	INCO	ME AND TIME I (San Jose Munic	DISCLOSURE		P OTC
NAME (LAST) Jones Jr. REPORTING PERIOD 07/01/16- 09/30/16	(FIRST) Charles	(MIL E	DDLE)		2016 007 13 PM 3: 5 DAYTIME TELEPHONE NUMBER 408-406-2501
During the Reporting Pel Income? (If your answer	is none, please proc	eed to Section 2 bel	•	related to your du	ities of office for which you earned
1. INCOME EARNED T	HIS REPORTING P	ERIOD*	00 🔀 \$10,0	001 - \$100,000	OVER \$100,000
*If aggregate in Reportin	g Year is more than s	\$500, proceed to Sec	ction 2. If aggrega	ate in Reporting Y	∕ear is less than \$500, proceed to
2. INCOME EARNED T	HIS REPORTING YI	EAR			
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,00	0 🗌 \$10,0	01 - \$100,000	X OVER \$100,000
*If aggregate in Reporting	-	•			
3. BUSINESS ENTITY/T		-		SERVICES	
NAME OF BUSINESS EI	NTITY/TRUST/GOVE	ERNMENTAL AGEN	CY		
Jones Enterprises	; 		······		
1005 Whiteoak Dri TYPE OF BUSINESS EN			CY:		
X Proprietorship	Partnership		LLC		Corporation
Trust	Governmer	ntal Agency	Nonprofit Organi	zation	Estate Other
GENERAL DESCRIPTIO	N OF BUSINESS EN	ITITY/TRUST/GOVE	RNMENTAL AGE	NCY ACTIVITY:	· · · · · · · · · · · · · · · · · · ·
Consulting Service	s and Real Esta	ate			
POSITION: Co-Own	er				
GENERAL DESCRIPTIO	N OF SERVICES RE	NDERED: <u>Kelli J</u> Suppo		tant- Internal	Communication Services &
4. LIST EACH REPORTA AGGREGATE IN REPO		CE OF INCOME OF	\$5,000 OR MOR		PORTING PERIOD AND IF THE
1. Cisco					
5. VERIFICATION					
	ein and in any attach	ed schedules is true			to the best of my knowledge the nalty of perjury under the laws of
Signature	illy signed statement	with the City Clerk.)	Dat	e Signed10/	(13/16 (month, day, year)

							t in ink.			ap ot (\sim
Disclosure	of Fundraisir	ng Rej	port Form		mounts may t	be rour	ided to whole doll		ECEIVED		Page 1
NAME OF ELECTER					Date o	of	10/13/16		Date Stamp	2 1 3 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Charles "Chappie	e" Jones				This F	iling		2016.001	F 13 PM	3:15	JOSE FORM DFR1
OFFICE HELD City Council			PERIOD COVI REPORT 07/01/16	ERED BY THIS 09/30/16 TOTO	Page	1	0f	2010-00		Q- 197	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL I	NAME, ADDRES	S, EMPLOYER AN	D OCCUPATI	ION OF	CONTRIBUTOR	DESCR	IPTION OF E	EVENT OR F CONTRIB	PURPOSE OF FUNDRAISING UTION
07/26/16	\$200		ral Realty, Sa Santana Row,	ntana Row #1005, San Jos	se, CA 9512	28		Donation: Event: 1st			lity Challenge Winner Prizes ion Forum
08/11/16 \$50.00 Happy Donuts- Angie Sinh 1345 S. Winchester Blvd. San J				e, CA 9512	28			Donation: 5 Dozen Donuts & Pastries Event: 1st Annual Transportation Forum			



of otc

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIOD 10/01/16-12/31/16		· · · · · · · · · · · · · · · · · · ·		
	riod, how many hours did you spe is none, please proceed to Section			ties of office for which you earned
1. INCOME EARNED T	THIS REPORTING PERIOD*			
🔲 LESS \$500	\$500 - \$1,000 \$1,001	1 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reportin Section 5.	g Year is more than \$500, procee	ed to Section 2. If ag	gregate in Reporting Y	ear is less than \$500, proceed to
2. INCOME EARNED T	HIS REPORTING YEAR			
\$0 - \$499 *	\$500 - \$1,000\$1,001	- \$10,000	\$10,001 - \$100,000	X OVER \$100,000
*If aggregate in Reportin	g Year is less than \$500, proceed	to Section 5.	,	
If aggregate in Reporting	Year is more than \$500, proceed	d to Section 3.		
3. BUSINESS ENTITY/T	FRUST/GOVERNMENTAL AGEN	ICY & DESCRIPTIC	N OF SERVICES	
NAME OF BUSINESS E Jones Enterprises	NTITY/TRUST/GOVERNMENTA	L AGENCY		
ADDRESS 1005 Whiteoak Drive, Sa	an Jose, CA 95129	,		
TYPE OF BUSINESS EN	NTITY/TRUST/GOVERNMENTAL	AGENCY:		
X Proprietorship	Partnership			Corporation
Trust	Governmental Agency	🔲 Nonprofit C	organization	Consulting Services and Rea
GENERAL DESCRIPTIO Consulting Services and	DN OF BUSINESS ENTITY/TRUS Real Estate	T/GOVERNMENTAI	AGENCY ACTIVITY:	
POSITION: Co-Owner	<u></u>	an a		
	N OF SERVICES RENDERED: _	Kelli Jones - Consu	ltant - Internal Commu	nication Services & Support
	ABLE SINGLE SOURCE OF INCO ORTING YEAR IS \$5,000 OR MO			PORTING PERIOD AND IF THE
		·		
5. VERIFICATION				
information contained her	e diligence in preparing this state rein and in any attached schedule hat the foregoing is true and co	s is true and comple		o the best of my knowledge the nalty of perjury under the laws of
Signature (File the original	ally signed statement with the Cit	y Clerk.)	Date Signed	(month, day, year)

		ng Report Form	Type or print in ink. nounts may be rounded to whole dollar	s. RECEIVED San Josa Oliv Clast	Page 1
NAME OF ELECTE			Date of 1/11/17 This Filing	Date Stamp	JOSE FORM DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 10/01/16 12/31/16 TO	Page <u>1</u> 1	El El	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PUI CONTRIBUT	
1/23/16	\$205.00	Winchester Mystery House, 525 Sc Jose, CA 95128	outh Winchester Blvd, San	Donation: 45 Ornaments and ca Event: Christmas in the Park Tre	
	· · · ·				
			······································		

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	11	2017 APBA/@IMEMECEPFIONE NUMBER 408-406-2501
REPORTING PERIOD 01/01/17 - 3/31/17	I	· · · · · · · · · · · · · · · · · · ·		
	Period, how many hours er is none, please proce	, , ,	services unrelated to None	your duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PE	RIOD*		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	🖾 \$10,001 - \$100	0,000 🗍 OVER \$100,000
*If aggregate in Report Section 5.	ing Year is more than \$	500, proceed to Section 2	2. If aggregate in Rep	orting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YE	AR		
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	🖂 \$10,001 - \$100,	000 []] OVER \$100,000
*If aggregate in Report	ing Year is less than \$5	00, proceed to Section 5.		
If aggregate in Reportir	ng Year is more than \$5	00, proceed to Section 3.		
3. BUSINESS ENTITY	/TRUST/GOVERNMEN	TAL AGENCY & DESCR	RIPTION OF SERVICI	ΞS
NAME OF BUSINESS Jones Enterprises	ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive, S	San Jose, CA 95129		· · · · · · · · · · · · · · · · · · ·	
TYPE OF BUSINESS E	ENTITY/TRUST/GOVEF	RNMENTAL AGENCY:		· · · · · · · · · · · · · · · · · · ·
X Proprietorship	Partnership			Corporation
🔲 Trust	Government	al Agency 🗌 Nong	profit Organization	Consulting Services and Real
GENERAL DESCRIPTI Consulting Services an		TITY/TRUST/GOVERNM	ENTAL AGENCY AC	TIVITY:
DOUTION CO-Owner		· · · · · · · · · · · · · · · · · · ·		
POSITION:				
GENERAL DESCRIPTI	ON OF SERVICES REI	NDERED:Kelli Jones -	Consultant - Internal (Communication Services & Support
		E OF INCOME OF \$5,00 000 OR MORE (attach a		IIS REPORTING PERIOD AND IF THE essary)
		· · · · · · · · · · · · · · · · · · ·		
5. VERIFICATION				
I have used all reasonal	erein and in any attache	d schedules is true and c		nt and to the best of my knowledge the der penalty of perjury under the laws of
Signature	inally signed statement	with the City Clerk.)	Date Signed	<u> </u>

NAME OF ELECTER Charles "Chappie				Date of This Filing	4/12	/17	Date Stamp 2017 /	CITY OF SAN	DFR1
OFFICE HELD City Council			PERIOD COVERED BY THIS REPORT 1/1/17 3/31/17 TO	Page	of	1		For Officia TH OTC	al Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND O	CCUPATION O	F CONT	RIBUTOR	DESCRIPTION OF EVENT O CONTI	R PURPOSE OF FUN RIBUTION	DRAISING
/19/17	\$250.00		Beauchman, President, Santa C Educators, P.O. Box 731216, S				Sponsorship for African Am February 4th, 2017	erican Flag Raisin	g Ceremony or
/23/17	\$500					Sponsorship for African Am February 4th, 2017	erican Flag Raisin	g Ceremony or	
/2/17	\$100					Sponsorship for African Am February 4th, 2017	erican Flag Raisir	ng Ceremony of	
/24/17	\$250		a Watkins, California Alliance of ators, P.O. Box 3134 San Jose,		rican	A	Sponsorship for African Am February 4th, 2017	erican Flag Raisir	ng Ceremony oi
/26/17	\$150	Alpha 95153	Kappa Alpha Sorority, Inc. P.O 3	. Box 23302	San Jo	ose, CA	Sponsorship for African Am February 4th, 2017	erican Flag Raisir	ng Ceremony of
/31/17	\$500		Andreas Regional Center, P.O. E 0-0002	3ox 50002 S	an Jos	e, CA	Sponsorship for African Am February 4th, 2017	erican Flag Raisi	ng Ceremony o

Signature



Date 4/12/17

Disclosure of Fundraising Report Form

NOTHING TO REPORT

 $s \to c$

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
/3/17	\$100	Delta Sigma Theta Sorority, Inc. San Jose Alumnae Chapter, P.O. Box 6841 San Jose, CA 95150	Sponsorship for African American Flag Raising Ceremony o February 4th, 2017
/14/17	\$20	Catherine Foster, Our City Forest, 959 S. 7th Street, San Jose, CA 95133	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
/14/17	\$60	Rose Cheng, Family Giving Tree, 606 Valley Way, Milpitas, CA 95035	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
/30/17	\$55	Ramona Snyder, Team San Jose, 408 Almaden Blvd., San Jose, CA 95110	In-kind donation for raffle at 12th Annual West Valley Seniol Walk on April 14th, 2017
/20/17	\$96	Karen Hennessy, Assistant Volunteer Services, The Tech Museum, 201 S. Market Street, San Jose, CA 95113	In-kind donation for raffle at 12th Annual West Valley Senio Walk on April 14th, 2017
/30/17	\$61.12	Ramona Snyder, SJC Airport, 1701 Airport Blvd., San Jose, CA 95110	In-kind donation for raffle at 12th Annual West Valley Senio Walk on April 14th, 2017

Signature

Date 4/12/17

INCOME AND TIME DISCLOSURE STATEMENT EIVED (San Jose Municipal Code Chapter 12.19) an Jose City Clerk

			4	
NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	2017	JUL - DAYTINE TELEPHONE NUMBER 408-406-2501
REPORTING PERIOD 04/01/17 - 06/30/17		ана		· · · · · · · · · · · · · · · · · · ·
	eriod, how many hours die r is none, please proceed		ervices unrelated to y None	our duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PERI	OD*		
🔲 LESS \$500	\$500 - \$1,000] \$1,001 - \$10,000	x \$10,001 - \$100,	000 🗌 OVER \$100,000
*If aggregate in Reportir Section 5.	ng Year is more than \$50	0, proceed to Section 2.	If aggregate in Repo	rting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEAF	र		
☐ \$0 - \$499*	\$ 500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100,0	000 OVER \$100,000
*If aggregate in Reportir	ng Year is less than \$500	, proceed to Section 5.		
If aggregate in Reporting	g Year is more than \$500	, proceed to Section 3.		
3. BUSINESS ENTITY/	TRUST/GOVERNMENT/	AL AGENCY & DESCR	IPTION OF SERVICE	S
NAME OF BUSINESS E Jones Enterprises	ENTITY/TRUST/GOVERN	IMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive, S	an Jose, CA 95129	<u></u>		
TYPE OF BUSINESS E	NTITY/TRUST/GOVERN	MENTAL AGENCY:		
X Proprietorship	Partnership			Corporation
Trust	Governmental	Agency 🗌 Nonp	rofit Organization	Consulting Services and Real
GENERAL DESCRIPTIO	DN OF BUSINESS ENTI ⁻ Real Estate	TY/TRUST/GOVERNME	ENTAL AGENCY ACT	IVITY:
POSITION: Co-Owner	an da an an da an			
	ON OF SERVICES REND	ERED:Kelli Jones - (Consultant - Internal C	ommunication Services & Support
	ABLE SINGLE SOURCE PORTING YEAR IS \$5.00			IS REPORTING PERIOD AND IF THE ssarv)
5. VERIFICATION		·		
I have used all reasonab	rein and in any attached	schedules is true and co		t and to the best of my knowledge the ler penalty of perjury under the laws of
Signature (File the origin	Tally signed statement with	th the City Clerk.)	Date Signed	6/30/17 (month, day, year)

		Amo	Type or print in ink. punts may be rounded to whole dollar		
Disclosure	of Fundraisin	ig Report Form	8	an Jose City Clark	Page 1
NAME OF ELECTE				CEU 07 C Date Stamp 7 JUL - 5 PM 3: 11	CITY OF SAN DFR1
OFFICE HELD City Council	· · · · · · · · · · · · · · · · · · ·	PERIOD COVERED BY THIS REPORT 04/01/17 06/30/17 TO	Page <u>1</u> 2 of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	DCCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING
4/7/17	\$42	Maria Bones, Hammer Theatre, 101 San Jose, CA 95113	Paseo de San Antonio,	In-kind donation for raffle at Walk on April 14th, 2017	12th Annual West Valley Senior
4/14/17	\$50	Laura Nenada, CareMore, 255 N. Wi Jose, CA 95127	hite Road, #200b, San	In-kind donation for raffle at Walk on April 14th, 2017	12th Annual West Valley Senior
4/10/17	\$50	Julia Earley, Sunny View Retirement Cupertino Road, Cupertino, CA 9501		In-kind donation for raffle at Walk on April 14th, 2017	12th Annual West Valley Senior
4/11/17	\$30	Kristi Cole, American Cancer Society Camden Avenue, Suite B, Campbell,		In-kind donation for raffle at Walk on April 14th, 2017	12th Annual West Valley Senior
4/6/17	\$20	Benjamin Naranjo, San Jose Firefigh Street, Suite 300, San Jose, CA 951		In-kind donation for raffle at Walk on April 14th, 2017	12th Annual West Valley Senior
4/14/17	\$50	Sharon Catalan, Platinum Senior Ne San Jose, CA 95123	twork, 6025 Indian Avenue,	In-kind donation for raffle at Walk on April 14th, 2017	12th Annual West Valley Senior
· ···	l				

Signature

Date 6/30/17

		An	Type or print in ink. nounts may be rounded to whole dollar	R. REAFIVEN			
Disclosure	of Fundraisir	ng Report Form		an Jose City Clerk	Page 1		
NAME OF ELECTE			Date of 06/30/17 This Filing	JUL -5 PM 3: 13	Stamp 3: 13 CITY OF SAN JOSE FORM DFR1		
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 04/01/17 06/30/17 TO	Page 2 2		For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING RIBUTION		
06/20/17	\$250	Quality Respite & Home Care, 1171 Santa Clara, CA 95050-5485	Homestead Rd., Suite 220,	10th Annual Disability Awar	eness Day Vendor		
6/27/17	\$65	Abilities United, 525 E. Charleston F	Road, Palo Alto, CA 94306	10th Annual Disability Awar	eness Day Vendor		
	~						

, "

Signature

Date 6/30/17

RECEIVED San Jose City Clerk

Page 2

			TRW OtC
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENPOR BURPOSE OF FUNDRAISING CONTRIBUTION
4/11/17	\$20	Tara Chavez, Connect Hearing, 840 Willow Street, #300, San Jose, CA 95125	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/12/17	\$29.99	Katherine Wang, Asian Americans for Community Involvement, 2400 Moorpark Avenue, Suite 300, San Jose, CA 95128	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/14/17	\$80	Kathleen Miller, Thrive Chiropractic, 863 Pacific Avenue, San Jose, CA 95126	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/13/17	\$25	Raghu Yadavalli, Bay Area Home Care, 2685 Marine Way, Suite 1220, Mountain View, CA 94043	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
6/25/17	\$500	Lennies Gutierrez, Comcast, 1900 S. 10th Street, San Jose, CA 95112	Sponsorship for African American Flag Raising on February 3rd 2017
6/20/17	\$65	NAMI Santa Clara County, 1150 S. Bascom Ave., Suite 24, San Jose, CA 95128	10th Annual Disability Awareness Day Vendor
· ·			

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Signature

Date 6/30/17

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		2017000711ME TEPEPHONE2NUME 408-406-2501	3ER
REPORTING PERIOR 07/01/17 - 09/30/17			<u></u>		
	Period, how many hours d ver is none, please procee		ervices unrelated to None	your duties of office for which you earned	
1. INCOME EARNEI	D THIS REPORTING PER	IOD*			
🔲 LESS \$500	500 - \$1,000	\$1,001 - \$10,000	x \$10,001 - \$100	0,000 🗌 OVER \$100,000	
*If aggregate in Repor Section 5.	ting Year is more than \$50	00, proceed to Section 2.	If aggregate in Rep	orting Year is less than \$500, proceed to	
2. INCOME EARNED	THIS REPORTING YEA	R			
\$0 - \$499	\$500 - \$1,000] \$1,001 - \$10,000 [x \$10,001 - \$100,	000 🗌 OVER \$100,000	
*If aggregate in Repor	ting Year is less than \$500), proceed to Section 5.			
If aggregate in Report	ing Year is more than \$500), proceed to Section 3.			
3. BUSINESS ENTIT	Y/TRUST/GOVERNMENT	AL AGENCY & DESCRI	PTION OF SERVICE	S	
NAME OF BUSINESS Jones Enterprises	ENTITY/TRUST/GOVERI	NMENTAL AGENCY			
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129				
TYPE OF BUSINESS	ENTITY/TRUST/GOVERN	IMENTAL AGENCY:		· · · · · · · · · · · · · · · · · · ·	
X Proprietorship	Partnership			Corporation	Ċ
Trust	Governmenta	Agency 🗌 Nonpro	ofit Organization	Consulting Services and Real	
GENERAL DESCRIPT Consulting Services ar	ION OF BUSINESS ENTI nd Real Estate	TY/TRUST/GOVERNME	NTAL AGENCY ACT	TIVITY:	
POSITION: Co-Owne	r				
	ION OF SERVICES RENE	DERED:Kelli Jones - Co	onsultant - Internal C	Communication Services & Support	
	TABLE SINGLE SOURCE EPORTING YEAR IS \$5,00			IIS REPORTING PERIOD AND IF THE	
5. VERIFICATION					
information contained h		schedules is true and cor		nt and to the best of my knowledge the der penalty of perjury under the laws of	f
\bigcirc					
Signature(File the orig	inally signed statement wi	th the City Clerk.)	Date Signed	(month, day, year)	

NAME OF ELECTER	of Fundraisin	g Rep		Date of 10/12/17	San Jose City Clork Date Stamp	
Charles "Chappie	e" Jones			This Filing	2017 OCT 12 PM 2: 31	JOSE FORM DFR1
OFFICE HELD City Council	······		PERIOD COVERED BY THIS REPORT 07/01/17 09/30/17 TO	Page <u>1</u> 3 of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NA	ME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURI CONTRIBUTIO	
//7/17	\$500	Arcadia 95150	a Development Company, P.C	9. Box 5368, San Jose, CA	10th Annual Disability Awareness	Day Sponsor
7/717	\$250	Law Office of Lorna J. Thrope, 1550 The Alameda, Suite 206, San Jose, CA 95126			10th Annual Disability Day Vendo	r
7/20/17	\$250	Sikka Dental Corp, 150 N. Jackson Avenue, San Jose, CA 95116			10th Annual Disability Day Vendo	pr
7/20/17	\$65	Greater Opportunities, 900 Lafayette Street, #700, Santa Clara, CA 95050			10th Annual Disability Day Vendo	r
7/20/17	\$65	Housing Choices Coalition, 898 Faulstich Court, Suite B, San Jose, CA 95112			10th Annual Disability Day Vendo	ır
7/20/17	\$65		Clara Valley Blind Center, 101 CA 95128	N. Bascom Avenue, San	10th Annual Disability Day Vendo	pr

Signature 5

Date 10/12/17

6

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/21/17	\$250	Tucci Learning Solutions, 3180 Imjin Road, Suite 149, Marina, CA 93933	10th Annual Disability Day Vendor
8/15/17	\$500	24Hr HomeCare LLC, 300 N. Sepulveda Blvd., Suite 1065, El Segundo, CA 90245	10th Annual Disability Day Sponsor
8/15/17	\$250	Behavior Frontiers, 18726 S. Western Avenue, Suite 408, Gardena, CA 90248-3858	10th Annual Disability Day Vendor
6/15/17	\$250	MobilityWorks of California, 810 Moe Drive, Akron, OH 44310	10th Annual Disability Day Vendor
3/15/17	\$65	Rebuilding Together Silicon Valley, P.O. Box 21996, San Jose, CA 95151	10th Annual Disability Day Vendor
/15/17	\$500	Republic Services, 18500 N. Allied Way, Phoenix, AZ 85054	10th Annual Disability Day Sponsor

NOTHING TO REPORT

Signature

Date 10/12/17

Disclosure	of Fundraisin	g Report Form	Amounts may be ro	unded to whole o	San Jose City Clerk	Page 1
	NAME OF ELECTED OFFICIAL Charles "Chappie" Jones				0 7 Date Stamp - 2017 OCT 12 PM 2:36	CITY OF SAN DFR1
OFFICE HELD City Council	REPORT			of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER	AND OCCUPATION (OF CONTRIBUT	OR DESCRIPTION OF EVENT OR F	
8/15/17	\$65	Trinity Change, Inc. 1245 S. W Jose, CA 95128	inchester Blvd., Su	10th Annual Disability Day Ver	ndor	
8/15/17	\$65	Via Rehabilitation Services, Inc., 2851 Park Avenue, Santa Clara, CA 95050-6097			10th Annual Disability Day Ver	ndor
8/21/17	\$65	Camping Unlimited, 102 Brook Lane, Boulder Creek, CA 95006			6 10th Annual Disability Day Ve	ndor
8/29/17	\$65	Good Shepherd Fund, 1641 N. 1st. Street, Suite 155, San Jose, CA 95112			e, 10th Annual Disability Day Ve	ndor
8/29/17	\$500	Santa Clara Valley Water District, 5750 Almaden Expwy, San Jose, CA 95118-3686			10th Annual Disability Day Sp	onsor
9/1/17	\$65	Fiesta Educativa, 4689 Camde	en Avenue, San Jo	se, CA 95124	4 10th Annual Disability Day Ve	ndor

Date 10/12/17

Disclosure of Fundraising Report Form

Page 2

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$65	Disability Rights California, 1831 K Street, Sacramento, CA 95811	10th Annual Disability Day Vendor
\$65	Hope Services, 30 Las Colinas Lane, San Jose, CA 95119	10th Annual Disability Day Vendor
\$500	Republic Urban Properties LLC, 84 W. Santa Clara Street, Suite 600, San Jose, CA 95113	10th Annual Disability Day Sponsor
\$500	San Jose Water Company, 110 W. Taylor Street, San Jose, CA 95196	10th Annual Disability Day Sponsor
\$65	Social Vocational Services Inc, 124 Blossom Hill Road, Unit F, San Jose, CA 95123	10th Annual Disability Day Vendor
\$250	Stephanie Young Consultants, 9340 Fuerte Drive, Suite 210, La Mesa, CA 91941	10th Annual Disability Day Vendor
	CONTRIBUTED \$65 \$65 \$500 \$500 \$500 \$65	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR\$65Disability Rights California, 1831 K Street, Sacramento, CA 95811\$65Hope Services, 30 Las Colinas Lane, San Jose, CA 95119\$500Republic Urban Properties LLC, 84 W. Santa Clara Street, Suite 600, San Jose, CA 95113\$500San Jose Water Company, 110 W. Taylor Street, San Jose, CA 95196\$65Social Vocational Services Inc, 124 Blossom Hill Road, Unit F, San Jose, CA 95123\$250Stephanie Young Consultants, 9340 Fuerte Drive, Suite 210, La

NOTHING TO REPORT

Date 10/12/17

		g Report Form		San Jose City Clerk	Page 1
NAME OF ELECTER			Date of 10/12/17	San Jose City Clerk	CITY OF SAN DFR1
	JOHES		This Filing	2017 OCT 12 PH 2:36	00002101
OFFICE HELD		PERIOD COVERED BY THIS REPORT	Bage of 3		For Official Use Only
City Council		07/01/17 09/30/17			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AN	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIE	
/8/17	\$250	North Bay Industries, 649 Martin A 94298-2050	venue, Rohnert Park, CA	10th Annual Disability Awaren	ess Day Vendor
/8/17	\$250	Anthem-Cal MediConnect, 60 S. N 95113	/larket Street, San Jose, CA	10th Annual Disability Awaren	ess Day Vendor
/12/17	\$250	Specialized Daycare Services DB, Center, 7777 Greenback Ln, Ste 2		10th Annual Disability Awarer	ness Day Vendor
/12/17	\$65	Project Hired, 1401 Parkmoor Ave 95126-3453	enue, Suite 125, San Jose, CA	10th Annual Disability Awarer	ness Day Vendor
/28/17	\$65	Life Services Alternatives, 1922 T Jose, CA 95126-1430	he Alameda, Suite 400, San	10th Annual Disability Awarer	ness Day Vendor
)/12/17	\$250	Summit Therapeutic Services, Inc 5, San Jose, CA 95124	, 1936 Camden Avenue, Suite	10th Annual Disability Awarer	ness Day Vendor

Type or print in ink.

NOTHING TO REPORT

Signature

Date 10/12/17

Disclosure of Fundraising Report Form

NOTHING TO REPORT

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING - CONTRIBUTION
/7/17	\$250	Stars Bay Area, Inc, 2631 Club Drive, Gilroy, CA 95020	10th Annual Disability Awareness Day Vendor
/19/17	\$65	County of Santa Clara, 70 W. Hedding Street, San Jose, CA 95110-1705	10th Annual Disability Awareness Day Vendor
/7/17	\$500	CEFCU, 670 Lincoln Avenue, San Jose, CA 95126	10th Annual Disability Awareness Day Sponsor
/18/17	\$250	South Valley Pharmacy Services, 7496 Eigleberry Street, Gilroy, CA 95020	10th Annual Disability Awareness Day Vendor

Signature

Date 10/12/17

(San Jose Municipal Code Chapter 12.19)

/

	LAST)	(FIRST)	•	DDLE)		2018.	JANDAYTIME TELEPHONE NUMBE
Jones, Jr. REPORTING	PERIOD	Charles	<u></u>	E.			408-406-2501
10/01/17 - 1							
			s did you spend rend eed to Section 2 be		None	to your du	uties of office for which you earned
1. INCOME	EARNED THIS	S REPORTING P	ERIOD*				
LESS \$	500	\$500 - \$1,000	\$1,001 - \$10,	000	x \$10,001 - \$1	100,000	OVER \$100,000
*If aggregate Section 5.	in Reporting Y	ear is more than	\$500, proceed to Se	ection 2.	If aggregate in R	eporting \	Year is less than \$500, proceed to
2. INCOME I	EARNED THIS	REPORTING Y	EAR				
50 - \$49	9*	\$500 - \$1,000	\$1,001 - \$10,0	00 [\$10,001 - \$10	00,000	X OVER \$100,000
*If aggregate i	n Reporting Y	ear is less than \$	500, proceed to Sec	tion 5.			
			500, proceed to Sec		ant de la companya d		
	SINESS ENTI		NTAL AGENCY & 1 ERNMENTAL AGEN		PTION OF SERV	ICES	
ADDRESS 1005 Whiteoa	k Drive, San J	ose, CA 95129				· · · · · · · · · · · · · · · · · · ·	
TYPE OF BUS	SINESS ENTIT	Y/TRUST/GOVE	RNMENTAL AGEN	CY:			
X Proprietor	ship	Partnership] LLC			Corporation
☐ Trust		Governme	ntal Agency] Nonpro	ofit Organization	□_	Consulting Services and Real ₊ Other
GENERAL DE Consulting Se			NTITY/TRUST/GOV	ERNMEN	NTAL AGENCY A	CTIVITY:	
POSITION:	o-Owner						<u> </u>
		OF SERVICES RE	ENDERED: Kelli J	ones - Co	onsultant - Interna	al Commu	inication Services & Support
			CE OF INCOME OF 5,000 OR MORE (at				PORTING PERIOD AND IF THE
5. VERIFICAT	ION						
information cor	ntained herein	and in any attach					to the best of my knowledge the nalty of perjury under the laws of
Signature(File	the originally	signed statement	with the City Clerk.	<u>)</u>	Date Sign	ed	(month, day, year)

		g Report Form		San Jose City Clark	Page 1
NAME OF ELECTED Charles "Chappie			Date of 1/10/18 This Filing	2018 JAN 10 PM 3:55	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 10/01/17 12/31/17 TO	Page 1 1		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	O OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F	
0/2/17	\$65	Santa Clara Valley Transportation San Jose, CA 95134-1927	Authority, 3331 N. 1st Street,	10th Annual Disability Awaren	ess Day Vendor
0/5/17	\$75	College of Adaptive Arts, 1401 Par San Jose, CA 95126	kmoor Avenue, Suite 260,	10th Annual Disability Day Ve	ndor
0/5/17	\$305	Karen Strasilla, 360 Hull Avenue, S	San Jose, CA 95125	10th Annual Disability Day Sp	onsor
0/7/17	\$60	Chutney Mary's, 656 Los Padres B	Blvd., Santa Clara, CA 95050	10th Annual Disability Day Sp	onsor
0/25/17	\$65	Parents Helping Parents, 1400 Par Jose, CA 95126-3429	rkmoor Avenue, Ste 100, San	10th Annual Disability Day Ve	ndor
2/19/17	\$250	Alpha Kappa Alpha Sorority, Inc Box 23302, San Jose, CA 95153	Eta Rho Omega Chapter, PO	2018 African American Histor	y Month Flag Raising Sponso

Signature

1

Date 1/10/18

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
12/19/17	\$100	Delta Sigma Theta Sorority, Inc - San Jose Alumnae Chapter, PO Box 6841, San Jose, CA 95150	2018 African American History Month Flag Raising Sponso
12/19/17	\$500	San Andreas Regional Center, PO Box 50002, San Jose, CA 95150	2018 African American History Month Flag Raising Sponso
12/19/17	\$250	Santa Clara County Alliance of Black Educators, PO Box 731218, San Jose, CA 95173	2018 African American History Month Flag Raising Sponso
			· · · · · · · · · · · · · · · · · · ·

NOTHING TO REPORT

Signature

Date 1/10/18

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	20 PAYTIME TELEPHONE NUMBER			
REPORTING PERIOD 01/01/18 - 3/31/18						
	eriod, how many hours dio er is none, please proceed		elated to your duties of office for which you earned			
1. INCOME EARNED	THIS REPORTING PERI	OD*				
🗌 LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	01 - \$100,000 🔲 OVER \$100,000			
*If aggregate in Reporti Section 5.	ing Year is more than \$500	0, proceed to Section 2. If aggrega	te in Reporting Year is less than \$500, proceed to			
2. INCOME EARNED	THIS REPORTING YEAR	(
\$0 - \$499	S500 - \$1,000	\$1,001 - \$10,000 🗴 \$10,00	1 - \$100,000 🔲 OVER \$100,000			
*If aggregate in Reporti	ng Year is less than \$500,	proceed to Section 5.				
If aggregate in Reportir	ng Year is more than \$500	, proceed to Section 3.				
3. BUSINESS ENTITY	/TRUST/GOVERNMENTA	LAGENCY & DESCRIPTION OF	SERVICES			
NAME OF BUSINESS I Jones Enterprises	ENTITY/TRUST/GOVERN	IMENTAL AGENCY				
ADDRESS 1005 Whiteoak Drive, S	San Jose, CA 95129					
TYPE OF BUSINESS E	NTITY/TRUST/GOVERNI	MENTAL AGENCY:				
X Proprietorship	Partnership		Corporation			
Trust	Governmental	Agency 🗌 Nonprofit Organi	cation Consulting Services and Rea			
GENERAL DESCRIPTI Consulting Services and		Y/TRUST/GOVERNMENTAL AGE	NCY ACTIVITY:			
POSITION: Co-Owner	·····					
GENERAL DESCRIPTION	ON OF SERVICES REND	ERED:Kelli Jones - Consultant -	Internal Communication Services & Support			
		OF INCOME OF \$5,000 OR MORI 0 OR MORE (attach a separate sh	E FOR THIS REPORTING PERIOD AND IF THE bet 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 origi	nally signed statement wit	Dat h the City Clerk.)	e Signed $(mqnth, day, year)$			

Disclosure of	of Fundraisin	ig Rep	oort Form		s. RECEIVED San Jose City Clerk	Page 1
NAME OF ELECTER Charles "Chappie				Date of 04/11/18 This Filing	Date Stamp 2018 APR 12 PM 3: 33	CITY OF SAN DFR1
OFFICE HELD City Council			PERIOD COVERED BY THIS REPORT 01/01/18 03/31/18 TO	Page <u>1</u> 1 Page of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
4/18	\$250		rnia Alliance of African America San Jose, CA 95156	n Educators, PO Box	2018 African American Histor	y Month Flag Raising
/17/18	\$250	SEIU Local 521, 2302 Zanker Road, San Jose, CA 95131			2018 African American Histor	y Month Flag Raising
7/18	\$500		Clara Valley Water District, 575 ose, CA 95118-3686	50 Almaden Expressway,	2018 African American Histor	ry Month Flag Raising
/2/18	\$250	Comcast Financial Agency Corporation, 1701 JFK Boulevard, Philadelphia, PA 19103-2838			2018 African American Histor	ry Month Flag Raising
29/18 \$25 Denise Hankes, LegalShield, 1849 B 95121		agpipe Way, San Jose, CA	13th Annual West Valley Sen	ior Walk Raffle		

Signature

Date 4/11/18

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

					TCM
NAME Jones, Jr	(LAST)	(FIRST) Charles	(MIDDLI E.	E) .	2018 DULTI NE TELLEPHONONUMBER 408-406-2501
	NG PERIOD - 06/30/18	· · · · · · · · · · · · · · · · · · ·			
			rs did you spend rendering ceed to Section 2 below.)	g services unrelated t	o your duties of office for which you earned
1. INCOM	E EARNED	THIS REPORTING F	PERIOD*		
	\$ \$500	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$1	00,000 🗌 OVER \$100,000
*If aggrega Section 5.	te in Report	ing Year is more than	\$500, proceed to Section	2. If aggregate in Re	porting Year is less than \$500, proceed to
2. INCOMI	E EARNED	THIS REPORTING Y	EAR		
🗌 \$0-\$	\$499*	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$10	0,000 🔲 OVER \$100,000
*If aggrega	te in Report	ing Year is less than \$	500, proceed to Section 5	i.	
If aggregate	e in Reportir	ng Year is more than \$	5500, proceed to Section 3	3.	
			NTAL AGENCY & DESC	RIPTION OF SERVI	CES
NAME OF I Jones Enter		ENTITY/TRUST/GOV	ERNMENTAL AGENCY		
-		San Jose, CA 95129			
TYPE OF E	USINESS E	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:		
X Proprie	torship	Partnership		C	Corporation
🔲 Trust		Governme	ntal Agency 🗌 Nor	profit Organization	Consulting Services and Real Other
		ON OF BUSINESS EI d Real Estate	NTITY/TRUST/GOVERNM	MENTAL AGENCY AG	CTIVITY:
POSITION:	Co-Owner				
	DESCRIPTI	ON OF SERVICES RI	ENDERED: Kelli Jones	- Consultant - Interna	Communication Services & Support
4. LIST EAC	H REPORT	ABI E SINGI E SOUF	RCF OF INCOME OF \$5 (00 OR MORE FOR 1	HIS REPORTING PERIOD AND IF THE
			5,000 OR MORE (attach a		
			· · · · · · · · · · · · · · · · · · ·		
5. VERIFIC	ATION				
information of	contained he	ble diligence in prepar Perein and in any attach that the foregoing is	ned schedules is true and	reviewed this statem complete. I certify u	ent and to the best of my knowledge the nder penalty of perjury under the laws of
Signature ((F	File the origi	nally signed statemen	t with the City Clerk.)	Date Signe	d7/5/18 (month, day, year)

and the second s		g Report Form	Type or print in ink. unts may be rounded to whole dollar	San Jose City Clark	Page 1
NAME OF ELECTED OFFICIAL Charles "Chappie" Jones			Date of This Filing 7/5/18	2018 JUL 16 PM 1:11	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 04/01/18 06/30/18 TO	Page 1 1 Page of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
4/9/18	\$100	Family Matters In-Home Care, 2155 S 116, Campbell, CA 95008	S. Bascom Avenue, Suite	13th Annual West Valley Senio	or Walk Raffle
4/10/18	\$50	Anthem Blue Cross / Caremore, 255 Jose, CA 95121	N. White Road, #200, San	13th Annual West Valley Senio	or Walk Raffle
4/13/18	\$32	Heart of the Valley, Services for Seni Santa Clara, CA 95052	ors.org, PO Box 418,	13th Annual West Valley Seni	or Walk Raffle
4/13/18	\$38	Right at Home San Jose, 2190 Stoke Jose, CA 95128	s Street, Suite 203, San	13th Annual West Valley Seni	or Walk Raffle
4/13/18	\$150	Star One CU, PO Box 3643, Sunnyva	ale, CA 94088	13th Annual West Valley Seni	or Walk Raffle
4/13/18	\$50	Timpany Center, 730 Empey Way, S	an Jose, CA 95128	13th Annual West Valley Seni	or Walk Raffle

7/5/18 Signature

Date

Disclosure of Fundraising Report Form

Page 2

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$80	Visiting Angels, 922 West Fremont Avenue, Sunnyvale, CA 94087	13th Annual West Valley Senior Walk Raffle
\$125	Kipling, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
\$50	Crabtree & Evelyn, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
18 \$30 Kiehl's, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050		13th Annual West Valley Senior Walk Raffle
\$500	Forty Niners Football Company, LLC, 4949 Marie P DeBartolo Way, Santa Clara, CA 95054-1229	2018 African American History Month Flag Raising Sponso
	CONTRIBUTED \$80 \$125 \$50 \$30	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR\$80Visiting Angels, 922 West Fremont Avenue, Sunnyvale, CA 94087\$125Kipling, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050\$50Crabtree & Evelyn, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050\$30Kiehl's, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050\$30Forty Niners Football Company, LLC, 4949 Marie P DeBartolo

NOTHING TO REPORT

518 Signature

Date

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED (San Jose Municipal Code Chapter 12.19)	
NAME(LAST)(FIRST)(MIDDLE)2018 DACT IME TELEPHONE NUMBEJones, JrCharlesE.408.406.2051	R
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 \$\$10,000 \$\$100,000 \$\$000 \$\$100,000 \$\$100,000 \$\$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 Jones Enterprises	
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95129	
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:	
Consulting Services and Real Estate	
Co-owner	
	-
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.	

NAME OF ELECTED OFFICIAL Charles E. Jones Jr.			Date of 10/15/18 This Filing	San Jose City Clerk Page 1 Objection City of SAN DFR 2018 OCT 15 PM 4: 2: JOSE FORM DFR
OFFICE HELD Councilmember [District 1	PERIOD COVERED BY THIS 07/01/18 09/30/18 TO	Page of _5	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER /	AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
3/18	500	San Jose Water Company, 110 95196	W Taylor Street, San Jose, CA	11th Disability Awareness Day
13/18	65	Kelsey Roland, 3398 Thompson Best Buddies	Ave, San Jose, CA 95118,	11th Disability Awareness Day
24/18	250	Mobility Works, 810 Moe Drive,	Akron, OH 44310	11th Disability Awareness Day
25/18	65	Via Rehabilitation Services INc. CA 95050	2851 Park Avenue Santa Cara,	11th Disability Awareness Day
/31/18	65	Life Services Alternative, 1922 The Alameda STE 400, San Jose, CA 95126		11th Disability Awareness Day
3/18	65	Silicon Valley Independent Livin STE 1000, San Jose, CA 95112		11th Disability Awareness Day

Signature

Date 10/15/18 City of San José Form DFR-1 (Nov/2010)

Disclosure of Fundraising Report Form

of Fundraisin	pg 20f5 Page 2	
AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
65	NAMI Santa Clara County, 1150 S. Bascom Ave, Ste 24, San Jose, CA 95128	11th Disability Awareness Day
250	Behavior Frontiers, LLC, 4030 Moorpark Ave, Suite 105 San Jose, CA 95117	11th Disability Awareness Day
500	Silicon Community Foundation, 2440 West El Camino Real, Suite 300, Mountain View, CA, 94040	11th Disability Awareness Day
250	Tucci Learning Solutions, INC, 3180 Imjin Road, Suite 149, Marina CA 93933	11th Disability Awareness Day
65	Project Hired, 1401 Parkmoor Ave, San Jose, CA 95126	11th Disability Awareness Day
65	Housing Choices Coalition, 898 Faulstich Court, Suite B, san Jose, CA 95112	11th Disability Awareness Day
	AMOUNT CONTRIBUTED 65 250 500 250 65	CONTRIBUTEDFULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR65NAMI Santa Clara County, 1150 S. Bascom Ave, Ste 24, San Jose, CA 95128250Behavior Frontiers, LLC, 4030 Moorpark Ave, Suite 105 San Jose, CA 95117500Silicon Community Foundation, 2440 West EI Camino Real, Suite 300, Mountain View, CA, 94040250Tucci Learning Solutions, INC, 3180 Imjin Road, Suite 149, Marina CA 9393365Project Hired, 1401 Parkmoor Ave, San Jose, CA 9512665Housing Choices Coalition, 898 Faulstich Court, Suite B, san

Signature

Date 10 15 18

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

NOTHING TO REPORT

ì

Disclosure	of Fundraisin	ig Report Form			Page 1
OFFICE MELD	D OFFICIAL E. Jores ; W. Disloict	REPORT	Date of This Filing $\frac{10/15/19}{10}$ Page 3 of 5	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB	
8/31/18	65	Hope Services, 30 Los Colinas Lane,	San Jose, CA 95119	11th Disability Awareness Day	
8/30/18	65	North Bay Industries, 649 Martin Ave	, Rohnert Park, CA 94928	11th Disability Awareness Day	
8/31/18	65	Family Health Plan, 6201 San Ignacio	o Ave, San Jose, CA 95119	11th Disability Awareness Day	
9/4/18	250	College Living Experience, 6700 Alex Columbia, MD ,21046	ander Drive, Suite 100,	11th Disability Awareness Day	
9/13/18	65	Greater Opportunities, 900 Lafayette Clara, CA 95050	Street, Suite 700, Santa	11th Disability Awareness Day	
9/19/18	65	Santa Clara Valley Transportation Au Street, San Jsoe ,CA 95134	ithority, 3331 North First	11th Disability Awareness Day	
			······································		

NOTHING TO REPORT

Signature

Date 10/15/18

Disclosure of Fundraising Depart Form

AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR Rebuilding Together, P.O. Box 21996, San Jose, CA 95151 Social Vocational Services, INC> San Andreas North Region,	Pg4 of 5 Page 2 DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION 11th Disability Awareness Day
	Social Vocational Services, INC> San Andreas North Region,	11th Disability Awareness Day
65		
	124 Blossom Hill Road, Unit F, San Jose CA 95123	11th Disability Awareness Day
65	Costanoa Commons, 1584 Grackle Way, Sunnyvaley CA 94087	11th Disability Awareness Day
65	Mochaa INC. 327 Pineview Dr. Santa Clara, CA 95050	11th Disability Awareness Day
65	Juvo, 577 S. 16th Street, San Jose, CA 65112	11th Disability Awareness Day
1000	Republic Services Inc. 18500 N Allied Way, Phoeniz, AZ 80854	11th Disability Awareness Day
	65 65	65 Mochaa INC. 327 Pineview Dr. Santa Clara, CA 95050 65 Juvo, 577 S. 16th Street, San Jose, CA 65112

NOTHING TO REPORT

Signature

Date 10/15/18 City of San José Form DFR-1 (Nov/2010)

Disclosure o	of Fundraisin	ng Report Form	•		Page	e 1
NAME OF ELECTED Charles OFFICE HELD		Jr. PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18	Date of $10/15/18$ This Filing $10/15/18$ Page 5 of 5	Date Stamp	CITY OF SAN JOSE FORM For Official	DFR1 Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PI CONTRIBL		RAISING
9/25/18	250	Learning Center for Independence, 20 Milpitas, CA 95035	03 Wellington Dr,	11th Disability Awareness Day		
9/26/18	65	Parents Helping Parents, 1400 Parkm Jose, CA 95126	oor Ave, Suite 100, San	11th Disability Awareness Day		
9/27/18	250	Specialized Daycare Services, INC. 7 Suite 208, Citrus Heights, CA 95610	777 Greenback lane,	11th Disability Awareness Day		
09/27/18	65	Vista Center for the Blind and Visually Camino Real, Ste 100, Palo Alto CA 9		11th Disability Awareness Day		

Signature

Date 10 15 18 City of San José Form DFR-1 (Nov/2010)

NOTHING TO REPORT

IN		
	(San Jose Municipal Code Cha	apter 12.19) RECEIVED San Jose City Clerk
NAME (LAST) (FIRST) Jones, Jr. Charles	(MIDDLE) s E.	2019 JAN405409 153
REPORTING PERIOD Jan 1-March 31	April 1-June 30	July 1-Sept 30 V Oct 1-Dec 31
During the Reporting Period, how many h Income? (If your answer is none, please		s unrelated to your duties of office for which you earned
1. INCOME EARNED THIS REPORTIN	G PERIOD*	
LESS \$500 \$500 - \$1,00	00 \$1,001 - \$10,000 \$	510,001 - \$100,000 OVER \$100,000
*If aggregate in Reporting Year is more the Section 5.	nan \$500, proceed to Section 2. If agg	regate in Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTIN	G YEAR	
\$500 - \$499* \$500 - \$1,00	0 🗌 \$1,001 - \$10,000 🖌 \$1	10,001 - \$100,000 OVER \$100,000
*If aggregate in Reporting Year is less that	an \$500, proceed to Section 5.	
If aggregate in Reporting Year is more the		390 1
3. BUSINESS ENTITY/TRUST/GOVERN NAME OF BUSINESS ENTITY/TRUST/G Jones Enterprises		I OF SERVICES
ADDRESS 1005 Whiteoak Drive, San Jose, CA 9512	29	
TYPE OF BUSINESS ENTITY/TRUST/G	OVERNMENTAL AGENCY:	
Proprietorship Partner	rship LLC	Corporation
Trust Govern	nmental Agency Nonprofit Or	ganization Other
GENERAL DESCRIPTION OF BUSINES Consulting Services and Real Estate	S ENTITY/TRUST/GOVERNMENTAL	AGENCY ACTIVITY:
Co- Owner POSITION:	2	
GENERAL DESCRIPTION OF SERVICE	Kelli Jones- Consulta	ant - Internal Communication Services and Support
4. LIST EACH REPORTABLE SINGLE S AGGREGATE IN REPORTING YEAR		NORE FOR THIS REPORTING PERIOD AND IF THE e sheet if necessary)
а 		
5. VERIFICATION		
	ttached schedules is true and complete	d this statement and to the best of my knowledge the e. I certify under penalty of perjury under the laws of SUBMITE RESET
Signature (File the originally signed state	ment with the City Clerk.)	Date Signed 1519 (month, day, year)

Disclosure	of Fundraisin	g Report Form	ints may be rounded to whole dolla	RECEIVED	Page 1
NAME OF ELECTED		A Kobolt I olli	JOSO CITyDateStamp		
OFFICE HELD	E. Jon	Nes Jr. "Chappie" PERIOD COVERED BY THIS REPORT ct 1 10/1/18 TO 12/31/19	This Filing	07C EQ JAN 15 AM 11:53	CITY OF SAN JOSE FORM DFR1 For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING IBUTION
10/3/18	\$250	Summit therapeutic 6840 Via Del Oro Suid San Jos, CA 95119	c Services Inc. 2205	Disability Awa 11th Annual	menss Day
10/4/18	\$250	Sikka Dental Con 150 N. Jackson St Son Jose CA 9511	f. Sute 203	11th Annual Awareness Da	Disability
10/4/18	\$65	New Hope Band 384 Surpork Place, Sur		11th Annual . Day	Disability Awarns
10/7/18	\$65	Angels on Stage 8853rd St. #22	6, Son Jose, CA 97113	11th Annual Day	Disability Awarnes
	,				а.
					2

Signature:

NOTHING TO REPORT

DATE: 1/15/19

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

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)	
DAME(LAST)(FIRST)(MIDDLE)DAYTIME TELEPHONE NUMBERJones Jr., Charles "Chappie" E.408,406,2501	37
REPORTING PERIOD Jan 1-March 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 Jones Enterprises	
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95129	
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:	
Proprietorship Partnership LLC Corporation	
Trust Governmental Agency Nonprofit Organization Consulting and Real Estate Other	
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting and Real Estate	_
Co Owner 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) 	
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 berein 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	

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/26/19	25	Kiehl's, 2855 Stevens Creek Blvd A045, Santa Clara, CA 95050	14th Annual Senior Walk Raffle
4/26/19	35	AmeriCorps Rebuilding Together, 1701 S 7th St #10, San Jose, CA 95112	14th Annual Senior Walk Raffle
4/26/19	35	Camp Laughter, Yoga, Fun - info@laughteryogafun.com (privately owned, traveling business)	14th Annual Senior Walk Raffle

			4	Type or print in ink. Amounts may be rounded to whole dolla	ars. Second and	
Disclosure	of Fundraisir	ng Re				Page 1
NAME OF ELECTE				Date of	Date Stamp	
Charles "Cha	ppie" Jones			This Filing	JUL 15 FR 2:37	JOSE FORM DFR1
OFFICE HELD PERIOD COVERED BY THIS			PERIOD COVERED BY THIS REPORT			For Official Use Only
Vice Mayor/C	ouncilmember	D1	4.1.19 _{то} 6.30.19	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AN	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
4/26/19	50	Anthen 95121	n Blue Cross/ CareMore, 225 N.	. White Road #200, San Jose CA	14th Annual Senior Walk Raffle	
4/26/19	25	Conne	ect Hearing, 840 Willow Street #	300, San Jose, CA 95125	14th Annual Senior Walk Raffle	
4/26/19	50	Family CA 95		Bascom Ave. Ste 116, Campbell,	14th Annual Senior Walk Raffle	
4/26/19	100	Timpa	ny Center, 730 Empey Way, Sar	n Jose Ca 95128	14th Annual Senior Walk Raffle	
4/26/19	20	2020 (Census, 2 N 1st St #500, San Jo	ose, CA 95113	14th Annual Senior Walk Raffle	
4/26/19	25	Clear	Captions, (669) 207-6917, omie.	.shong@clearcaptions.com	14th Annual Senior Walk Raffle	
			nature:	RESET	DATE:	8
					City of	San José Form DFR-1 (Nov/2010)

. .

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

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)	
DAME(LAST)(FIRST)(MIDDLE)DAYTIME TELEPHONE NUMBERJones Jr., Charles "Chappie" E.408,406,2501	37
REPORTING PERIOD Jan 1-March 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 Jones Enterprises	
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95129	
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:	
Proprietorship Partnership LLC Corporation	
Trust Governmental Agency Nonprofit Organization Consulting and Real Estate Other	
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting and Real Estate	_
Co Owner 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) 	
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 berein 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	

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/26/19	25	Kiehl's, 2855 Stevens Creek Blvd A045, Santa Clara, CA 95050	14th Annual Senior Walk Raffle
4/26/19	35	AmeriCorps Rebuilding Together, 1701 S 7th St #10, San Jose, CA 95112	14th Annual Senior Walk Raffle
4/26/19	35	Camp Laughter, Yoga, Fun - info@laughteryogafun.com (privately owned, traveling business)	14th Annual Senior Walk Raffle
			· · · · · · · · · · · · · · · · · · ·

			4	Type or print in ink. Amounts may be rounded to whole dolla	ars. Second and	
Disclosure	of Fundraisir	ng Re				Page 1
NAME OF ELECTE				Date of	Date Stamp	
Charles "Cha	ppie" Jones			This Filing	JUL 15 FR 2:37	JOSE FORM DFR1
OFFICE HELD PERIOD COVERED BY THIS			PERIOD COVERED BY THIS REPORT			For Official Use Only
Vice Mayor/C	ouncilmember	D1	4.1.19 _{то} 6.30.19	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AN	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
4/26/19	50	Anthen 95121	n Blue Cross/ CareMore, 225 N.	. White Road #200, San Jose CA	14th Annual Senior Walk Raffle	
4/26/19	25	Conne	ect Hearing, 840 Willow Street #	300, San Jose, CA 95125	14th Annual Senior Walk Raffle	
4/26/19	50	Family CA 95		Bascom Ave. Ste 116, Campbell,	14th Annual Senior Walk Raffle	
4/26/19	100	Timpa	ny Center, 730 Empey Way, Sar	n Jose Ca 95128	14th Annual Senior Walk Raffle	
4/26/19	20	2020 (Census, 2 N 1st St #500, San Jo	ose, CA 95113	14th Annual Senior Walk Raffle	
4/26/19	25	Clear	Captions, (669) 207-6917, omie.	.shong@clearcaptions.com	14th Annual Senior Walk Raffle	
			nature:	RESET	DATE:	8
					City of	San José Form DFR-1 (Nov/2010)

. .

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

			e station of the transmission of transmission of transmission of the transmission of trans
NAME (LAST) (FIR Jones Jr. Charles E.	ST) (MIDDLE)	2919 OCT 1	DAYTIME TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31	April 1-June 30	July 1-Se	
During the Reporting Period, how m Income? (If your answer is none, ple		services unrelated to your du n/a	ties of office for which you earned
1. INCOME EARNED THIS REPOR			
LESS \$500 \$500 -		\$10,001 - \$100,000	OVER \$100,000
-*If aggregate in Reporting-Year is m Section 5.	ore than \$500, proceed to Section 2	. If aggregate in Reporting Y	'ear is less than \$500, proceed to
2. INCOME EARNED THIS REPO	RTING YEAR		
\$0 - \$499* \$500 - \$	1,000 \$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Year is lea	ss than \$500, proceed to Section 5.		
If aggregate in Reporting Year is mo	re than \$500, proceed to Section 3.		
3. BUSINESS ENTITY/TRUST/GOV	ERNMENTAL AGENCY & DESCR	RIPTION OF SERVICES	
NAME OF BUSINESS ENTITY/TRU Jones Enterprises	ST/GOVERNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive, San Jose, CA	95129		۵۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
TYPE OF BUSINESS ENTITY/TRUS	T/GOVERNMENTAL AGENCY:	Au	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
Proprietorship Pa	artnership		Corporation
Trust G	overnmental Agency	profit Organization	
			Other
GENERAL DESCRIPTION OF BUS Consulting and Real=Estate	NESS ENTITY/TRUST/GOVERNM	ENTAL AGENCY ACTIVITY	
Co-Owner POSITION:	<u> </u>		
GENERAL DESCRIPTION OF SERV	/ICES RENDERED:		
4. LIST EACH REPORTABLE SING AGGREGATE IN REPORTING Y	LE SOURCE OF INCOME OF \$5,00 EAR IS \$5,000 OR MORE (attach a		
kayamungkin tim atalah dalam yang bina sana s			
5. VERIFICATION			
I have used all reasonable diligence information contained herein and in a	any attached schedules is true and c		
the State of California that the form	going is true and correct.	RINE	RESET
Signature	atotomont with the Other Olevity)	Date Signed	0/4/19
(rile the originally signed	statement with the City Clerk.)		/ (帅onth, day, year)

Diselection	of Franksins	D	-	Am	Type or pri ounts may be rou	nded to whole dolla		P.	
NAME OF ELECTER		ig Repor			Date of		Date Stamp	CITY OF SAN	ge 1 IDER1
Charles "Cha	opie" Jones	PE	RIOD COVER	ED BY THIS	This Filing	10/15/19	OCT 10 PM 1:46	JOSE FORM	
City Council			PORT /1/19	то <mark>9/30/19</mark>	Page 1	_ of <u>3</u>			· · · · · · · · · · · · · · · · · · ·
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME	E, ADDRESS,	EMPLOYER AND	DCCUPATION O	F CONTRIBUTOR	DESCRIPTION OF EVEN CO	T OR PURPOSE OF FUN NTRIBUTION	DRAISING
9/12/19	\$ 250.00		ning Solution Road, Suite 93933				12th Annual Disability Awar	eness Day	
9/12/19	\$65.00	1922 The A	es Alternativ Alameda, Su CA 95126-14	ite 400			12th Annual Disability Awa	reness Day	
9/12/19	\$65.00		aks Blvd., S	Opportunities uite 100			12th Annual Disability Awa	reness Day	
9/12/19	\$65.00	2851 Park A	litation Servio Avenue a, CA 95050-				12th Annual Disability Awar	eness Day	
9/12/19	\$65.00		portunities tte Street, Su a, CA 95050	uite 700			12th Annual Disability Awar	eness Day	
9/12/19	\$65.00		aza, Suite 11	communications F 01	Program		12th Annual Disability Awar	eness Day	
NOTHING TO		Signatu	re:		SET.			ATE: $lo/q/lo$ by of San José Form DFI	6

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION	
9/12/19	\$65.00	Options for All, Inc. 5050 Murphy Canyon Road, Suite 220 San Diego, CA 92123	12th Annual Disability Awareness Day	
9/12/19	\$65.00	Abilities United 525 E. Charleston Rd. Palo Alto, CA 94306-4247	12th Annual Disability Awareness Day	
9/12/19	\$65.00	Camping Unlimited for the Developmentally Disabled 102 Brook Lane Boulder Creek, CA 95006	12th Annual Disability Awareness Day	
9/17/19	0/17/19 \$500.00 YMCA of Silicon Valley 1922 The Alameda, 3rd Floor San Jose, CA 95112		12th Annual Disability Awareness Day	
9/17/19	\$250.00	Aim Higher, Inc. 5746 Lonetree Blvd. Rocklin, CA 95765	12th Annual Disability Awareness Day	
9/17/19	\$65.00	Santa Clara Family Health Plan 6201 San Ignacio Avenue San Jose, CA 95119	12th Annual Disability Awareness Day	
9/17/19	\$65.00	YMCA of Silicon Valley 80 Saratoga Avenue Santa Clara, CA 95051	12th Annual Disability Awareness Day	

NOTHING TO REPORT

	of Fundraisir	ng Rep	oort Form	·····	0 c.	s. RECENTE: Plash City Classics Date Stamp		ge 1
Charles "Cha	ppie" Jones		:	Date of This Filing	10/15/19 ₂₀₁₉		CITY OF SAN JOSE FORM	DFR
OFFICE HELD City Council			PERIOD COVERED BY THIS REPORT 7/1/19 TO 9/30/19	Page <u>3</u>		DET 10 PM 1:46	For Officia	al Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULLN	AME, ADDRESS, EMPLOYER AND	OCCUPATION OF	CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI		IDRAISING
9/17/19	\$ 65.00	2300 Pe	of Children with Special Needs eralta Blvd t, CA 94536-3968			12th Annual Disability Awarenes	s Day	
9/17/19	\$65.00	2500 E	enter for the Blind & Visually Imp I Camino Real, Suite 100 to, CA 94306-1723	aired		12th Annual Disability Awarenes	ss Day	
9/12/19	\$65.00	1150 S	anta Clara County Bascom Ave., Suite 24 se, CA 95128			12th Annual Disability Awarenes	ss Day	
PRIN				SET	<u></u>	L		
		0:	ature:	\int			10/9/10	

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

NAME (LAST)	(FIRST) Chappe	(MIDDLE)		DAYTIME TELEPHO 408-635	ONE NUMBER
atober - De	amber 31st	- d rondoving and is			
Income? (If your answer is n	, how many hours did you spenore, please proceed to Section		is unrelated to your di	ities of office for which y	/ou earned
1. INCOME EARNED THIS	REPORTING PERIOD*				
LESS \$500	\$500 - \$1,000 🗌 \$1,001	- \$10,000 🗹	\$10,001 - \$100,000	OVER \$100,000)
Section 5.	ear is more than \$500, procee	d to Section 2. If ag	gregate in Reporting `	Year is less than \$500, p	proceed to
2. INCOME EARNED THIS	REPORTING YEAR	<u></u>			
\$0 - \$499*	\$500 - \$1,000 🔲 \$1,001 -	\$10,000	510,001 - \$100,000	OVER \$100,000	
	ear is less than \$500, proceed ar is more than \$500, proceed				
	IST/GOVERNMENTAL-AGEN		NOESERVICES		
	TY/TRUST/GOVERNMENTAL				
JONES ENTER	rprises			n a a a a a a a a a a a a a a a a a a a	
1005 White	<u>IGK DAIVE SAK</u>	<u>n TOSE OF</u> AGENCY:	7 95129		orc UL
Proprietorship	Partnership				
Trust	Governmental Agency	Nonprofit C	organization	Other	
GENERAL DESCRIPTION C	OF BUSINESS ENTITY/TRUS	T/GOVERNMENTAI	AGENCY ACTIVITY		•• 00
CONSULTING (ate			
POSITION: $(0 - 0)$	JUNIX				
GENERAL DESCRIPTION C		Internal	COMMUNICAT	ions and sup	port by
4. LIST EACH REPORTABL AGGREGATE IN REPOR	E SINGLE SOURCE OF INCO TING YEAR IS \$5,000 OR MC	OME OF \$5,000 OR ORE (attach a separ	MORE FOR THIS RE ate sheet if necessary	PORTING PERIOD AN	D IF THE
				•	
5. VERIFICATION					
information contained herein	iligence in preparing this state and in any attached schedule the foregoing is true and co	s is true and comple			
Signature (File the originally	signed statement with the Cit	ý Clerk.)	Date Signed	/ 17 / 20 · (month, day, yea	r)
				·	

Disclosure of Fundraising Rep NAME OF ELECTED OFFICIAL Charles Jones		Date of 1/17 This Filing		17/20	San Jose City Clark Date Stamp 2020 JAN 17 AM 11: 10	Page 1	
City Cou	uncil		PERIOD COVERED BY THIS REPORT Oct 1	Page <u>1</u>	of <u>2</u>	ore ch	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND	OCCUPATION OF CC	NTRIBUTOR	DESCRIPTION OF EVENT OR PURI CONTRIBUTIO	
10/1/19	\$65.00		anta Clara arburton Avenue, Santa Clara, CA	A 95050		Disability Awareness Day	
10/1/19	\$65.00	3331 No	lara Valley Transportation Author orth First Street e, CA 95134	ity	We of a	Disability Awareness Day	
10/1/19	\$250.00	7777 Gi	zed Daycare Services, Inc. eenback Lane, Suite 208 eights, CA 95610			Disability Awareness Day	
10/1/19	\$65.00	1401 Pa	lege of Adaptive Arts rkmoor Ave, Suite 260 e, CA 95126	**********		Disability Awareness Day	
10/1/19	\$65.00	6	ability rth 7th Street e, CA 95112			Disability Awareness Day	
10/1/19	\$500.00	CEFCU P.O. Bo	x 1715, Peoria, IL 61656	·		Disability Awareness Day	

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.

iiic	ue.		
	NOTHING TO REPORT	ature:	DATE: 1/17/20
			City of San José Form DFR-1 (Jan 2020)

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
d/1/19	\$65.00	New Hope Band 384 Sunpark Place San Jose, CA 95136	Disability Awareness Day
2/1/19	\$250.00	Kristine S. Bautista 720 N. 17th Street San Jose, CA 95112	Disability Awareness Day
0/1/19	\$65.00	Housing Choices Coalition 6203 San Ignacio Ave. Suite 108 San Jose, CA 95119	Disability Awareness Day

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