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>DAVIS</td>
<td>DEV</td>
<td></td>
<td>408-535-4906</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.)

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 4/13/2017

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

**NAME OF ELECTED OFFICIAL**
DEV DAVIS

**OFFICE HELD**
CITY COUNCIL, DISTRICT 6

**PERIOD COVERED BY THIS REPORT**
01/01/2017 TO 03/31/2017

<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>1/20/2017</td>
<td>$96</td>
<td>Karen Hennessy, Assistant Volunteer Services, The Tech Museum, 201 S. Market Street, San Jose, CA 95113</td>
<td>In-kind donation for raffle at 12th Annual West Valley Senior Walk</td>
</tr>
<tr>
<td>3/30/2017</td>
<td>$55</td>
<td>Ramona Snyder, Team San Jose, 408 Almaden Blvd., San Jose, CA 95110</td>
<td>In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
</tr>
<tr>
<td>3/30/2017</td>
<td>$61.12</td>
<td>Ramona Snyder, SJC Airport, 1701 Airport Blvd., San Jose, CA 95110</td>
<td>In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □

**Date** 4/13/2017

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) (FIRST) (MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis, Davis Heinert 408-535-4906</td>
<td>2017 OCT 13 PM 2:34</td>
</tr>
</tbody>
</table>

**REPORTING PERIOD**  
April 2017 - October 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**
   - ☑ $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**
   City of San Jose

   **ADDRESS**
   200 E. Santa Clara Street, 18th Floor

   **TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:**
   - □ Proprietorship
   - □ Partnership
   - □ LLC
   - □ Corporation
   - □ Trust
   - ☑ Governmental Agency
   - □ Nonprofit Organization
   - □ N/A
   - ☑ Other

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

   **POSITION:**
   Councilmember

   **GENERAL DESCRIPTION OF SERVICES RENDERED:**
   N/A

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: 10/13/17 (month, day, year)

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

**NAME OF ELECTED OFFICIAL**
Councilmember Dev Davis

**OFFICE HELD**
City of San Jose - Council District

**DATE OF FILING**
10/13/17

**PERIOD COVERED BY THIS REPORT**
4/10/17 TO 10/13/17

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

See attached

**NOTHING TO REPORT**

**Signature:**

**DATE:** 10/13/17

City of San José Form DFR-1 (Nov/2010)
<table>
<thead>
<tr>
<th>Date</th>
<th>Cost</th>
<th>Name</th>
<th>Organization/Lock</th>
<th>Address</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10/2017</td>
<td>$20</td>
<td>Jennifer Garten</td>
<td>Breathe California of the Bay Area, 1469 Park Avenue, San Jose, CA</td>
<td>$20 95126</td>
<td>408-998-5864 [email protected]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Travel mug &amp; miscellaneous items = in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/11/2017</td>
<td>$50</td>
<td>Janna Gonzalez</td>
<td>Star One Credit Union, 1306</td>
<td>$50 94089</td>
<td>408-543-9504 [email protected]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gift card &amp; miscellaneous items = in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/11/2017</td>
<td>$75</td>
<td>Soudaly Pizzo</td>
<td>Visiting Angels, 922 W.</td>
<td>$75 94087</td>
<td>408-755-0417 [email protected]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gift Basket = in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/14/2017</td>
<td>$12</td>
<td>Bob Grandey</td>
<td>Sons In Retirement Mission Branch 31, 5917 Fishburne Avenue, San Jose, CA</td>
<td>$12 95123</td>
<td>408-439-4527 [email protected]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wine Bottle = in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/14/2017</td>
<td>$50</td>
<td>Kirby M. Cristobal</td>
<td>Heart of the Valley, Services for Seniors, Inc, 1550 El Camino</td>
<td>$50 95030</td>
<td>408-241-1577 [email protected]</td>
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<tr>
<td></td>
<td></td>
<td>Gift Basket = in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>(4) 12 packs of Kind bars = in-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017</td>
<td></td>
<td></td>
<td></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>4/10/17</td>
<td>$20</td>
<td>Jennifer Garten, Breathe California of the Bay Area, 1469 Park Avenue, San Jose, CA 95126</td>
<td>Travel mug &amp; miscellaneous items for Senior Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/11/17</td>
<td>$50</td>
<td>Janna Gonzalez, Star One Credit Union, 1306 Bordeaux Drive, Sunnyvale, CA 94089</td>
<td>Gift card and miscellaneous items for Senior Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/11/17</td>
<td>$75</td>
<td>Soudaly Pizano, Visiting Angels, 922 W. Fremont Avenue, Sunnyvale, CA 94087</td>
<td>Gift basket for Senior Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/14/17</td>
<td>$12</td>
<td>Bob Grandey, Sons In Retirement Mission Branch 32, 5917 Fishburne Avenue, San Jose CA 95123</td>
<td>Wine Bottle for Senior Walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/14/17</td>
<td>$50</td>
<td>Kirby M. Cristobal, Heart of the Valley, Services for Seniors, Inc, 1550 El Camino Real, Santa Clara, CA 95050</td>
<td>(4) 12 packs of Kind Bars for Senior Walk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

NAME (LAST) Davis, Dev Heinert
(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.) 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 Signed 01/11/2018
(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>
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</table>

NOTHING TO REPORT ✓

Signature: ____________________________

DATE: 1/9/18

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  
Davis Dev Heinert 408-535-4906

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 Signed April 11, 2018 (month, day, year)

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

**NAME OF ELECTED OFFICIAL:**
Dev Davis

**OFFICE HELD:**
Council District 6

**PERIOD COVERED BY THIS REPORT:**
1/15/2018 to 3/31/18

**DATE OF FILING:**
4/11/18

<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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</tr>
</tbody>
</table>

**NOTHING TO REPORT**

Signature: [Signature]

**DATE:** 4/11/2018

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

### NAME OF ELECTED OFFICIAL
Devora "Dev" Davis

### OFFICE HELD
Councilmember

### PERIOD COVERED BY THIS REPORT
4/1/18 TO 6/30/18

### Disclosures

<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>03/21/18</td>
<td>$200</td>
<td>Barbara Marshman, 1143 Blewett Ave., San Jose, CA 95125 Retired Editor, San Jose Mercury News</td>
<td>SJ Measures B &amp; C campaign</td>
</tr>
<tr>
<td>03/21/18</td>
<td>$100</td>
<td>John Leyba, 321 Mayellen Ave., San Jose, CA, PG&amp;E, Business Process Analyst</td>
<td>SJ Measures B &amp; C campaign</td>
</tr>
<tr>
<td>03/21/18</td>
<td>$100</td>
<td>Chris Roth, 1136 Brace Ave. Apt. #4, San Jose, CA, Legal Operations Lead, Viavi Solutions</td>
<td>SJ Measures B &amp; C campaign</td>
</tr>
<tr>
<td>03/21/18</td>
<td>$1,000</td>
<td>Nick Cochran, 1772 Kirkmont Drive, San Jose, CA, VP at American Investors Company</td>
<td>SJ Measures B &amp; C campaign</td>
</tr>
<tr>
<td>03/21/18</td>
<td>$100</td>
<td>James Rincon, 479 Merker Ave, San Jose, CA, self-employed</td>
<td>SJ Measures B &amp; C campaign</td>
</tr>
<tr>
<td>06/11/18</td>
<td>$10,000</td>
<td>Javier Gonzalez, 1600 Amphitheatre Parkway, Mountain View, CA 94043, Government Affairs &amp; Public Policy Manager</td>
<td>Rose, White, and Blue Parade Sponsorship</td>
</tr>
</tbody>
</table>

### Signature:

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

NAME (LAST) Davis (FIRST) Dev (MIDDLE) Heinert

REPORTING PERIOD

<table>
<thead>
<tr>
<th></th>
<th>Jan 1-March 31</th>
<th>April 1-June 30</th>
<th>July 1-Sept 30</th>
<th>Oct 1-Dec 31</th>
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<tbody>
<tr>
<td>☐</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

October 10, 2018 (month, day, year)
## INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

### NAME
- **LAST**: Davis
- **FIRST**: Dev
- **MIDDLE**: Heinert

### PORTING PERIOD
- July 1-Sept 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.)
- **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**

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

**Date Signed**: October 11, 2018

(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>9/27/18</td>
<td>$2,500</td>
<td>Steve and Michele Wymer</td>
<td>River Glen Athletics Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1494 Gerhardt Ave. San Jose, CA 95125</td>
<td></td>
</tr>
</tbody>
</table>

NOTHING TO REPORT ☐

Signature: [Signature]

Date: 10/11/18
**Disclosure of Fundraising Report Form**

**NAME OF ELECTED OFFICIAL**  
Dev Davis

**OFFICE HELD**  
Council District 6

**PERIOD COVERED BY THIS REPORT**  
4/1/18 TO 6/30/18

**Date of Filing** 10/10/18

<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>4/13/18</td>
<td>$500</td>
<td>Thomas Russell, Central YMCA, 1717 The Alameda, San Jose, CA 95126</td>
<td>$500 YMCA Membership used as a raffle prize during Senior Fair event</td>
</tr>
<tr>
<td>4/13/18</td>
<td>$50.00</td>
<td>Tammie May, Anthem/Caremore 255 N White Rd # 200, San Jose, CA 95127</td>
<td>$50.00 Starbucks gift card used as a raffle prize during Senior Fair event</td>
</tr>
<tr>
<td>4/13/18</td>
<td>$15.00</td>
<td>Luis Alberto Ezpinoza, Project Sentinel 1490 El Camino Real, Santa Clara, CA 95050</td>
<td>Cup, mug and a t-shirt valued at $15.00 used as a raffle prize during Senior Fair event</td>
</tr>
<tr>
<td>4/13/18</td>
<td>$20.00</td>
<td>Tara Hightower, Connect Hearing 840 Willow St Ste 300, San Jose, CA 95125</td>
<td>Starbucks gift card and cup valued at $20.000 used as a raffle prize during Senior Fair event</td>
</tr>
<tr>
<td>4/13/18</td>
<td>$20.00</td>
<td>Sadana Rangarao, Rebuilding Together Silicon Valley 1701 S 7th St suite 10, San Jose, CA 95112</td>
<td>Rebuilding Together Bag, T-Shirt and Chocolates valued at $20.00 used as a raffle prize during Senior Fair event</td>
</tr>
<tr>
<td>3/21/18</td>
<td>$200.00</td>
<td>Barbara Marshman, 1143 Blewett Ave. San Jose, CA 95125 - Retired Editor, San Jose Mercury News</td>
<td>SJ Measures B &amp; C Campaign</td>
</tr>
</tbody>
</table>

**NOTHING TO REPORT** □

**Signature:** [Signature]

**DATE:** 10/10/18

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

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE OF SOLICITATION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3/21/18</td>
<td>$100</td>
<td>John Leyba, 321 Mayellen Ave. San Jose, CA PG&amp;E, Business Process Analyst</td>
<td>SJ Measures B &amp; C Campaign</td>
</tr>
<tr>
<td>3/21/18</td>
<td>$100</td>
<td>Chris Roth, 1136 Brace Ave. Apt. #4 San Jose, CA Legal Operations Lead, Viavi Solutions</td>
<td>SJ Measures B &amp; C Campaign</td>
</tr>
<tr>
<td>3/21/18</td>
<td>$1,000</td>
<td>Nick Cochran, 1772 Kirkmont Drive San Jose, CA VP at American Investors Company</td>
<td>SJ Measures B &amp; C Campaign</td>
</tr>
<tr>
<td>3/21/18</td>
<td>$100</td>
<td>James Rincon, 479 Merker Ave San Jose, CA, Self-employed</td>
<td>SJ Measures B &amp; C Campaign</td>
</tr>
<tr>
<td>6/11/18</td>
<td>$10,000</td>
<td>Javier Gonzalez, 1600 Amphitheatre Parkway, Mountain View, CA 94043, Government Affairs &amp; Public Policy Manager, Google</td>
<td>Rose, White and Blue Parade Sponsorship</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT ☐
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.12)

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

<table>
<thead>
<tr>
<th>REPORTING PERIOD</th>
<th>Jan 1-March 31</th>
<th>April 1-June 30</th>
<th>July 1-Sept 30</th>
<th>Oct 1-Dec 31</th>
</tr>
</thead>
</table>

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 Signed 01/15/19

(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>11/26/19</td>
<td>$60.00</td>
<td>Megan Merino, <a href="mailto:megan.merino@7-11.com">megan.merino@7-11.com</a>, marketing for 7-Eleven, Inc.</td>
<td>Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of coffee was offered to volunteers.</td>
</tr>
<tr>
<td>11/26/18</td>
<td>$6.00</td>
<td>Troy Tibbils, <a href="mailto:ttibbils@gmail.com">ttibbils@gmail.com</a>, co-owner of Fruitdale Zanotto's Market.</td>
<td>Trash Talk - residents are invited to work alongside Councilmember to pick up trash in the neighborhoods. Donation of bottled water was offered to volunteers.</td>
</tr>
</tbody>
</table>
### INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

**NAME** (LAST) (FIRST) (MIDDLE)  
Davis Devora

**DAYTIME TELEPHONE NUMBER**  
408 535 4906

### REPORTING PERIOD

- [x] 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.)

### INCOME EARNED THIS REPORTING PERIOD*

- [x] 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.

### 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.

### 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:**

### 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)

### 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** June 28, 2019  
(month, day, year)
Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL
Devora Davis

OFFICE HELD
Councilmember District 6

PERIOD COVERED BY THIS REPORT
4/1/19 TO 6/30/19

DATE OF FILING
7/1/2019

Date of This Filing

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: Devora Davis

DATE: 7/1/2019

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>4/26/19</td>
<td>25.00</td>
<td>Kiehl's 2855 Stevens Creek Blvd A045, Santa Clara, CA 95050</td>
<td>Starbucks Gift Card &amp; Picnic Basket Promoting</td>
</tr>
<tr>
<td>4/26/19</td>
<td>25.00</td>
<td>Americorps Rebuilding Together 1701 S. 7th St #10, San Jose, CA 95112</td>
<td>Shirts, shower cap, and Nightlight</td>
</tr>
<tr>
<td>4/26/19</td>
<td>25.00</td>
<td>Camp Laughter, Yoga, Fun</td>
<td>T-shirt -promoting community resources</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □
# Disclosure of Fundraising Report Form

**Name of Elected Official:** Devora Davis  
**Date of Filing:** 7/12/2019  
**City of San Jose Form DFR-1 (Nov/2010)**

**Office Held:** Councilmember District 6  
**Period Covered by This Report:** 4/1/19 to 6/30/19

<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>
</table>
| 4/26/19              | 65.00              | Anthem/ CareMore  
https://www.caremore.com/Locate-Services/Care-Centers.aspx |                                                                      |
| 4/26/19              | 25.00              | Connect Hearing  
840 Willow St Ste 300, San Jose, CA 95125  
408-771-5447 | Kohls Gift Card |
| 4/26/19              | 50.00              | Family Matters-In Home Care  
2155 S Bascom Ave #116, Campbell, CA 95008  
(408) 894-1021 | Cheesecake Factory Gift Card |
| 4/26/19              | 102.00             | Timpany Center  
730 Empey Way, San Jose, CA 95128  
408-283-9036 | Gift Certificate for Membership (2)) |
| 4/26/19              | 20.00              | Census 2020 of San Jose  
200 East Santa Clara Street, San Jose, CA  
408-535-7906 | T-shirt (2) |
| 4/26/19              | 25.00              | ClearCaptions  
information@clearcaptions.com  
1-866-868-8695 | Movie Gift Card |

**Nothing to Report** [ ]  
**Signature:** [Signature]  
**Date:** 7/12/19

City of San José Form DFR-1 (Nov/2010)


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

**NAME (LAST)** Davis  
**FIRST** Devora  
**MIDDLE**  
**DAYTIME TELEPHONE NUMBER** 408 535 4906

| 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**
   **Date Signed** 1/14/2020

   (File the originally signed statement with the City Clerk.)
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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>11/08/19</td>
<td>15.00</td>
<td>Kia Hasheminejad,(7-Eleven Market Manager 2367 North Pacific Zone) 601 Bird Ave San Jose, CA 95125</td>
<td>Coffee for the volunteers of Trash Talk</td>
</tr>
</tbody>
</table>

NOTHING TO REPORT □

Signature: [Signature]

Date: 1/14/2020