

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
ESPARZA, ALEXANDRINA M. 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 
(File the originally signed statement with the City Clerk.)

Date Signed 7/1/19
(month, day, year)

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

RECEIVED
San José City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <i>Alexandrina M. Esparza</i>		Date of This Filing _____	Date Stamp <i>06-22</i> 2013 JUL -9 AM 10:53	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <i>Councilmember</i>	PERIOD COVERED BY THIS REPORT <i>4/1/11</i> TO <i>6/30/11</i>	Page <u>4</u> of <u>1</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
	<i>0</i>	<i>n/a</i>	<i>n/a</i>

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: _____

Alexandrina M. Esparza

DATE: *7/1/11*

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
Date Stamp
2019 APR -2 PM 2:10

NAME OF ELECTED OFFICIAL Alexandrina M Esparza		Date of This Filing 4/1/19	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 1/1/19 TO 3/31/19	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
2/22/19	\$500	Local 483 Sprinkler Fitters 2525 Barrington Ct Hayward CA 94545	SJSU Tower Foundation for SJSU Veteran Students Organization

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature:

Alexandrina M. Esparza

DATE: 4/2/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
ESPARZA, ALEXANDRINA M. 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 
(File the originally signed statement with the City Clerk.)

Date Signed 7/1/19
(month, day, year)

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

RECEIVED
San José City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <i>Alexandrina M. Esparza</i>		Date of This Filing _____	Date Stamp <i>06-22</i> 2013 JUL -9 AM 12:52	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <i>Councilmember</i>	PERIOD COVERED BY THIS REPORT <i>4/1/11</i> TO <i>6/30/11</i>	Page <u>4</u> of <u>1</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
	<i>0</i>	<i>n/a</i>	<i>n/a</i>

PRINT

SIGN

RESET

NOTHING TO REPORT

Signature: _____

Alexandrina M. Esparza

DATE:

7/1/11

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) "DAYTIME TELEPHONE NUMBER"
ESPARZZA ALEXANDRINA "MAYA" 9317 007 408535-4107

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
ASSOCIATION OF BAY AREA GOVERNMENTS
ADDRESS
375 BEALE ST., STE. 800, SAN FRANCISCO, CA 94105
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: 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 \$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.) (month, day, year)

PRINT SUBMIT RESET

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

ESTIMATED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
ESPARZA ALEXANDRINA "MAYA" 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
CITY OF SAN JOSE

ADDRESS
700 E. SANTA CLARA, SAN JOSE, CA 95713

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.

PRINT SUBMIT RESET

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

Date Signed 10/7/2019
(month, day, year)

RECEIVED
San José City Clerk
OTC M
2019 OCT -9 12:11:12

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

Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED OFFICIAL MAYA ESPARZA		Date of This Filing 10/7/19	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD COUNCILMEMBER	PERIOD COVERED BY THIS REPORT 7/1 TO 9/30	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	
7/30/2019	\$5,880	JIM ZUBILLAGA - OWNER COASTAL LUMBER 99 PULLMAN WAY, SJ 95711	BACK TO SCHOOL BACKPACKS - FAMILY GIVING TREE	

PRINT

EMAIL

RESET

NOTHING TO REPORT

Signature: _____

Maya Esparza

DATE:

10/7/2019

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

RECEIVED
San Jose City Clerk
OTC LG

NAME (LAST) (FIRST) (MIDDLE) "MAYA" DAYTIME TELEPHONE NUMBER
ESPARRZA, ALEXANDRINA

REPORTING PERIOD
Oct. 31st - Dec. 31st, 2019

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

1. INCOME EARNED THIS REPORTING PERIOD*

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

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

2. INCOME EARNED THIS REPORTING YEAR

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

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
ASSOCIATION OF BAY AREA GOVERNMENTS

ADDRESS
375 BEALE ST, STE 800, SF, CA 94105

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:

ATBAG 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 A. N. [Signature] Date Signed 01/13/2020
(File the originally signed statement with the City Clerk.) (month, day, year)

RECEIVED
 San Jose City Clerk
 2020 JAN 14 AM 11:11

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

Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED OFFICIAL MAYA ESPARZA		Date of This Filing 1/13/20	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD COUNCILMEMBER	PERIOD COVERED BY THIS REPORT 10/31/19 TO 12/31/19	Page 1 of 2		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/31/19		Scott Ekman, Adobe ^{Director} Director Real Estate 345 Park Ave., SJ 95110	Sylvia Arenas for City Council
10/31/19		Anthony Lin, Sr. Public Affairs, Kaiser Permanente, 10057 N. Wolfe Rd., Cupertino, CA 95014	Sylvia Arenas for City Council
10/31/19		Brian O'Neill, Retired	Sylvia Arenas for City Council
10/31/19		Karla Lomax, Public Affairs, Kaiser Permanente, 700 Laurence Expressway, Santa Clara, CA 95051	Sylvia Arenas for City Council
10/31/19		De+Lead, Managing Director, Summer Hill Land, 3000 Executive Parkway, San Ramon, CA 94583	Sylvia Arenas for City Council
10/31/19		Pat Sausedo, Sausedo Consulting + Govt Affairs, BIA, 1350 Treat Blvd #140, Walnut Creek, CA 94597	Sylvia Arenas for City Council

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: _____

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

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/31/19		Dennis Martin, Saucedo Consulting + Edu 4 Affairs, BIA, 1350 Treat Blvd #140, Walnut Creek, CA 94597	Sylvia Arenas for City Council
10/31/19		Emiko Ono, Hewlett Foundation, Director, 2121 Sand Hill Rd, Menlo Park, CA 94025	Sylvia Arenas for City Council
10/31/19		James Eller, Attorney, Eller + Assoc. 55 S. Market St. #1580, San Jose CA 95113	Sylvia Arenas for City Council
10/31/19		Jonathan Noble, Microsoft, Sr. Director, 1055 La Avenida, Mountain View, CA 94043	Sylvia Arenas for City Council
10/31/19		Brad Mountz, President, Mountz Inc. 1080 N. 11th St., San Jose, 95112	Sylvia Arenas for City Council

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