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

NAME (LAST) ALEXANDRA M. (FIRST) ESPANZA (MIDDLE) 408-535-4907

REPORTING PERIOD April 1-June 30
Jan 1-March 31 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   □ $10,01 - $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 7/1/19 (month, day, year)
### Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL:** Alexa Martinez McFarland

**OFFICE HELD:** Councilmember

**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>
<tbody>
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<td>7/1/19</td>
<td>n/a</td>
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<td>n/a</td>
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</tbody>
</table>

**NOTHING TO REPORT** □

**Signature:** Alexandra Martinez McFarland

**DATE:** 7/1/19

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_City of San José Form DFR-1 (Nov/2010)_; _For Official Use Only_
## Disclosure of Fundraising Report Form

**NAME OF ELECTED OFFICIAL**
Alexandrina M Esparza

**OFFICE HELD**
Councilmember

**DATE OF SOLICITATION**
2/22/19

<table>
<thead>
<tr>
<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>$500</td>
<td>Local 483 Sprinkler Fitters 2525 Barrington Ct Hayward CA 94545</td>
<td>SJSU Tower Foundation for SJSU Veteran Students Organization</td>
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</table>

**DATE COVERED BY THIS REPORT**
1/1/19 TO 3/31/19

**AMOUNT CONTRIBUTED**
$500

**DATE OF THIS FILING**
4/1/19

**Page 1 of 1**

**Signature:** Alexandrina M Esparza

**DATE:** 4/2/19

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) M.

DAYTIME TELEPHONE NUMBER 408-535-4907

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 7/1/19 (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>
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<td>$0</td>
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<td>n/a</td>
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NOTHING TO REPORT □

Signature: [Signature]

Date: 7/11/10
**INCOME AND TIME DISCLOSURE STATEMENT**
(San Jose Municipal Code Chapter 12.19)

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

**ESPARRA ALEXANDRA NAYA**

**REPORTING PERIOD**
- [ ] Jan 1-March 31
- [ ] April 1-June 30
- [X] 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:
- [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.

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**

**ASSOCIATION OF BAY AREA GOVERNMENTS**

**ADDRESS**

335 BEALE ST. STE. 800, SAN FRANCISCO, CA 94105

**TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:**
- [ ] Proprietorship
- [ ] Partnership
- [ ] LLC
- [ ] Corporation
- [X] Governmental Agency
- [ ] Nonprofit Organization
- [ ] Other

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

**POSITION:** DIRECTOR

**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 $6,000 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** 7/1/2019 (month, day, year)

(If the originally signed statement with the City Clerk.)
INCOME AND TIME DISCLOSURE STATEMENT
(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) ESPARZA ALEXANDRA "MAYA"

DAYTIME TELEPHONE NUMBER 408-535-4907

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.

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, SAN JOSE, CA 95113

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: COUNCILMEMBER

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 MAYA

Date Signed 10/7/2019

(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>
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</thead>
<tbody>
<tr>
<td>7/30/2019</td>
<td>$5,880</td>
<td>JIM ZUBILLAGA - OWNER COASTAL LUMBER 99 PULLMAN WAY ST 95711</td>
<td>BACK TO SCHOOL BACKPACKS - FAMILY GIVING TREE</td>
</tr>
</tbody>
</table>

**NOTHING TO REPORT**

Signature: **Ana Esperanza**

Date: 10/17/2019

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

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.)

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:
   [Association of Bay Area Governments]
   ADDRESS:
   375 BEALE ST., STE 800, SF, CA 94105
   TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
   [Governmental Agency]
   GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
   [ABAG BOARD MEMBER]
   POSITION: [BOARD MEMBER]
   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: 01/13/2020 (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:** Maya E. Parzynski

**OFFICE HELD:** Councilmember

**DATE OF SOLICITATION:** 10/31/19 - 12/31/19

**PERIOD COVERED BY THIS REPORT:** 10/31/19 - 12/31/19

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

<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>10/31/19</td>
<td></td>
<td>Scott Ekman, Adobe Product Lead, 345 Park Ave., SS 93710</td>
<td>Sylvia Arenas for City Council</td>
</tr>
<tr>
<td>10/31/19</td>
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<td>Anthony Lin, Sr. Public Affairs, Kaiser Permanente, 16058 N.W.</td>
<td>Sylvia Arenas for City Council</td>
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<tr>
<td>10/31/19</td>
<td></td>
<td>1 Brian O'Neill, Retired</td>
<td>Sylvia Arenas for City Council</td>
</tr>
<tr>
<td>10/31/19</td>
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<td>Karla Lowery, Public Affairs, Kaiser Permanente, 300 Executive</td>
<td>Sylvia Arenas for City Council</td>
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<tr>
<td>10/31/19</td>
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<td>Burt Saucedo, Technology + Legal Affairs, B1A, 1350 Main</td>
<td>Sylvia Arenas for City Council</td>
</tr>
<tr>
<td>10/31/19</td>
<td></td>
<td>Blvd #140, Walnut Creek, CA 94597</td>
<td>Sylvia Arenas for City Council</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: ____________________

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

<table>
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<th>DATE OF SOLICITATION</th>
<th>AMOUNT CONTRIBUTED</th>
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<th>DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION</th>
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<td>Dennis Martin, Jawdy Consulting, 130 Treat Blvd, #140, Walnut Creek, CA 94597</td>
<td>Sylvia Arenas for City Council</td>
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<td>10/31/19</td>
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<td>Enrico Torg, Hewlett Foundation, Director, 2121 Sand Hill Rd, Menlo Park, CA 94025</td>
<td>Sylvia Arenas for City Council</td>
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<td>John Allen, ATT, Attorney, 55 S. Market St #1500, San Jose, CA 95113</td>
<td>Sylvia Arenas for City Council</td>
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<td>Jonathan Noble, Microsoft Sr. Director, 1085 La Avenida, Mountain View, CA 94093</td>
<td>Sylvia Arenas for City Council</td>
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<td>Brad Mount, President, Mountain View, 1080 Almaden St, San Jose, CA 95112</td>
<td>Sylvia Arenas for City Council</td>
</tr>
</tbody>
</table>

Behested payments that total $5,000 or more per calendar year may also need to be reported on a form 603 within 30 days of the date they are made.

NOTHING TO REPORT □