

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

EP OTC

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 2018-535-4910 AM 9:46

REPORTING PERIOD
July 1, 2016 to September 30, 2016

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.) 30 Hours

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

Benefit Experts (Formerly Khamis and Barbir Insurance Agency, Inc.)

ADDRESS

675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

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

Insurance Services

POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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

10/11/16
(month, day, year)

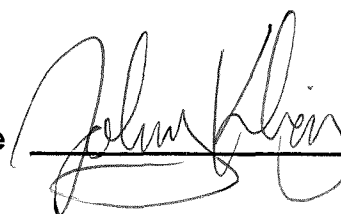
Type or print in ink.
Amounts may be rounded to whole dollars.

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 10/12/2016	RECEIVED San Jose City Clerk Date Stamp 2016 OCT 13 AM 9:46 GR OLL	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 07-01-16 TO 09-30-16	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
06/29/2016 Rec'd 08/02/2016	\$924.00	Elaine De La Torre, Co-Manager, Walmart 5095 Almaden Expressway, San Jose, CA 95118	National Night Out

NOTHING TO REPORT

Signature 

Date 10/12/16

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

SP OFF
RECEIVED:
San Jose City Clerk

NAME	(LAST) Khamis	(FIRST) Johnny	(MIDDLE) Constantin	DAYTIME TELEPHONE NUMBER 408-535-4910
------	------------------	-------------------	------------------------	--

REPORTING PERIOD
October 1, 2016 to December 31, 2016

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.) 30 Hours

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
Benefit Experts (Formerly Khamis and Barbir Insurance Agency, Inc.)

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other _____

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

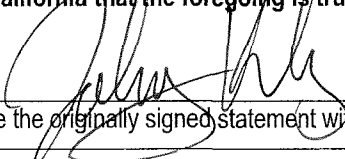
POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 1/13/17
(month, day, year)

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

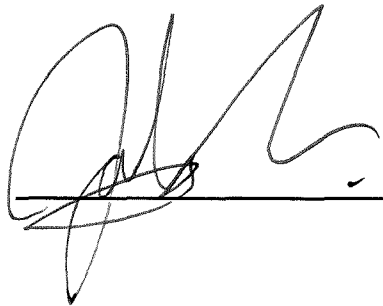
RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 01/13/17	Date Stamp 2017 JAN 13 PM 8:05 OTC	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 10/01/16 TO 12/31/16	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
10/03/16 Rcv'd 10/20/16	\$200	Elaine De La Torre, Co-Manager, Walmart 5095 Almaden Expressway, San Jose, CA 95118	Kostumes for Kids

NOTHING TO REPORT

Signature 

Date 01/13/17

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

RECEIVED
San Jose City Clerk

2017 APR 14 PM 3:33 JHOTC

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4910

REPORTING PERIOD
January 1, 2017 to March 31, 2017

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.) 30 Hours

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
Benefit Experts (Formerly Khamis and Barbir Insurance Agency, Inc.)

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)

5. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature [Signature]
(File the originally signed statement with the City Clerk.)

Date Signed 4/14/17
(month, day, year)

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

Handwritten: REC'D DTC
RECEIVED
San Jose City Clerk

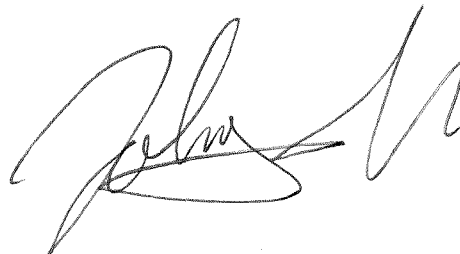
Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 04/13/17	Date Stamp 2017 APR 14 AM 10:48	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 01/01/17 TO 03/31/17	Page 1 of 4		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
01/04/17	\$450	Marry Ann Smith, Wellness Director, AVAC 5400 Camden Ave., San Jose, CA 95124	Senior Winter Walk and Resource Fair
01/04/17	\$250	Anthony Rossi, General Mgr., Westfield 925 Blossom Hill Rd., San Jose, CA 95123	Senior Winter Walk and Resource Fair
01/04/17	\$250	Gina Vance, V.P. Store Manager, Macy's 925 Blossom Hill Rd., San Jose, CA 95123	Senior Winter Walk and Resource Fair
01/04/17	\$100	Adrian Collins, Marketing Coordinator, AZ Dental 5230 Cottle Rd., San Jose, CA 95123	Senior Winter Walk and Resource Fair
01/04/17	\$100	Kathleen Sawhill, V.P., South Valley Phys Therapy 841 Blossom Hill Rd., #103, San Jose, CA 95123	Senior Winter Walk and Resource Fair
01/04/17	\$75	Laura Nenada, Community Relations, CareMore 255 N. White Rd., San Jose, CA 95127	Senior Winter Walk and Resource Fair

NOTHING TO REPORT

Signature



Date

Handwritten: 4/14/17

Disclosure of Fundraising Report Form

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

RECEIVED
San Jose City Clerk
SKW OTC

2017 APR 14 AM 10:19

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
01/04/17	\$75	Heather Durham, Comm. Outreach, Alameda Family Funeral 12341 Saratoga-sunnyvale Rd., Saratoga, CA	Senior Winter Walk and Resource Fair
01/04/17	\$50	Jana Gonzalez, Benefits Specialist, Star One Credit Union P.O. Box 3643, Sunnyvale, CA 94088	Senior Winter Walk and Resource Fair
01/04/17	\$35	Kristi Cole, Manager, American Cancer Society 747 Camden Ave., Suite B, Campbell, CA 95008	Senior Winter Walk and Resource Fair
01/04/17	\$20	Tim Dupic, CEO, Sarah Care of Campbell 450 Marathon Dr., Campbell, CA 95008	Senior Winter Walk and Resource Fair
01/04/17	\$30	Jennifer Schachner, Prg. Mgr., Falls Prev. Santa Clara Co. 550 E Remmington Dr., Sunnyvale, CA 94086	Senior Winter Walk and Resource Fair
01/04/17	\$25	Denise Hankes, Independent Associate, LegalShield 1849 Bagpipe Way, San Jose, CA 95121	Senior Winter Walk and Resource Fair

NOTHING TO REPORT

Signature



Date

4/14/17

Disclosure of Fundraising Report Form

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

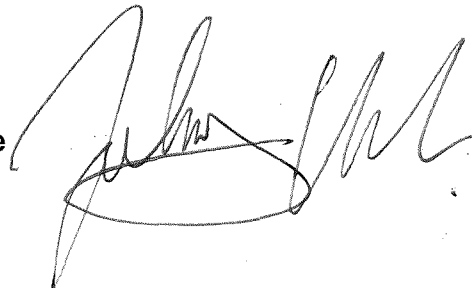
RECEIVED
San Jose City Clerk
Flw otc

2017 APR 14 AM 10:19
DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
01/04/17	\$20	KrisAnne Gustavson, Assist. Director, JustServe 20757 Scenic Vista Dr., San Jose, CA 95120	Senior Winter Walk and Resource Fair
01/04/17	\$20	Nancy Creveling, Volunteer, Master Gardeners 1553 Berger Dr., San Jose, CA 95112	Senior Winter Walk and Resource Fair
01/04/17	\$15	Grant Becalt, Big Sir, Sons In Retirement #125 1237 Carrie Lee Way, San Jose, CA	Senior Winter Walk and Resource Fair
01/04/17	\$12	Bob Grandy, Big Sir, Sons In Retirement #125 5917 Fishborne Ave., San Jose, CA	Senior Winter Walk and Resource Fair
02/24/17	\$100	Wilma Salvador, Manager, Daniel's Jewelry 925 Blossom Hill Rd., San Jose, CA 95123	Senior Winter Walk and Resource Fair
11/22/16	\$500	Heather Durham, Comm. Outreach, Alameda Family Funeral 12341 Saratoga-Sunnyvale Rd., Saratoga, CA	Senior Winter Walk and Resource Fair - Sponsorship

NOTHING TO REPORT

Signature



Date

4/14/17

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

Disclosure of Fundraising Report Form

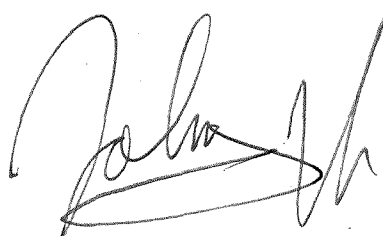
RECEIVED
San Jose City Clerk
Jew OTC

2017 APR 14 AM 10:48

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
11/22/16	\$500	Jana Gonzalez, Benefits Specialist, Star One Credit Union P.O. Box 3643, Sunnyvale, CA 94088	Senior Winter Walk and Resource Fair - Sponsorship
10/20/16	\$500	Hanh Nguyen, Sr. Public Affairs Rep., Kaiser Permanente 19000 Homestead Rd., Cupertino, CA 95014	Senior Winter Walk and Resource Fair - Sponsorship
03/16/17	\$500	Don Rocha, Councilmember, City of San Jose 200 E Santa Clara St., 18th Floor, San Jose, CA 95113	July 4th Family Fun Festival and Fireworks Show
03/20/17	\$500	Tam Nguyen, Councilmember, City of San Jose 200 E Santa Clara St., 18th Floor, San Jose, CA 95113	July 4th Family Fun Festival and Fireworks Show
03/04/17	\$1,000	Mia Burnham, Real Estate Agent, Intero Real Estate 1567 Meridian Ave., San Jose, CA 95125	July 4th Family Fun Festival and Fireworks Show
02/10/17	\$1,000	Jim Salata, Owner, Garden City Construction 618 S 1st Street, San Jose, CA 95113	July 4th Family Fun Festival and Fireworks Show

NOTHING TO REPORT

Signature



Date

4/14/17

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 07/12/17 Date Stamp <i>JRW otc</i> 2017 JUL 12 PM 12:55	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember - District 10	PERIOD COVERED BY THIS REPORT 04/01/17 TO 06/30/17	Page <u>1</u> of <u>3</u>	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
04/05/17	\$5,000	Sal Caruso, Owner, Caruso Designs 980 El Camino Real, Santa Clara, CA 95050	July 4th Festival & Fireworks
04/12/17	\$500	Sergio Jimenez, Councilmember (D2), City of San Jose 200 E Santa Clara St., 18th Floor, San Jose, CA 95113	July 4th Festival & Fireworks
05/01/17	\$2,500	Eddie O'Toule, Owner, International Gourmet Foods 2052 Curtner Ave., San Jose, CA 95124	July 4th Festival & Fireworks
05/01/17	\$500	Vince Rocha, Exec. Dir., Santa Clara County Realtors 1651 N First Street, San Jose, CA 95112	July 4th Festival & Fireworks
05/01/17	\$500	Colin Gray, Vice President, JSM Enterprises 3190 Bascom Ave., Ste. 220, San Jose, CA 95124	July 4th Festival & Fireworks
05/01/17	\$1,000	Donna Castillo, Realtor, Intero Realty 1567 Meridian Ave., San Jose, CA 95123	July 4th Festival & Fireworks

NOTHING TO REPORT

Signature *Johnny Khamis*

Date 7/12/17

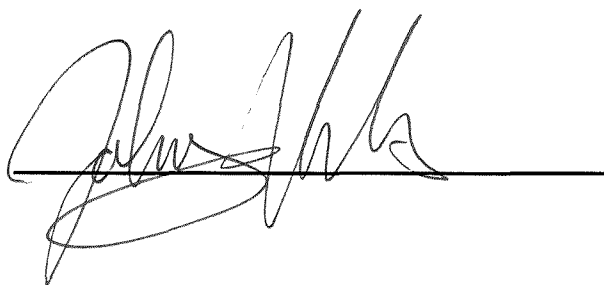
Type or print in ink.
Amounts may be rounded to whole dollars.

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
05/01/17	\$2,500	Santa Clara County Board of Supervisors 70 West Hedding St., San Jose, CA 95110	July 4th Festival & Fireworks
05/01/17	\$2,500	Anil Babbar, Exec. Dir., CA Apartment Association 1530 The Alameda, Suite 100, San Jose, CA 95126	July 4th Festival & Fireworks
05/01/17	\$2,500	Mark Tersini, Owner, KT Urban 21710 Stevens Creek Blvd., #200, Cupertino, CA 95014	July 4th Festival & Fireworks
05/01/17	\$1,000	Dan Bozzuto, Owner, Bozzuto Insurance Services 34 S 2nd Street, Campbell, CA 95008	July 4th Festival & Fireworks
05/01/17	\$2,500	Najat Badriyeh, Owner, Naprotek 90 Rose Orchard Way, San Jose, CA 95134	July 4th Festival & Fireworks
05/01/17	\$2,500	Himanshu Brahmhatt, Millcreek Residential 2255 Glades Road, Ste. 423-A, Boca Raton, FL 33431	July 4th Festival & Fireworks

NOTHING TO REPORT

Signature



Date

7/12/17.

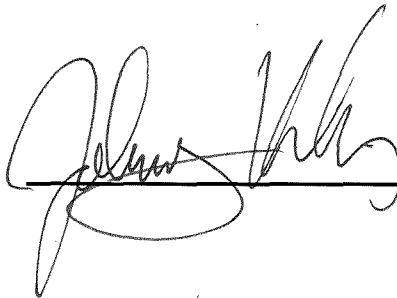
Type or print in ink.
Amounts may be rounded to whole dollars.

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
05/01/17	\$5,000	Skip Lightfoot, Owner, Skip's Tires 970 Blossom Hill Rd., San Jose, CA 95123	July 4th Festival & Fireworks
05/01/17	\$5,000	Salvatore Caruso, Owner, Salvatore Caruso Design 980 El Camino Real, #200, Santa Clara, CA 95050	July 4th Festival & Fireworks
01/26/17	\$250	Tim Burr, Sr., Public Policy Manager, Lyft 185 Berry St., Suite 5000, San Francisco, CA 94107	Senior Winter Walk & Resource Fair
10/20/16	\$500	Hanh Nguyen, Govt. Rel. Mgr., Kaiser Permanente 19000 Homestead Rd., Cupertino, CA 95014	Senior Winter Walk & Resource Fair

NOTHING TO REPORT

Signature



Date

7/12/17

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

2017 OVERTIME TELEPHONE NUMBER
 408-535-4910

NAME (LAST) (FIRST) (MIDDLE)
 Khamis Johnny Constantin

REPORTING PERIOD
 July 1, 2017 to September 30, 2017

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.) 30 Hours

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
 Benefit Experts

ADDRESS
 675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
 Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
 Insurance Services

POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 [Handwritten Signature]
 (File the originally signed statement with the City Clerk.)

Date Signed 10/16/17
 (month, day, year)

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

RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 10/16/17 <i>OK</i>	Date Stamp 2017 OCT 16 PM 2:40	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 07/01/17 TO 09/30/17	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
06/02/17	\$4,373	Helen Wang, President, SV Chinese Tech & Business Assoc. 3777 Stevens Creek Blvd., #230, Santa Clara, CA 95051	SVCTBA Smart Citites Conference
07/10/17	Two bicycles valued at \$225 total	Marie Canaya, Co-Manager, Walmart Store #5884 5095 Almaden Expy., San Jose, CA 95118	National Night Out - Hoffman Via Montey 8/1/17

NOTHING TO REPORT

Signature



Date 10/16/17

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

RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing <u>10/16/17</u>	Date Stamp <i>[Signature]</i> 2017 OCT 16 PM 5:04	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 07/01/17 TO 09/30/17	Page <u>1</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
06/02/17	\$4,373	Helen Wang, President, SV Chinese Tech & Bus As. 3777 Stevens Creek Bld #230, Santa Clara, CA 95051	SVCTBA Smart Cities Conference
07/10/17	Two bicycles	Marie Canaya, Co-Mgr., Walmart Store #5884 5095 Almaden Expy San Jose, CA 95118	National Night Out - Hoffman Via Monte 8/1/17
07/16/17	\$250	Marilyn Rodgers, Retired, Resident 4848 Birmingham Drive, San Jose, CA 95136	July 4 Family Fun Festival & Fireworks
07/16/17	\$100	Eldon Cherniss, Tech Engineer, Resident 1044 Shandwick Way, San Jose, CA 95123	July 4 Family Fun Festival & Fireworks



NOTHING TO REPORT

Signature: _____

[Handwritten Signature: Johnny Khamis]



DATE: 10/16/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
OTC
2018 JAN 15 10:10
DAYTIME TELEPHONE NUMBER
408-535-4910

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4910

REPORTING PERIOD
October 1, 2017 to December 31, 2017

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.) 30 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other _____

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 [Handwritten Signature]
(File the originally signed statement with the City Clerk.)

Date Signed 1/12/18
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
Date Stamp
2018 JAN 12 PM 3:10

CITY OF SAN JOSE FORM **DFR1**
For Official Use Only

NAME OF ELECTED OFFICIAL
Johnny Khamis

OFFICE HELD
Councilmember, District 10

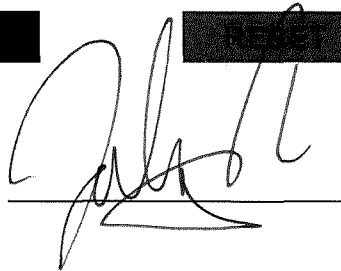
PERIOD COVERED BY THIS REPORT
10/01/17 TO 12/31/17

Date of This Filing **01/12/18**

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
06/21/17	\$1,000	Anthony Lin, Public Affairs Manager, PG&E 308 Stockton Ave., San Jose, CA 95126	4th Annual Family Fun Festival & Fireworks Show
12/21/17	\$2,400	William Bellou, Publisher/CEO, Times Media, Inc. 1900 Camden Ave., San Jose, CA 95124	Senior Winter Walk & Resource Fair
12/21/17	\$500	Colin Gray, Sr. Vice-President, JSM Enterprises 190 S. Bascom Av., Suite 220, San Jose, CA 95124	Senior Winter Walk & Resource Fair
11/01/17	\$500	Janna Gonzalez, Benefits Sp., Star One Credit Union PO Box 3643, Sunnyvale, CA 94088	Senior Winter Walk & Resource Fair

NOTHING TO REPORT

Signature: 

DATE: 01/12/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
OTC *MC*

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4910

REPORTING PERIOD
January 1, 2018 to March 31, 2018

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.) 30 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other _____

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)

5. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature *[Signature]*
(File the originally signed statement with the City Clerk.)

Date Signed 4-17-18
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

Page 1/4

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 4-17-18	Date Stamp 2018 APR 17 PM 3:44	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember District 10	PERIOD COVERED BY THIS REPORT 01/01/18 TO 03/31/18	Page 1 of 4		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
12-21-17	99	Steve Cartes, Gen. Mgr. Samuel Jewelers 925 Blossom Hill Rd., San Jose, CA 95123	Senior Winter Walk
12-21-17	160	Jaye Phillips, Sr. Info & Outreach, City of San Jose 200 E Santa Clara St., San Jose, CA 95113	Senior Winter Walk
10-30-17	100	Cherrie Chen, Mktg. Head, Westfield Oakridge 925 Blossom Hill Rd., San Jose, CA 95123	Senior Winter Walk
12-21-17	100	Adrian Collins, Mktg. Exec., AZ Dental 5730 Cottle Rd., #240, San Jose, CA 95123	Senior Winter Walk
10-30-17	500	Janna Gonzalez, Ben. Retiree Svc., Star One Credit PO Box 3643, Sunnyvale, CA 94088	Senior Winter Walk
12-21-17	50	Janis Smith, Customer Svc., Just Service 612 Mindy Way, San Jose, CA 95123	Senior Winter Walk

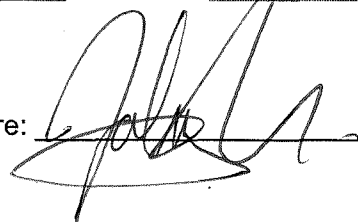
PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: _____



DATE: _____

4-17-18

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


Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 4-17-18	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember District 10	PERIOD COVERED BY THIS REPORT 01/01/18 TO 03/31/18	Page <u>2</u> of <u>4</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
12-21-17	20	Linda Dolente, Sales Rep., Caremore Health Plan 255 North White Road, San Jose, CA 95127	Senior Winter Walk
12-21-17	15	Kathleen Sawhill, VP Admin., So Valley Phy Therapy 841 Blossom Hill Rd., #103, San Jose, CA 95123	Senior Winter Walk
12-21-17	30	Anthony Gonzales, Activity Coord., City of San Jose 1661 Senter Road., San Jose, CA 95112	Senior Winter Walk
12-21-17	25	Elli Tehorian, Territory, Mgr., Clear Captions 3001 Lava Ridge Ct., Roseville, CA 95661	Senior Winter Walk
12-21-17	20	Bob Grandy, Big Sir, Sons in Retirement 5917 Fishbourne Ave., San Jose, CA 95123	Senior Winter Walk
12-21-17	30	Alysia Bastovan, Sr. Health Ed., Breathe California 1469 Park Ave., San Jose, CA 95126	Senior Winter Walk



NOTHING TO REPORT

Signature: 

DATE: _____

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 4-17-18	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember District 10	PERIOD COVERED BY THIS REPORT 01/01/18 TO 03/31/18	Page <u>3</u> of <u>4</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
12-21-17	20	Nancy Williamson, Attorney, Four Seasons Est. Plng. 777 N First St., #615, San Jose, CA 95112	Senior Winter Walk
12-21-17	50	Jennifer Schachre, Pgm. Op. Dir., Timpany Center 730 Empey Way, San Jose, CA 95128	Senior Winter Walk
12-21-17	20	Larry Ethran, Bus. Sr. Sup., Work2Future Foundation 1601 Foxworthy Ave., San Jose, CA 95118	Senior Winter Walk
10-30-17	500	Zoe Alameda, Manager, Alameda Family Funerals 12341 Saratoga Sunnyvale Rd., Saratoga, CA 95070	Senior Winter Walk
12-13-17	500	Colin Gray, Sr. VP, JSM Enterprises, Inc. 3190 S Bascom Ave., #220, San Jose, CA 95124	Senior Winter Walk
1-1-18	500	Laurie Withers, Comm. Grants, El Camino Hospital 815 Pollard Rd., Los Gatos, CA 95032	Senior Winter Walk



NOTHING TO REPORT

Signature:

DATE: _____

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 4-17-18	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember District 10	PERIOD COVERED BY THIS REPORT 01/01/18 TO 03/31/18	Page 4 of 4		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10-30-17	500	KP Financial Services Ops - Grant Application 75 N Fair Oaks Ave., 4th Floor, Pasadena, CA 91103	Senior Winter Walk
12-7-17	1,000	Erik Schoennauer, Owner, Schoennauer Co. 90 Hawthorne Way, San Jose, CA 95110	July 4th Family Fun Festival & Fireworks Show
1-14-18	1,000	Jim Salata, Owner, Garden City Construction 618 S First St., San Jose, CA 95113	July 4th Family Fun Festival & Fireworks Show
2-3-18	2,500	Anil Babbar, Exec. Dir., CA Apartment Assoc. 1530 The Alameda, San Jose, CA 95126	July 4th Family Fun Festival & Fireworks Show



NOTHING TO REPORT

Signature:

DATE: _____

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

FPOTC

DATE RECEIVED TELEPHONE NUMBER
2018 JUL 12 AM 10:07
408-535-4910

NAME (LAST) (FIRST) (MIDDLE)
Khamis Johnny Constantin

REPORTING PERIOD
April 1, 2018 to June 30, 2018

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.) 30 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 7/11/18
(month, day, year)

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

RECEIVED
San Jose City Clerk
JTC

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 07/13/18	Date Stamp 2018 JUL 13 PM 12:55 CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 04/01/18 TO 06/30/18	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
11/15/17	\$5,000	Bill Baron, Vice President, Brandenburg Foundation 23600 McKean Road San Jose, CA 95120	5th Annual Family Fun Festival & Firework Show Rcv'd 4/20/18
11/15/17	\$2,500	Himanshu Brahmhatt, Dev. Mgr., Millcreek Residential 618 S. 1st St. San Jose, CA 95113	5th Annual Family Fun Festival & Firework Show Rcv'd 4/24/18
11/15/17	\$500	Marissa Silver, Exec. Dir., San Jose Earthquakes 167 E. Taylor San Jose, CA 95112	5th Annual Family Fun Festival & Firework Show Rcv'd 6/20/18
11/15/17	\$5,000	Rob Lindo, Attorney, Casino M8trix 1887 Matrix Blvd. San Jose, CA 95110	5th Annual Family Fun Festival & Firework Show Rcv'd 5/30/18
11/15/17	\$2,500	Najat Badriyeh, Owner, Naprotek 90 Rose Orchard San Jose, CA 95134	5th Annual Family Fun Festival & Firework Show Rcv'd 4/20/18
11/15/17	\$500	Chris Neale, Owner, Core Companies 570 S. Market St. San Jose, CA 95113	5th Annual Family Fun Festival & Firework Show Rcv'd 4/20/18

NOTHING TO REPORT

Signature: _____

DATE: 7/13/18

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
11/15/17	\$5,000	Heather Lightfoot, Vice President, Skip ' s Tires 317 1st Street Los Altos, CA 94022 Rcv'd 6/15/18	5th Annual Family Fun Festival & Firework Sho
11/15/17	\$2,500	Cherrie Chen, V.P. Mrktg, Westfield Oakridge Mall 925 Blossom Hill Road San Jose, CA 95123 Rcv'd 5/25/18	5th Annual Family Fun Festival & Firework Sho
11/15/17	\$2,500	Jeanne Serpa, Vice President, Republic Services 1601 Dixon Landing Road Milpitas, CA 95035 Rcv'd 4/20/18	5th Annual Family Fun Festival & Firework Sho
03/17/18	\$5,000	Andrea Contreras, Accountant, Santa Clara County 70 West Hedding San Jose, CA 95110 Rcv'd 4/20/18 - Grant	5th Annual Family Fun Festival & Firework Sho
03/20/18	\$15,000	Kerry Adams Hapner, Dir, Off. Cultural Aff., City of SJ 200 East Santa Clara Street San Jose, CA 95113 Rcv'd 7/25/18 - Grant	5th Annual Family Fun Festival & Firework Sho
11/15/17	\$2,500	Lynne Baldevarona, Manager, Hunter Properties 10121 Miller Ave. Cupertino 95014 Rcv'd 5/18/18	5th Annual Family Fun Festival & Firework Sho
03/9/18	\$1,250	Bill Hubka, President, Almaden Senior Association 6445 Camden Ave. San Jose, CA 95120 Rcv'd 5/23/18 - Grant	5th Annual Family Fun Festival & Firework Sho

NOTHING TO REPORT

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

RECEIVED
San Jose City Clerk
OTC
2018 OCT 11 AM 8:57
DAY TIME TELEPHONE NUMBER
408-535-4910

NAME (LAST) (FIRST) (MIDDLE)
Khamis Johnny Constantin

REPORTING PERIOD
July 1, 2018 to September 30, 2018

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.) 30 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub-Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)

5. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature [Signature]
(File the originally signed statement with the City Clerk.)

Date Signed 10/10/18
(month, day, year)

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

Disclosure of Fundraising Report Form

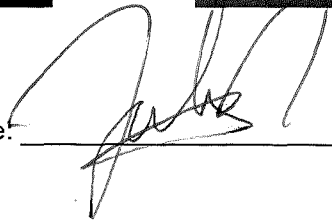
RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 10/10/18	Date Stamp 2018 OCT 11 AM 8:57	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18	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
2/16/18	\$2,500	Cherrie Chen, Marketing Assoc. Westfield Oakridge 925 Blossom Hill Road, Suite 2005 San Jose, CA 95123	July 4th Family Fun Festival & Fireworks Show Check received 9/5/18

[Redacted]

NOTHING TO REPORT

Signature: 

DATE: 10/10/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
OTC CT
2018 JAN -8 PM 12:47

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4940

REPORTING PERIOD
October 1, 2018 - December 31, 2018

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.) 30 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH #2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub-Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)

5. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature [Signature]
(File the originally signed statement with the City Clerk.)

Date Signed 1-8-19
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 01/03/19	RECEIVED San Jose City Clerk Date Stamp OFC CT 2019 JAN -8 PM 12:47	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember District 10	PERIOD COVERED BY THIS REPORT 10/01/18 TO 12/31/18	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
11/21/18	500.00	Janna Gonzalez, Benefits Retiree Services, Star One Credit Union PO Box 3643 Sunnyvale, CA 94088-3643	2019 Senior Winter Walk and Resource Fair

PRINT

SUBMIT

RESET

NOTHING TO REPORT

Signature: 

DATE: 1-7-19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4910

REPORTING PERIOD
April 1, 2019 to June 30, 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.) 20 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH#2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub-Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 7/9/19
(month, day, year)

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

1500000
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 7/9/2019	Date Stamp 2019 JUL 10 11:11:11	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 04/01/19 TO 06/30/19	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
12/18/18	\$500	Hanh Mo, Govt. Relations, Kaiser Permanente 75 N Fair Oaks Ave., 4th Floor, Pasadena, CA 91103	Senior Winter Walk and Resource Fair
12/03/18	\$1,000	Erik Schoennauer, Owner, Schoennauer Company 90 Hawthorne Way, San Jose, CA 95110	July 4th Family Fun Fest and Fireworks Show Registered Lobbyist
11/15/18	\$5,000	Bill Baron, Vice President, Brandenburg Foundation 23600 McKean Road San Jose, CA 95120	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$2,500	Cherrie Chen, VP Marketing, Westfield Oakridge Mall 925 Blossom Hill Road San Jose, CA 95123	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$2,500	Jeanne Serpa, Vice President, Republic Services 1601 Dixon Landing Road Milpitas, CA 95035	July 4th Family Fun Fest and Fireworks Show
3-17-19	\$3,000	Andrea Contreras, Accountant, County of Santa Clara 70 West Hedding St., San Jose, CA 95110	July 4th Family Fun Fest and Fireworks Show



NOTHING TO REPORT

Signature: _____

Johnny Khamis

DATE: _____

7/9/19

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
4-05-19	\$500	Lisa Sanchez, Treasurer, VEP Community Assoc. P.O. Box 18037 San Jose, CA 95158-811	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$1,000	John Tang, Govt. Relations, San Jose Water Co. 110 W. Taylor Street, San Jose, CA 95196	July 4th Family Fun Fest and Fireworks Show
6/3/19	\$500	Matt Mahan, Matt Mahan for District 10 City Council 6119 Mirasol Ct., San Jose, CA 95123	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$2,500	Mark Tersini, Sr. VP, KT Properties Urban, Inc. 21710 Stevens Creek Blvd., Suite 200 Cupertino, CA 95014	July 4th Family Fun Fest and Fireworks Show

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4910

REPORTING PERIOD
April 1, 2019 to June 30, 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.) 20 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH#2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub-Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 7/9/19
(month, day, year)

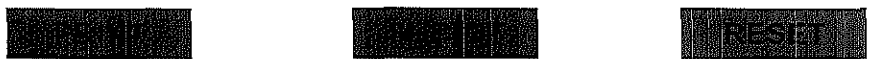
Type or print in ink.
Amounts may be rounded to whole dollars.

1500000
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 7/9/2019	Date Stamp 2019 JUL 10 11:11:11	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 04/01/19 TO 06/30/19	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
12/18/18	\$500	Hanh Mo, Govt. Relations, Kaiser Permanente 75 N Fair Oaks Ave., 4th Floor, Pasadena, CA 91103	Senior Winter Walk and Resource Fair
12/03/18	\$1,000	Erik Schoennauer, Owner, Schoennauer Company 90 Hawthorne Way, San Jose, CA 95110	July 4th Family Fun Fest and Fireworks Show Registered Lobbyist
11/15/18	\$5,000	Bill Baron, Vice President, Brandenburg Foundation 23600 McKean Road San Jose, CA 95120	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$2,500	Cherrie Chen, VP Marketing, Westfield Oakridge Mall 925 Blossom Hill Road San Jose, CA 95123	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$2,500	Jeanne Serpa, Vice President, Republic Services 1601 Dixon Landing Road Milpitas, CA 95035	July 4th Family Fun Fest and Fireworks Show
3-17-19	\$3,000	Andrea Contreras, Accountant, County of Santa Clara 70 West Hedding St., San Jose, CA 95110	July 4th Family Fun Fest and Fireworks Show



NOTHING TO REPORT

Signature: _____

Johnny Khamis

DATE: _____

7/9/19

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
4-05-19	\$500	Lisa Sanchez, Treasurer, VEP Community Assoc. P.O. Box 18037 San Jose, CA 95158-811	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$1,000	John Tang, Govt. Relations, San Jose Water Co. 110 W. Taylor Street, San Jose, CA 95196	July 4th Family Fun Fest and Fireworks Show
6/3/19	\$500	Matt Mahan, Matt Mahan for District 10 City Council 6119 Mirasol Ct., San Jose, CA 95123	July 4th Family Fun Fest and Fireworks Show
11/15/18	\$2,500	Mark Tersini, Sr. VP, KT Properties Urban, Inc. 21710 Stevens Creek Blvd., Suite 200 Cupertino, CA 95014	July 4th Family Fun Fest and Fireworks Show

NOTHING TO REPORT

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

RECEIVED
San Jose City Clerk
OCC 66

NAME (LAST)	(FIRST)	(MIDDLE)	DAY-TIME TELEPHONE NUMBER
Khamis	Johnny	Constantin	408-535-4910

REPORTING PERIOD
October 1, 2019 to December 31, 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.) 20 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH#2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub-Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 2/8/2020
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL
Johnny Khamis

Date of This Filing 01/09/20

Date Stamp

RECEIVED
San Jose City Cl...
2020 JAN 10 PM 4:58
etc lw

CITY OF SAN JOSE FORM **DFR1**
For Official Use Only

OFFICE HELD
Council District 10

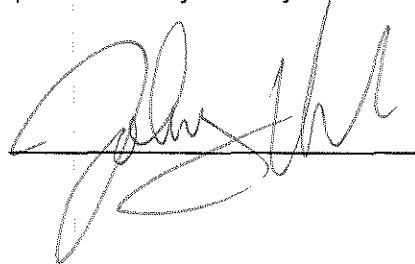
PERIOD COVERED BY THIS REPORT
10/01/19 TO 12/31/19

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
09/12/19	\$500.00	Michael Fox, CEO, Goodwill of Silicon Valley 1080 N 7th Street, San Jose, CA 95112	Costumes for Kids

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: 2/10/2020

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

Disclosure of Fundraising Report Form

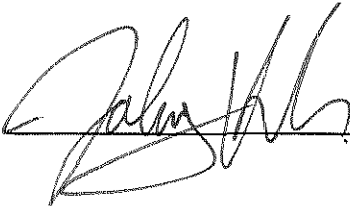
RECEIVED
San Jose City Clerk
Date Stamp
2019 OCT 16 AM 10:28

NAME OF ELECTED OFFICIAL Johnny Khamis		Date of This Filing 10/15/19	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 10	PERIOD COVERED BY THIS REPORT 7/1/19 TO 9/30/19	Page 1 of 3	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
06/15/19	\$50.00	Daniel Vigil, Resident 1156 Brandybuck Way, San Jose, CA 95121	July 4th Family Fun Festival & Fireworks Show
11/15/18	\$2,500	Naprotek, Mark Tersini, owner 21710 Stevens Creek Blv.# 200, Cupertino, CA 95014	July 4th Family Fun Festival & Fireworks Show
06/15/19	\$20.00	Jill and Brian Borders Family 5770 Winfield Blvd., San Jose, CA 95123	July 4th Family Fun Festival & Fireworks Show
4/14/19	\$1,000	Hanh Do, Govt. Relations, Kaiser Permanente 260 International Circle, San Jose, CA 95119	July 4th Family Fun Festival & Fireworks Show
4/14/19	\$2,500	Deke Hunter, Owner, Hunter Storm 10121 Miller Avenue, Cupertino, CA 95014	July 4th Family Fun Festival & Fireworks Show
12-01-18	\$15,000	Kerry Adams Hapner, Director, City of San Jose 200 East Santa Clara St, San Jose, CA 95113	July 4th Family Fun Festival & Fireworks Show

NOTHING TO REPORT

Signature: _____



DATE: _____

10/14/19

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
01-08-19	\$1,000	Bill Hubka, President, Almaden Senior Association 6445 Camden Avenue, San Jose, CA 95120	July 4th Family Fun Festival & Fireworks Show
6/15/19	\$100.00	Josie Supencheck, Resident, District 10 538 Hyde Park, San Jose, CA 95136	July 4th Family Fun Festival & Fireworks Show
06/15/19	\$100.00	Betty Steinhoff, Resident, District 10 6531 Crown Blvd. #5, San Jose, CA 95120	July 4th Family Fun Festival & Fireworks Show
06/15/19	\$250.00	Julie Velasquez, Owner, Almaden Tae Kwon Do 6065 Meridian Avenue #50, San Jose, CA 95120	July 4th Family Fun Festival & Fireworks Show
6/12/19	\$1,000	Dora Lopez, Medicare Health Rep., Anthem 255 N. White Road, San Jose, CA 95148	July 4th Family Fun Festival & Fireworks Show
12/13/18	\$2,500	Heather Lightfoot, Owner, Skips Tires 970 Blossom Hill Road, San Jose, CA 95123	July 4th Family Fun Festival & Fireworks Show
03/24/19	\$2,500	Mark Lazzarini, Partner, Davidson Family Foundation 255 W. Julian Street, San Jose, CA 95110	July 4th Family Fun Festival & Fireworks Show

NOTHING TO REPORT

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
06-15-19	\$48.00	Tom Trudell, Resident, District 10 1503 Juarceys Court, San Jose, CA 95120	July 4th Family Fun Festival & Fireworks Show
05/20/19	\$149.00	Clay Marr, Resident, Dist. 10, and Kiwanis Member 6533 Idlewild Court, San Jose, CA 95120	July 4th Family Fun Festival & Fireworks Show
03/03/19	\$500.00	Jenny Bradanini, Resident, District 10 1305 Pernich Court, San Jose, CA 95120	July 4th Family Fun Festival & Fireworks Show

NOTHING TO REPORT

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

RECEIVED
San Jose City Clerk
OCC 66

NAME (LAST) (FIRST) (MIDDLE) DAY-TIME TELEPHONE NUMBER
Khamis Johnny Constantin 408-535-4910

REPORTING PERIOD
October 1, 2019 to December 31, 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.) 20 Hours

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
Benefit Experts

ADDRESS
675 N First Street, PH#2, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
 Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Insurance Services
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Insurance Services

POSITION: Sub-Contractor

GENERAL DESCRIPTION OF SERVICES RENDERED: Insurance Services

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 2/8/2020
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL
Johnny Khamis

Date of This Filing 01/09/20

Date Stamp

CITY OF SAN JOSE FORM **DFR1**

OFFICE HELD
Council District 10

PERIOD COVERED BY THIS REPORT
10/01/19 TO 12/31/19

Page 1 of 1

RECEIVED
San Jose City Cl...
2020 JAN 10 PM 4:58
etc ll

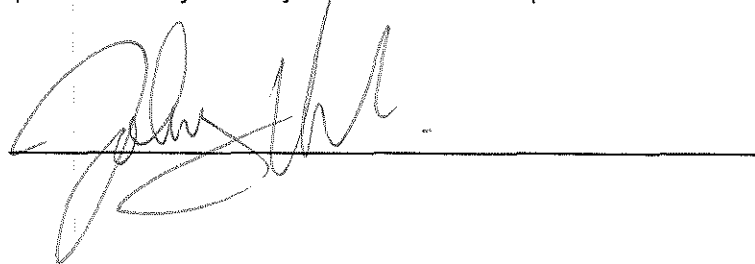
For Official Use Only

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
09/12/19	\$500.00	Michael Fox, CEO, Goodwill of Silicon Valley 1080 N 7th Street, San Jose, CA 95112	Costumes for Kids

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: 2/10/2020