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

NAME (LAST), A (FIRST) (MIDDLE) M. DAYTIME TELEPHONE NUMBER HESPANZZA, A LEXANDRINA 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.
27 BUSINESS/ENTITY/TRUSI/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUSI/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 A MANA A B Date Signed I I G (month, day, year)

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

NAME (LAST), A (FIRST), (MIDDLE), (MIDDLE), M. HOS-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 \$10,000 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 AMAMANA A RANGE Date Signed I I G (File the originally signed statement with the City Clerk.) Date Signed (month, day, year)

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DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRES		OCCUPATION OF CONT	TRIBUTOR		ENT OR PURPOSE OF FUNDRAISING	<u> </u>
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INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)
Constant Offy Charles
NAME DLASTIZA (FIRST) EXANDRINA "MAVA" PORTON JOFTS ISS-4007
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
\$10,001 - \$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 ADEA GOVERNMENTS
375 BEALE ST., STE. 80, 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.
Dountar
Signature Date Signed Date Signed (month, day, year)

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)
NAME (LAST) (FIRST) (MIDDLE) (MIDDLE) (MIDDLE) (MIDDLE) (MIDDLE) (MIDDLE) (MAVA U08-535-4907)
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 \$10,000 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 E. SANTA CLARA, SAN, DSE, 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:
 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

EGENED Bar John Olfwictork OTC M 2019 001 - 9 AMIL: 12

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Disclo	osure o	f Fundraisin	g Report For					Page 1
		OFFICIAL ESPA	REA		Date of This Filing	Date Stamp	JOS	OF SAN DFR1
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DATE SOLICI		AMOUNT CONTRIBUTED	FULL NAME, ADDR	ESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF I	EVENT OR PURPOS CONTRIBUTION	E OF FUNDRAISING
7/30/	2019	\$,680	JIM ZA COASTAI 99 PULLA	1B12LAGA - LUMBE IANWAY, S	- OWNER 72 15 95711	BACK	10 SC CKS-1 JA TRE	HOOL
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INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19) RECEIVED San Jose Gity Clark
NAME CHAST 2A (FIRST) EXAND (MIDDLE) A "MANA "DAYTIME TELEPHONE INUMBER!
REPORTING PERIOD & Dec. 315, 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 Store \$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
HSSOCIATION OF GAY AREA (SOMERNMENTS
ADDRESS BEALE ST. STE 80, SF, CA 94105
TYPE OF BUSINESS ENTITY/TRUST GOVERNMENTAL AGENCY:)
Proprietorship Partnership LLC Corporation
Trust Governmental Agency Nonprofit OrganizationOther
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
ATBACL BOARDMENBER
POSITION: BUARDMEMBIE
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
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 <u>A. M. Content</u> Date Signed <u>5113120</u> (File the originally signed statement with the City Clerk.) Date Signed <u>5113120</u> (month, day, year)

Type or print in ink. Amounts may be rounded to whole dollars. **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp CITY OF SAN JOSE FORM Date of 20 DERI MANA 41724 This Filing PERIOD COVERED BY THIS REPORT EHET For Official Use Only L Page 10 TO 2/3 IDAshq V.I ÔUA DATE OF SOLICITATION AMOUNT CONTRIBUTED DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR CONTRIBUTION 30) Veal Bld neras-to Man dobe 1 10 CRIMER We.,559510 St Public Allars Perminoute 10050 N.Welle Sê 5014 , CA upertino y anci 1 Brian O Neil Refired shlic Attans, 10 V (QMIS Per Maingute, 700 Counci Syowy, Santa (Mara, CA 955, Maharing Director, V IA Qar LIMMer. 44583 arkward OLUACI amon (an anago consulting + Haurs, BIA, 1350 Trait だひ 1 10. Walnut Creek, CA anna #/ 9459-

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:

RECEIVED San Jose City Clerk

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

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

Disclosure of Fundraising Report Form

Page 2

· · · · · · · · · · · · · · · · · · ·	DATE OF	AMOUNT		DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING
5	SOLICITATION	CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	CONTRIBUTION
10/2	SI/A		Down's Martin, Sauced (ansulting JESUH Altains, BIA, 130 Treat	Sylvia Areas for City Council
0/31	119	· · · · · · · · · · · · · · · · · · ·	EMILD ONO, HEUSLEH FOUNDATION, Director, 2121 Sand Full Ed,	Sylvig Arenas for City
10/31	119		James Eller, Attorney, Eller+Assoc, 55. S. Markot St.# 1580, San Due	Sylvia Aremas for City Sylvia Aremas for City
0/3	1/19		Jonathin Noble, Microsoft, Sr. Director, 1055 La Avenida, Nautain	Sylvia Arenas for
0/31	119		Brud Mountz, 17 mident, Mountz Arc 1080 N.11 St., San Jose, 95/12	Sylvia Arenas for City
<u></u>				

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT

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