</td>
<td>1,000.00</td>
<td>Republic Services 1601 Dixon Landing Road, Milpitas, CA</td>
<td>Holiday Tree Giveaway</td>
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<tr>
<td>11.21.19</td>
<td>500.00</td>
<td>City Ventures Communities LLC 3121 Michelson Drive Suite 150 Irvine CA 92612</td>
<td>Holiday Tree Giveaway</td>
</tr>
<tr>
<td>11.18.19</td>
<td>1000.00</td>
<td>Schoenauer Company 90 Hawthorne Way San Jose, Ca 95110</td>
<td>Holiday Tree Giveaway</td>
</tr>
<tr>
<td>11.18.19</td>
<td>1000.00</td>
<td>WCC Consulting LLC 10 Jackstone Street Suite 105 Los Gatos, CA 95030</td>
<td>Holiday Tree Giveaway</td>
</tr>
<tr>
<td>11.22.19</td>
<td>1,000.00</td>
<td>Sanitary Truck Drivers and Helpers Teamsters Local 350 295 89th Street Suite 304 Daly City CA 94015</td>
<td>Holiday Tree Giveaway</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 □ Signature: __________________________ Date: 1/8/2020