

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL _____		Date of This Filing _____	Date Stamp _____	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD _____	PERIOD COVERED BY THIS REPORT _____ TO _____	Page ____ of ____		

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

NOTHING TO REPORT

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