INCOME AND TIME DISCLOSURE STATEMENT

		INCC			e Chapter 12.19)	RECEIVED San John Oly Cli	SP OTC
NAME Jimenez	(LAST)	(FIRST) Sergio		(MIDDLE)	<u></u>		LEPHONE NUMBER
REPORTIN	IG PERIOD	December 1, 2016	to December 31	, 2016			
•	, ,	eriod, how many hou r is none, please pro		•	vices unrelated to	your duties of office for v	/hich you earned
1. INCOME	EEARNED	THIS REPORTING F	PERIOD*				
🗌 LESS	\$500	\$500 - \$1,000	\$1,001 - 	510,000	\$10,001 - \$100	0,000 🗌 OVER \$10	00,000
*If aggregat Section 5.	e in Reporti	ng Year is more than	\$500, proceed t	o Section 2. I	f aggregate in Rep	orting Year is less than \$	500, proceed to
2, INCOME	EEARNED	THIS REPORTING Y	EAR				A State of the second se
\$0 - \$	499*	\$500 - \$1,000	🔲 \$1,001 - \$´	10,000]\$10,001 -\$100,	000 🗌 OVER \$100	0,000
00 0	•	ng Year is less than \$ g Year is more than \$	•				
3. BUSINE	SS ENTITY/	TRUST/GOVERNME	ENTAL AGENCY	& DESCRIP	TION OF SERVICE	ES	
NAME OF E	BUSINESS E	NTITY/TRUST/GOV	ERNMENTAL A	GENCY			
ADDRESS							
TYPE OF B	USINESS E	NTITY/TRUST/GOVI	ERNMENTAL AC	GENCY:			C
Propriet	torship	Partnershi	p			Corporation	
🗌 Trust		Governme	ental Agency	Nonprol	fit Organization	Other	
GENERAL D	DESCRIPTIO	ON OF BUSINESS E	NTITY/TRUST/G	OVERNMEN	TAL AGENCY ACT	FIVITY:	
POSITION:							
GENERAL D	DESCRIPTIC	ON OF SERVICES R	ENDERED:				
		ABLE SINGLE SOUP ORTING YEAR IS \$				IIS REPORTING PERIO essary)	D AND IF THE
5. VERIFIC/	ATION						
information c	contained he		hed schedules is	true and com		nt and to the best of my l der penalty of perjury ι	
Signature (F	Je.	ally signed statemer	nt with the City C	erk.)	Date Signed	Jannay 1 (month, day	7, 2017- , year)

(File the originally signed statement with the City Clerk.)

			Am	Type or prin	n <mark>t in ink.</mark> nded to whole dolla	rs. 2007 - 2007 - 2007		
Disclosure	of Fundraisir	ig Re	port Form	,	Sat	Page 1		
NAME OF ELECTER Sergio Jimenez	DOFFICIAL			Date of This Filing	1/17/17	Date Stamp	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD Councilmember,	District 2		PERIOD COVERED BY THIS REPORT 10-1-16 12-31-16 TO	Page	1 of	SP OTC	For Official Use Only	
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION					FCONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI		DRAISING
11-3-16	\$5,000	4000	5 Santa Clara County Moorpark Ave. #200 José CA 95117			12/3/16 City Sponsored Gun	Buy Back	
REC'D 11-9-16	\$500		Harrison St. Francisco, CA 94110			5/28/16 City Sponsored Future Roots		
REC'D 11-9-16	\$500		- Harrison St. ⁻ rancisco, CA 94110			8/12/16 City Sponsored India	n Flag Raising	
		-						

NOTHING TO REPORT

Signature Sorgio p

Date 1/17/17

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

(San Jose Municipal Code Chapter 12.19)	RECEIVED Jose City Clerk
	PALLATA

NAME	(LAST)	(FIRST)	(MIDDLE	Ξ)		ELEPHONE NUMBER
REPORT	Jimenez	Sergio			(408) 535-	4902
Januar	y 1, 2017 - M	arch 31, 2017				
			s did you spend rendering eed to Section 2 below.)		your duties of office for	which you earned
1. INCO	ME EARNED	THIS REPORTING PI	ERIOD*			
	SS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$10	0,000 🗍 OVER \$	100,000
*If aggree Section 5		ing Year is more than S	500, proceed to Section	2. If aggregate in Rep	porting Year is less than	\$500, proceed to
2. INCO	ME EARNED	THIS REPORTING YE	EAR			
X \$0·	- \$499*	\$500 - \$1,000	\$1,001 - \$10,000	☐ \$10,001 - \$100),000 🗍 OVER \$1	00,000
*If aggree	gate in Report	ing Year is less than \$5	500, proceed to Section 5	5.		
000		•	500, proceed to Section 3			
			NTAL AGENCY & DESC ERNMENTAL AGENCY	RIPTION OF SERVIC	IES	
ADDRES	S					
TYPE OF	BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:			
Prop	rietorship	Partnership		C	Corporation	
🗌 Trust		Governmer	ntal Agency	profit Organization	Other	
GENERA	L DESCRIPT	ION OF BUSINESS EN	ITITY/TRUST/GOVERNI	MENTAL AGENCY AC	CTIVITY:	
POSITIO	N),			<u></u>		
			NDERED:			
			CE OF INCOME OF \$5,0 ,000 OR MORE (attach a			
5. VERIF	ICATION					
informatio	n contained h		ng this statement. I have ed schedules is true and true and correct.			
Signature	(File the orig	inelly signed statement	with the City Clerk.)	Date Signec		y, year)
		\mathcal{U}				

Disclosure o	of Fundraisin	g Report Fo		nt in ink. nded to whole dolla	ars. RECEIVED	Page 1		
Sergio Jimenez	-					2017 APR 13 PM 3: 49	CITY OF SAN DFR1	
OFFICE HELD PERIOD COVERED BY THIS Councilmember 1/1/2017 3/31/2017 TO			Page	of	COLUMIN 12 11 3- 42	For Official Use Only		
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OC				CCUPATION O	F CONTRIBUTOR		PURPOSE OF FUNDRAISING	
· · ·								

NOTHING TO REPORT \square

Signature Sergio

Date 4/11/17

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

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NAME Jii	(LAST) menez	(FIRST) Sergio	(MIDDLE)	2017 JUL	2 DAX11MET2EPHONE NUMBER (408) 535-4902
REPORTIN April 1, 20	IG PERIOD 017 - June				
			rs did you spend rendering servic ceed to Section 2 below.)	•	ities of office for which you earned
1. INCOME	E EARNED	THIS REPORTING F	PERIOD*		
LESS	\$500	\$500 - \$1,000	[] \$1,001 - \$10,000 []	\$10,001 - \$100,000	OVER \$100,000
*If aggregat Section 5.	te in Report	ing Year is more than	\$500, proceed to Section 2. If a	ggregate in Reporting Y	ear is less than \$500, proceed to
2. INCOME	E EARNED	THIS REPORTING Y	EAR		
× \$0-\$	499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
	•	•	500, proceed to Section 5.		
		-	500, proceed to Section 3.		
			NTAL AGENCY & DESCRIPTIC ERNMENTAL AGENCY	ON OF SERVICES	and the second
ADDRESS				,,,	
TYPE OF B	USINESS E	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:	<u></u>	
Propriet	torship	Partnershi	D LLC		Corporation
Trust		Governme	ntal Agency 🔄 Nonprofit (Drganization	
		·			Other
GENERAL [DESCRIPTI	ON OF BUSINESS E	NTITY/TRUST/GOVERNMENTA	LAGENCY ACTIVITY:	
POSITION:					
		ON OF SERVICES R			
			RCE OF INCOME OF \$5,000 OR 5,000 OR MORE (attach a separ		PORTING PERIOD AND IF THE
5. VERIFIC	ATION				
information of	contained h				o the best of my knowledge the nalty of perjury under the laws of
Signature(F	Sen ile the origi	July signed statement	t with the City Clerk.)	Date Signed	7/19/17 (month, day, year)

				Am	Type or pr nounts may be rou	int in ink. Inded to whole dolla			
Disclosure o	of Fundraisin	ig Rep	port Form				RECE	<u>AH.</u>	Page 1
NAME OF ELECTEI Sergio Jimenez	OFFICIAL				Date of This Filing	7/15/2017		Stamp Grein	CITY OF SAN DFR1
OFFICE HELD			PERIOD COVERE REPORT	RED BY THIS 1 1		2017 JUL 20	AN II: 28	For Official Use Only	
Councilmember 4/1/		4/1/2017 6/30/2017	Page	of	OTC	, pr			
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR				DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION					
4/13/2017 \$500 Kaiser Foundation Health Plan 75 N. Fair Oaks Ave. 4th Fl. Pasadena, CA 91103							22/2017 City sr at American Lit		
·									

NOTHING TO REPORT

Signature Sergal,

7/19/17 Date

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

NAME	(LAST) Jimenez	(FIRST) Sergio	(MIDDLE)		DAYTIME TELEPHONE NUMBER (408) 535-4902
	TING PERIO , 2017 - Sept	D ember 30, 2017	· · · · · ·		
			s did you spend rendering servic eed to Section 2 below.)	-	uties of office for which you earned
1, INCC	DME EARNE	D THIS REPORTING P	ERIOD'		
	SS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggre Section		rting Year is more than	\$500, proceed to Section 2. If a	ggregate in Reporting `	Year is less than \$500, proceed to
2, INCC	IME EARNE	D THIS REPORTING Y	EAR		
X \$0	- \$499*	500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*lf aggre	gate in Repo	rting Year is less than \$	500, proceed to Section 5.		
		0	500, proceed to Section 3.		
			NTAL AGENCY & DESCRIPTI ERNMENTAL AGENCY	ON OF SERVICES	
		SENTITI ROSTIGOV			
ADDRES	ŝs	ensenne annas Wide a' MP et M-PARAMAN es en - a -			
TYPE OI	F BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Prop	prietorship	Partnership			Corporation
Trus	t	Governme	ntal Agency 🔄 Nonprofit	Organization	Other
GENERA	L DESCRIP	TION OF BUSINESS EI	NTITY/TRUST/GOVERNMENTA	LAGENCY ACTIVITY	· ,
POSITIC)N:				
GENERA	L DESCRIP	TION OF SERVICES RI	ENDERED:		
					PORTING PERIOD AND IF THE
·					
5, VERIE	ICATION				
informatio	on contained	able diligence in prepari herein and in any attach a that the foregoing is	ed schedules is true and compl	ved this statement and ete. I certify under pe	to the best of my knowledge the nalty of perjury under the laws of
Signatur	e (File the ori	ginally signed statemen	with the City Clerk.)	Date Signed	6/16/17- (month, day, year)

Disclosure (of Fundraisin	Amo Amo	Type or print in inlounts may be rounded to		134、夏龍村又曾村2	Page 1		
NAME OF ELECTED Sergio Jimenez			Date of 10/1 This Filing	3/17	San Jose City Clark J Pate Stamp 2017 OCT 16 AM 10: 56	CITY OF SAN JOSE FORM DFR1		
OFFICE HELD PERIOD COVERED BY THIS REPORT 7/1/17 9/30/17 TO			Page 1 of	2		For Official Use Only		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	DCCUPATION OF CONT	FRIBUTOR	DESCRIPTION OF EVENT OR CONTRI			
9/18/17	\$500	The Schoennauer Company 90 Hawthorne Wy. San Jose, CA 95110			10/14/17 City sponsored Village Fest			
9/18/17	\$2,500	Angie Cocke Century 21 M&M and Associates 3150 Almaden Expressway, Suite 100, San J	Angie Cocke Century 21 M&M and Associates 3150 Almaden Expressway, Suite 100, San Jose, CA 95118			10/14/17 City sponsored Village Fest		
9/18/17	\$1,000	Premier One Credit Union 6640 Via del Oro San Jose, CA 95119			10/14/17 City sponsored Village Fest			
9/18/17	\$100	Pedron's Storage P.O. Box 53223 San Jose, CA 95153			10/14/17 City sponsored Village Fest			
9/18/17	\$1,000	Hunter Storm LLC 10121 Miller Ave. Ste. 200 Cupertino, CA 95014			10/14/17 City sponsored Village Fest	-		
9/30/17	\$110 in-kind tickets	San Jose Barracuda 525 W. Santa Clara St. San Jose, CA 95113			10/14/17 City sponsored Village Fest			

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NOTHING TO REPORT

Signature

Date 10/13/17

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

Disclosure of Fundraising Report Form

Page 2

CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$200 in-kind hot dogs	San Jose Police Officers Association 1151 N 4th St. San JoseCA 95112	8/25/17 City sponsored D2 Movie Night
\$150 in-kind gift cards	In-N-Out Burger 5611 Santa Teresa San Jose, CA 95123	10/14/17 City sponsored Village Fest
\$280 in-kind tickets	San Jose Earthquakes 1123 Coleman Ave. San Jose, CA 95110	10/14/17 City sponsored Village Fest
\$2,5000	Plumbers Steam Fitters & Refrigeration Fitters Local 393 6150 Cottle Rd. San Jose, CA 95123	10/14/17 City sponsored Village Fest
\$50	Carole Holcombe 5755 Cohasset Wy. San Jose, CA 95123	10/14/17 City sponsored Village Fest
\$50	Amanda Newlove 5671 Santa Teresa Blvd #103 San Jose, California 95153	10/14/17 City sponsored Village Fest
	 \$200 in-kind hot dogs \$150 in-kind gift cards \$280 in-kind tickets \$2,5000 \$50 	\$200 in-kind hot dogsSan Jose Police Officers Association 1151 N 4th St. San JoseCA 95112\$150 in-kind gift cardsIn-N-Out Burger 5611 Santa Teresa San Jose, CA 95123\$280 in-kind ticketsSan Jose Earthquakes 1123 Coleman Ave. San Jose, CA 95110\$2,5000Plumbers Steam Fitters & Refrigeration Fitters Local 393 6150 Cottle Rd. San Jose, CA 95123\$50Carole Holcombe 5755 Cohasset Wy. San Jose, CA 95123\$50Amanda Newlove 5671 Santa Teresa Blvd #103

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NOTHING TO REPORT

Signature

Date 10/13/17

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

					UTCINE
NAME	(LAST) Jimenez	(FIRST) Sergio	(MIDD	_E)	2011 DAX前M已TEPEPHONENUMBER (408) 535-4902
	ING PERIOD r 1, 2017 - De	cember 31, 2017			
		•	s did you spend renderi eed to Section 2 below.	•	o your duties of office for which you earned
1. INCON	ME EARNED	THIS REPORTING P	ERIOD*		
LES	SS \$500	☐ \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$1	00,000 🔲 OVER \$100,000
*If aggreg Section 5		ng Year is more than t	500, proceed to Sectic	n 2. If aggregate in Re	porting Year is less than \$500, proceed to
2. INCOM	ME EARNED	THIS REPORTING YI	EAR		
\$0 -	\$499*	\$500 - \$1,000	x \$1,001 - \$10,000	\$10,001 - \$10	0,000 🗌 OVER \$100,000
*lf aggreg	ate in Reporti	ng Year is less than \$	500, proceed to Section	5.	
If aggrega	ate in Reportin	g Year is more than \$	500, proceed to Sectior	3.	
				CRIPTION OF SERVIC	DES
			ERNMENTAL AGENCY		ta Clara County (LAFCO)
ADDRESS 375 Beale		San Francisco, CA 95	113, 777 North First Str	eet, Suite 410 San Jos	e, CA 95112
			RNMENTAL AGENCY:		· · · · · · · · · · · · · · · · · · ·
🔲 Propr	ietorship	Partnership		LC	Corporation
Trust		X Governmer	ntal Agency	onprofit Organization	Planning/ research coalition of
					Other
GENERAL	DESCRIPTI	ON OF BUSINESS EN	ITITY/TRUST/GOVERN	IMENTAL AGENCY AC	CTIVITY:
Planning/	research coal	tion of local governme	nts, state mandated ag	ency	
POSITION	I: Board men	ıber	······		
GENERAL	DESCRIPTI	ON OF SERVICES RE	NDERED;per diem p	payments	
					HIS REPORTING PERIOD AND IF THE
				a separate sheet if ne	
1					
5, VERIFI	CATION				
information	n contained he		ed schedules is true an		ent and to the best of my knowledge the nder penalty of perjury under the laws of
	S	_ /	and the second		1/12/18
Signature	(File the origin	nally signed statement	with the City Clerk.)	Date Signe	d(month, day, year)
	anan)	······	

			Arr	Type or prin	it in ink. Ided to whole dollar	rs. RECEIVED	
Disclosure	of Fundraisin	ig Re		iounio may bo rour		San Jose City Clerk	Page 1
NAME OF ELECTEI Sergio Jimenez	OFFICIAL	<u></u>		Date of This Filing	1/12/18	0 70 are spatter 2018 JAN 12 PH 2: 20	CITY OF SAN DFR1
OFFICE HELD PERIOD COVERED BY THIS Councilmember 10/1/17 12/31/17 TO			Page 1	0f	Lota on the set of the set	For Official Use Only	
DATE OF SOLICITATION	AMOUNT FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR				DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
6/1/17 rc'd 10/1/17	\$500	75 N.	Permanente Fair Oaks Ave. 4th Fl ena, CA 91103		6/10/17 City sponsored Summer Fest		
10/1/17	\$500	75 N.	Kaiser Permanente 75 N. Fair Oaks Ave. 4th Fl Pasadena, CA 91103			10/14/17 City sponsored Village Fest	
10/1/17	\$500	470 S.	ore Companies Market St. ose, CA 95113			10/14/17 City sponsored Village Fest	
10/1/17	\$1,000	18500	blic Services N. Allied Wy. aix, AZ 85054			10/14/17 City sponsored Village Fest	
8/11/17	\$623.94		Lalra oster Ct. ose, CA 95136			8/11/17 City sponsored Indian Flag Raising	
						· · · · · · · · · · · · · · · · · · ·	

NOTHING TO REPORT

Signature terger

Date 1/12/18

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

		intoc	(San Jose Municip	al Code Chapter 12.19	RECEIVED San Jose City Cler	36
NAME	(LAST) Jimenez	(FIRST) Sergio	(MID	DLE)	DAYTIME TELEPH 2018 APR (408) 535-4902-2	
	RTING PERIO ary 1, 2018 - N	_				<u>.</u>
-		Period, how many hou wer is none, please pro	•	-	to your duties of office for which	you earned
1, INC	OME EARNE	D THIS REPORTING F	PERIOD*	an an the		
	ESS \$500	× \$500 - \$1,000	\$1,001 - \$10,00	0 🗍 \$10,001 - \$*	100,000	0
*If aggr Section		rting Year is more than	\$500, proceed to Sect	ion 2. If aggregate in R	eporting Year is less than \$500,	proceed to
2. INC	OME EARNE	D THIS REPORTING 1	'EAR			anti da se
\$) - \$499*	X \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$1	00,000	1
*lf aggr	egate in Repo	rting Year is less than S	500, proceed to Section	n 5.		
		ting Year is more than t				
NAME	OF BUSINESS	SENTITY/TRUST/GOV	ERNMENTAL AGENC	SCRIPTION OF SERV Y ormation Commission (
ADDRE 375 Bea		e 700, San Francisco C	a 94105, and 777 No	rth First Street, Suite 41	0, San Jose, CA 95112	
TYPE C	F BUSINESS	ENTITY/TRUST/GOVI	ERNMENTAL AGENC	/:	<u></u>	<u>,</u>
Pro	prietorship	Partnershi	p	LLC	Corporation	
🗌 Tru	st	X Governme	ental Agency	Nonprofit Organization	ABAG, LAFCO Other	
GENER ABAG, I		TION OF BUSINESS E	NTITY/TRUST/GOVEF	RNMENTAL AGENCY A	CTIVITY:	
POSITIO	DN: Board me	ember, Commissioner				
GENER	AL DESCRIP	FION OF SERVICES R	ENDERED:per diem	paymentsP		
					THIS REPORTING PERIOD AN ecessary)	D IF THE
5. VERI	FICATION					
informati	on contained	able diligence in prepar herein and in any attac a that the foregoing is	hed schedules is true a	ave reviewed this stater nd complete. I certify	nent and to the best of my knowl under penalty of perjury under	edge the ' the laws of
Signatu	re (File the only	ginally signed statemer	t with the City Clerk.)	Date Sign	ed <u>4/18/18</u> (month, day, yea	r)

		g Report Form	· •	rs. RECEIVED San Jose City Clark	Page 1
NAME OF ELECTER	OFFICIAL		Date of 4/17/18 This Filing		CITY OF SAN DFR1
OFFICE HELD		PERIOD COVERED BY THIS		2018 APR 17 PH 12:20	For Official Use Only
Councilmember		REPORT 1/1/18 3/31/18 TO	Page <u>1</u> 1 of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING
3/15/18	\$25 in-kind 1 gift card	Vitality Bowls 5660 Cottle Rd. San Jose, CA 95123		4/21/18 City sponsored Great American Litter Pick up	
3/15/18	\$200 in-kind 20 gift cards	Yogurtland 5638 Cottle Rd #10 San Jose, CA 95123	-	4/21/18 City sponsored Great American Litter Pick up	
3/15/18	\$100 in-kind 10 gift cards	Julio's Fresh Mex 5978 Silver Creek Valley Rd #25 San Jose, CA 95138		4/21/18 City sponsored Great American Litter Pick up	
3/15/18	\$50 in-kind 1 gift card	Costco 6898 Raleigh Rd San Jose, CA 95119		4/21/18 City sponsored Great American Litter Pick up	
3/15/18	\$150 in-kind 10 gift cards & 50 pk. chips	New Seasons Market 5667 Silver Creek Valley Rd. San Jose, CA 95138		4/21/18 City sponsored Great American Litter Pick up	

NOTHING TO REPORT

Signature ler

Date 4/16/18

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

			O Y	CA
NAME (LAST) Jimenez	(FIRST) Sergio	(MIDDLE)	2018 J	UL DAYTME TELEPHONE NUMBER (408) 535-4902
REPORTING PERIO April 1, 2018 to Jun	D			(,
	Period, how many hours did ver is none, please proceed	• • •	es unrelated to your d	luties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PERIC)D*		
🗌 LESS \$500	X \$500 - \$1,000] \$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than \$500), proceed to Section 2. If ag	gregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNEI	D THIS REPORTING YEAR			
🔲 \$0 - \$499*	x \$500 - \$1,000	\$1,001 - \$10,000	610,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	ting Year is less than \$500,	proceed to Section 5.		
If aggregate in Report	ing Year is more than \$500,	proceed to Section 3.		
NAME OF BUSINESS	ENTITY/TRUST/GOVERN	LAGENCY & DESCRIPTIC MENTAL AGENCY d Local Agency Formation C		
ADDRESS 375 Beale Street Suite	e 700, San Francisco Ca 94	105, and 777 North First Str	eet, Suite 410, San J	ose, CA 95112
TYPE OF BUSINESS	ENTITY/TRUST/GOVERNM	IENTAL AGENCY:	······································	······································
Proprietorship	Partnership			Corporation
Trust	X Governmental	Agency 🗌 Nonprofit C	rganization	ABAG, LAFCO Other
GENERAL DESCRIPT ABAG, LAFCO	TION OF BUSINESS ENTIT	Y/TRUST/GOVERNMENTAL	AGENCY ACTIVITY	
POSITION: Board me	ember, Commissioner			
	ION OF SERVICES RENDI	ERED:per diem payments		
		OF INCOME OF \$5,000 OR) OR MORE (attach a separa		EPORTING PERIOD AND IF THE)
5. VERIFICATION				
information contained I		chedules is true and comple		to the best of my knowledge the enalty of perjury under the laws of
Signature (File the orig	ginelly signed statement with	the City Clerk.)	Date Signed	6 27 /18 (month, day, year)

Disclosure	of Fundraisin	g Report Form	ounts may be rounded to whole dollar		Page 1
NAME OF ELECTED				RECEIVED	Fayer
Sergio Jimenez	OTTOIAL		Date of 7/15/18	an Jose Collye Gleepk	CITY OF SAN DFR1
OFFICE HELD		PERIOD COVERED BY THIS	This Filing 201	8 JUL-2 AMII: 47	
Councilmember		4/1/18 6/30/18	Page of	COL E ANTILLY	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	DCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	PURPOSE OF FUNDRAISING BUTION
4/19/18 Rec'd	\$250	Plumbers, Steamfitters & Refrigeration Fitte 6150 Cottle Road San Jose, CA 95123	rs	4/21/18 City sponsored Great American Litter Pick up	
4/19/18	\$50 in-kind drinks/ pastries/ fruit	Hellyer Christopher Neighborhood Associat 101 Branham Ln. San Jose, CA 95111	ion	4/21/18 City sponsored Great American Litter Pick up	
5/16/18	\$ 300 in-kind hot dogs/ water	Plumbers, Steamfitters & Refrigeration Fitte 6150 Cottle Road San Jose, CA 95123	rs	6/6/18 City sponsored Viva Parks/ D2 Movie Night	
4/21/18	\$300 in-kind pastries coffee	Astrid Tromp Coldwell Banker 450 Curie Dr, San Jose, CA 95123		4/21/18 City sponsored Great American Litter Pick up	- -
4/21/18	\$900 in-kind BBQ sandwiches	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118		4/21/18 City sponsored Great American Litter Pick up	
6/7/18	\$500	Astrid Tromp Coldwell Banker 450 Curie Dr, San Jose, CA 95123		8/18/18 City sponsored Village Fest	
4/15/18	\$30 in-kind coffee	Village Oaks Starbucks 5670 Cottle Rd. San Jose, CA 95123		4/21/18 City sponsored Great American Litter Pick up	. * . *
NOTHING T] Signature	ergus		ate 7/2 (8 f San José Form DFR-1 (Nov/2010)

Type or print in ink.

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

		(San Jose Municipal Co	ode Chapter 12.19)	OTCOL
NAME (LAST) Jimenez	Sergio	(MIDDLE)		2000 00 MEI DELEMHOAVE 4 20 MBER (408) 535-4902
REPORTING PERIC 7/1/18 through 9/3				
		rs did you spend rendering ceed to Section 2 below.)	services unrelated to your	duties of office for which you earned
1. INCOME EARNE	ED THIS REPORTING F	'ERIOD*		
LESS \$500	₭ \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000) OVER \$100,000
*If aggregate in Repo Section 5.	orting Year is more than	\$500, proceed to Section 2	. If aggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNE	ED THIS REPORTING Y	EAR		
\$0 - \$499*	🗴 \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	orting Year is less than \$	500, proceed to Section 5.		
If aggregate in Report	rting Year is more than \$	500, proceed to Section 3.		
		NTAL AGENCY & DESCR	IPTION OF SERVICES	
I		ERNMENTAL AGENCY 3), and Local Agency Forma	ition Commission (LAFCO)
ADDRESS 375 Beale Street Suí	te 700, San Francisco C	a 94105, and 777 North Fi	irst Street, Suite 410, San	Jose, CA 95112
TYPE OF BUSINESS	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	📋 Partnership] Corporation
🔲 Trust	X Governme	ntal Agency 🗌 Nonp	rofit Organization	Other
GENERAL DESCRIP	TION OF BUSINESS E	NTITY/TRUST/GOVERNME	ENTAL AGENCY ACTIVIT	Y:
Association of Bay Ar	ea Governments (ABAG	6), and Local Agency Forma	tion Commission (LAFCO))
POSITION: Board m	ember, Commissioner	•		
GENERAL DESCRIP	TION OF SERVICES RI	ENDERED:		
and the second		RCE OF INCOME OF \$5,00 5,000 OR MORE (atlach a s	the state of the s	EPORTING PERIOD AND IF THE y)
5. VERIFICATION				
information contained		ned schedules is true and co		d to the best of my knowledge the benalty of perjury under the laws of
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Signature(File the or	iginally signed statemen	with the City Clerk.)	Date Signed	(month, day, year)

	of Fundraisin	g Rep		Type or prin unts may be rour			San Jose City Clerk	Page 1
NAME OF ELECTED Sergio Jimenez	OFFICIAL			Date of This Filing	10/15	5/18	2018 OCT 15 PM 2: 42	CITY OF SAN DFR1
OFFICE HELD Councilmember			PERIOD COVERED BY THIS REPORT 7/1/18 9/30/18 TO	Page	of	3		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND C	OCCUPATION O	F CONTI	RIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
7/1/18 rec'd	\$1,000	90 Hav	hoennauer Company vthorne Way se, CA 95110		8/18/18 City sponsored Village Fest			
8/1/18	\$2,500	3150 A	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118				8/18/18 City sponsored Village Fest	
8/1/18	\$500	6840 \	ere One Credit Union Jia del Oro se, CA 95119				8/18/18 City sponsored Village Fest	
8/3/18	\$50	5387 I	rove Neighborhood Association Pecan Blossom Dr. sse, CA 95123				8/18/18 City sponsored Village Fest	
8/3/18	\$1,000	425 E	San Jose Fire Fighters, Local 230 425 E. Santa Clara St. Ste.300 San Jose, CA 95113				8/18/18 City sponsored Village Fest	
8/6/18	\$500	2102.	Clara & San Benito Counties Trades C Almaden Rd. #101 ose, CA 95125	Council	~ ~ ~ ~ ~		8/18/18 City sponsored Village Fest	

NOTHING TO REPORT

Signature

Date 10/15/18

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
8/7/18	\$50	Pedron's Storage P.O. Box 53223 San Jose, CA 95153	8/18/18 City sponsored Village Fest
8/7/18	\$50	Meriwest Credit Union P.O. Box 530953 San Jose, CA 95153	8/18/18 City sponsored Village Fest
8/8/18	\$50	Allied Universal Credit Union 2290 N, 1St. #201 San Jose, CA 95131	8/18/18 City sponsored Village Fest
7/2/18	\$50	Scarnecchia Real Estate Inc. 6273 Mountford Dr. San Jose, CA 95123	8/18/18 City sponsored Village Fest
8/13/18	\$1,000	Laborers' International Union - Local 270 2195 Fortune Dr. San Jose, CA 95131	8/18/18 City sponsored Village Fest
8/13/18	\$50	Echo Church 1172 Murphy Ave. Ste. 130 San Jose, CA 95131	8/18/18 City sponsored Village Fest
8/13/18	\$50	California Sports Center 838 Malone Rd. San Jose, CA 95125	8/18/18 City sponsored Village Fest

Sayly Signature

Date 10/15/18

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

Disclosure of Fundraising Report Form

Page 3

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
/13/18	\$50	New Seasons Market 2171 San Vito Cir Monterey, CA 93940	8/18/18 City sponsored Village Fest
/20/18	\$2,500	Plumbers, Steamfitters & Refrigeration Fitters 6150 Cottle Road San Jose, CA 95123	8/18/18 City sponsored Village Fest
)/18/18	\$817.80	Ghost Management Group 41 Discovery Irvine, CA 92618	7/11/18 City Sponsored Cannabis Roundtable
0/19/18	\$500	Kaiser Permanente 75 N. Fair Oaks Ave. 4th fl Pasadena, CA 91103	8/18/18 City sponsored Village Fest

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Date 10/15/18

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

		(San Jose Municipal Co	ode Chapter 12.19)	OTCOL
NAME (LAST) Jimenez	Sergio	(MIDDLE)		2000 00 MEI DELEMHOAVE 4 20 MBER (408) 535-4902
REPORTING PERIC 7/1/18 through 9/3				
		rs did you spend rendering ceed to Section 2 below.)	services unrelated to your	duties of office for which you earned
1. INCOME EARNE	ED THIS REPORTING F	'ERIOD*		
LESS \$500	₭ \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000) OVER \$100,000
*If aggregate in Repo Section 5.	orting Year is more than	\$500, proceed to Section 2	. If aggregate in Reporting	g Year is less than \$500, proceed to
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If aggregate in Report	rting Year is more than \$	500, proceed to Section 3.		
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ADDRESS 375 Beale Street Suí	te 700, San Francisco C	a 94105, and 777 North Fi	irst Street, Suite 410, San	Jose, CA 95112
TYPE OF BUSINESS	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	📋 Partnership] Corporation
🔲 Trust	X Governme	ntal Agency 🗌 Nonp	rofit Organization	Other
GENERAL DESCRIP	TION OF BUSINESS E	NTITY/TRUST/GOVERNME	ENTAL AGENCY ACTIVIT	Y:
Association of Bay Ar	ea Governments (ABAG	6), and Local Agency Forma	tion Commission (LAFCO))
POSITION: Board m	ember, Commissioner	•		
GENERAL DESCRIP	TION OF SERVICES RI	ENDERED:		
and the second		RCE OF INCOME OF \$5,00 5,000 OR MORE (atlach a s	the state of the s	EPORTING PERIOD AND IF THE y)
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information contained		ned schedules is true and co		d to the best of my knowledge the benalty of perjury under the laws of
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Signature(File the or	iginally signed statemen	with the City Clerk.)	Date Signed	(month, day, year)

	of Fundraisin	g Rep		Type or prinunts may be roun			San Jose City Clerk	Page 1
NAME OF ELECTED Sergio Jimenez	OFFICIAL			Date of This Filing	10/15	5/18	2018 OCT 15 PM 2: 42	CITY OF SAN DFR1
OFFICE HELD Councilmember			PERIOD COVERED BY THIS REPORT 7/1/18 9/30/18 TO	Page	of	3		For Official Use Only
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8/1/18	\$500	6840 \	ere One Credit Union Jia del Oro se, CA 95119				8/18/18 City sponsored Village Fest	
8/3/18	\$50	5387 I	rove Neighborhood Association Pecan Blossom Dr. sse, CA 95123				8/18/18 City sponsored Village Fest	
8/3/18	\$1,000	425 E	San Jose Fire Fighters, Local 230 425 E. Santa Clara St. Ste.300 San Jose, CA 95113				8/18/18 City sponsored Village Fest	
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NOTHING TO REPORT

Signature

Date 10/15/18

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
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Sayly Signature

Date 10/15/18

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

Disclosure of Fundraising Report Form

Page 3

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
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Date 10/15/18

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NAME (LAST). Jimenez	(FIRST) Sergio	2010 JANES	4 AM 11: 35	DAYTIME TELEPHONE NUMBER (408) 535-4902
REPORTING PERIO 10/1/18 through 12/	D			
		s did you spend rendering s eed to Section 2 below.)	ervices unrelated to you	ur duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PL	ERIOD*		
🗌 LESS \$500	∑ \$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 🔲 OVER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than \$	500, proceed to Section 2.	If aggregate in Reporti	ng Year is less than \$500, proceed to
2. INCOME EARNEI	D THIS REPORTING YE	AR	n an	
\$0 - \$499	\$500 - \$1,000	∑ \$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
	•	500, proceed to Section 5. 500, proceed to Section 3.		
	.	NTAL AGENCY & DESCR	IPTION OF SERVICES	
NAME OF BUSINESS	ENTITY/TRUST/GOVE			0)
ADDRESS 375 Beale Street Suite	e 700, San Francisco Ca	94105, and 777 North Fi	rst Street, Suite 410, Sa	n Jose, CA 95112
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership		[Corporation
Trust	X Governmen	tal Agency 🗌 Nonpr	ofit Organization	Other
		TITY/TRUST/GOVERNME , and Local Agency Format		
POSITION: Board me	mber, Commissioner			
	ION OF SERVICES RE	NDERED: <u>stipend</u>		
		CE OF INCOME OF \$5,000 ,000 OR MORE (attach a s		REPORTING PERIOD AND IF THE
				un))
5. VERIFICATION				
information contained I		ed schedules is true and co		nd to the best of my knowledge the penalty of perjury under the laws of
Signature (File the orig	inally signed statement	with the City Clerk.)	Date Signed	(month, day, year)

					Amoi	Type or pri unts may be rou	i <mark>nt in ink.</mark> Inded to whol	e dollars	*RECEIVE®		
	of Fundraisin	g Rep	ort Fo <mark>r</mark> m	า		,,		Ban .	Jose City Clark	Page	e 1
NAME OF ELECTER Sergio Jimenez	OFFICIAL					Date of This Filing	1/15/19 2		Date Stamp AN 14 AM 11:35	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD Councilmember			PERIOD COV REPORT 10/1/18	ERED BY THI 12/31 TO		Page 1	0f		in the matter of the	For Official	Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NA	AME, ADDRE	SS, EMPLOY	ER AND O	CCUPATION C	OF CONTRIBL	JTOR	DESCRIPTION OF EVENT OR CONTR	PURPOSE OF FUND	RAISING
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Date 1/14/19

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

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NAME (LAST) Jimenez	(FIRST) Sergio	(MIDDLE)		DAYTIME TELEPHONE NUMBER (408) 535-4902
REPORTING PERIC January 1, 2019 -		<u></u>		
		s did you spend rendering s beed to Section 2 below.)	ervices unrelated to yo none	ur duties of office for which you earned
1. INCOME EARNI	ed this reporting p	ERIOD*		
🔲 LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,0	00 🗌 OVER \$100,000
*If aggregate in Rep Section 5.	orting Year is more than	\$500, proceed to Section 2.	If aggregate in Report	ing Year is less than \$500, proceed to
2. INCOME EARN	ED THIS REPORTING Y	EAR		
☓ \$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	0 OVER \$100,000
*If aggregate in Rep	orting Year is less than \$	500, proceed to Section 5.		
		500, proceed to Section 3.		
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ADDRESS				
TYPE OF BUSINES	S ENTITY/TRUST/GOVI	ERNMENTAL AGENCY:	<u>, , , , , , , , , , , , , , , , , , , </u>	
Proprietorship	Partnershi	D LLC		Corporation
🔲 Trust	Governme	ntal Agency 🗌 Nonp	rofit Organization	Other
GENERAL DESCRI	PTION OF BUSINESS E	NTITY/TRUST/GOVERNME	ENTAL AGENCY ACTIV	/ITY:
POSITION:				
GENERAL DESCRI	PTION OF SERVICES R	ENDERED:		
				REPORTING PERIOD AND IF THE sary)
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5. VERIFICATION				
information containe		hed schedules is true and c		and to the best of my knowledge the er penalty of perjury under the laws of
uie state of Gallott				G_{1}
Signature(File the	riginally signed statemer	twith the City Clerk.)	Date Signed _	(month, day, year)

Disclosure of Fundraising Report Form

Disclosure	of Fundraisin	ig Repo	ort Form						Page 1
NAME OF ELECTE Sergio Jimenez	DOFFICIAL				Date of This Filing	6/10/19	Date Stamp	رت ع ا	TY OF SAN DFR1
OFFICE HELD Councilmember		1 8	PERIOD COVER REPORT /1/19	260 BY THIS 3/31/19 TO	Page 1	0f			For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAM	ME, ADDRESS,	, EMPLOYER AN	D OCCUPATION (OF CONTRIBUTOR	DESCRIPTION OF E	VENT OR PURP CONTRIBUTIO	OSE OF FUNDRAISING N
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Date NOTHING TO REPORT Signature Deroff City of San José Form DFR-1 (Nov/2010)

NAME (LAST) Jimenez	(FIRST) Sergio	(MIDDLE)	DAYTIME TELEPHONE NUMBER (408) 535-4902
REPORTING PERIO April 1, 2019 - June	D		
	•	s did you spend rendering services unre eed to Section 2 below.)	lated to your duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING P	eriod,	
LESS \$500	500 - \$1,000	S1,001 - \$10,000 \$10,000	01 - \$100,000 🔲 OVER \$100,000
*If aggregate in Report Section 5.	rting Year is more than t	\$500, proceed to Section 2. If aggregat	e in Reporting Year is less than \$500, proceed to
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*If aggregate in Report	rting Year is less than \$	500, proceed to Section 5.	
·		500, proceed to Section 3.	
		NTAL AGENCY & DESCRIPTION OF ERNMENTAL AGENCY	SHRVICES
ADDRESS			
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:	
Proprietorship	🔲 Partnership		Corporation
Trust	Governme	ntal Agency 🔄 Nonprofit Organiz	
			Other
GENERAL DESCRIP	TION OF BUSINESS EI	NTITY/TRUST/GOVERNMENTAL AGE	NCY ACTIVITY:
POSITION:			
	TION OF SERVICES RI		
		GE OF INCOME OF \$5,000 OR MORE 5,000 OR MORE (attach a separate she	.FOR THIS REPORTING PERIOD AND IF THE et if necessary)
5 WERIFICATION		an the second	
information contained	herein and in any attacl	ned schedules is true and complete. I c	statement and to the best of my knowledge the ertify under penalty of perjury under the laws of
	a that the foregoing is		61
Signature	2/1		Signed <u>127119</u> (month, day, year)
(File the off	ginally signed statemen	t with the Oity Olerk.)	(monui, day, year)

Disclosure of Fundraising Report Form

Disclosure o	of Fundraisin	ig Report Form			Page 1
NAME OF ELECTER Sergio Jimenez	D OFFICIAL		Date of 7/15/19 This Filing	Date Stamp	CITY OF SAN DFR1
OFFICE HELD Councilmember		PERIOD COVERED BY THIS REPORT 4/1/18 6/30/18	 Page of		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	DCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
4/20/19	\$450 in-kind sandwiches	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118		4/20/19 City sponsored Great American Litter Pick up	
4/20/19	S200 in-kind breakfast items	Astrid Tromp - Coldwell Banker 450 Curie Dr, San Jose, CA 95123		4/20/19 City sponsored Great Americar Litter Pick up	
4/20/19	\$700 in-kind hot dogs/ water	Plumbers, Steamfitters & Refrigeration Fitters 6150 Cottle Road San Jose, CA 95123		4/20/19 City sponsored Great American Litter Pick up	

NOTHING TO REPORT

Signature

Serfy

Date 6/27/19

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

NAME (LAST) Jimenez	(FIRST) Sergio	(MIDDLE)	DAYTIME TELEPHONE NUMBER (408) 535-4902
REPORTING PERIO April 1, 2019 - June	D		
	•	s did you spend rendering services unre eed to Section 2 below.)	lated to your duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING P	eriod,	
LESS \$500	500 - \$1,000	S1,001 - \$10,000 \$10,000	01 - \$100,000 🔲 OVER \$100,000
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ADDRESS			
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:	
Proprietorship	🔲 Partnership		Corporation
Trust	Governme	ntal Agency 🔄 Nonprofit Organiz	
			Other
GENERAL DESCRIP	TION OF BUSINESS EI	NTITY/TRUST/GOVERNMENTAL AGE	NCY ACTIVITY:
POSITION:			
	TION OF SERVICES RI		
		GE OF INCOME OF \$5,000 OR MORE 5,000 OR MORE (attach a separate she	.FOR THIS REPORTING PERIOD AND IF THE et if necessary)
5 WERIFICATION		an the second	
information contained	herein and in any attacl	ned schedules is true and complete. I c	statement and to the best of my knowledge the ertify under penalty of perjury under the laws of
	a that the foregoing is		61
Signature	2/1		Signed <u>127119</u> (month, day, year)
(File the off	ginally signed statemen	t with the Oity Olerk.)	(monui, day, year)

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NAME (LAST) Jimenez	(FIRST) Sergio	(MIDDLE)		DAYTIME TELEPHONE NUMBER (408) 535-4902
REPORTING PERIC January 1, 2019 -		<u></u>		
		s did you spend rendering s beed to Section 2 below.)	ervices unrelated to yo none	ur duties of office for which you earned
1. INCOME EARNI	ed this reporting p	ERIOD*		
🔲 LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,0	00 🗌 OVER \$100,000
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ADDRESS				
TYPE OF BUSINES	S ENTITY/TRUST/GOVI	ERNMENTAL AGENCY:	<u>, , , , , , , , , , , , , , , , , , , </u>	
Proprietorship	Partnershi	D LLC		Corporation
🔲 Trust	Governme	ntal Agency 🗌 Nonp	rofit Organization	Other
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POSITION:				
GENERAL DESCRI	PTION OF SERVICES R	ENDERED:		
				REPORTING PERIOD AND IF THE sary)
	RITEORY ALE NOT			
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information containe		hed schedules is true and c		and to the best of my knowledge the er penalty of perjury under the laws of
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Disclosure of Fundraising Report Form

Disclosure	of Fundraisin	ig Repo	ort Form						Page 1
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OFFICE HELD Councilmember		1 8	PERIOD COVER REPORT /1/19	260 BY THIS 3/31/19 TO	Page 1	0f			For Official Use Only
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								<u></u>	
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Date NOTHING TO REPORT Signature Deroff City of San José Form DFR-1 (Nov/2010)

NAME (LA	, , , ,	(MIDDLE)		DAYTIME TELEPHONE NUMBER (408) 535-4902
REPORTING PE 7/1/19 through				
		urs did you spend rendering services oceed to Section 2 below.)	unrelated to your dut	ies of office for which you earned
1. INCOME EA	RNED THIS REPORTING	PERIOD*	e e districte en	
LESS \$500	区 \$500 - \$1,000	\$1,001 - \$10,000	10,001 - \$100,000	OVER \$100,000
*If aggregate in F Section 5.	eporting Year is more that	1 \$500, proceed to Section 2. If aggr	egate in Reporting Ye	ear is less than \$500, proceed to
2. INCOME EA	RNED THIS REPORTING	YEAR		
\$0 - \$499*	\$500 - \$1,000	x \$1,001 - \$10,000 \$10	0,001 - \$100,000	OVER \$100,000
		\$500, proceed to Section 5.		
		\$500, proceed to Section 3. ENITAL AGENCY & DESCRIPTION	(0)5KHERWIGHER	
NAME OF BUSIN	IESS ENTITY/TRUST/GO			
		Ca 94105, and 777 North First Stree	at, Suite 410, San Jos	se, CA 95112
TYPE OF BUSIN 	ESS ENTITY/TRUST/GOV	(ERNMENTAL AGENCY:		
Proprietorshi	p 🗌 Partnersh	ip 🗌 LLC	c	Corporation
Trust	X Governm	ental Agency 🔲 Nonprofit Org	anization	Other
GENERAL DESC	RIPTION OF BUSINESS I	ENTITY/TRUST/GOVERNMENTAL A	GENCY ACTIVITY:	
Association of Ba	y Area Governments (ABA	G), and Local Agency Formation Cor	nmission (LAFCO)	
POSITION: Boar	d member, Commissioner			
GENERAL DESC	RIPTION OF SERVICES I	RENDERED:		
		IRCE OF INCOME OF \$5,000 OR M \$5,000 OR MORE (attach a separate		ORTING PERIOD AND IF THE
			and a substativities of the second	
5. VERIFICATIO	N			
information contai		aring this statement. I have reviewed ched schedules is true and complete is true and complete is true and correct.		
Signature		int with the City Clerk.)	Date Signed	10 1 (0 (month, day, year)

NAME OF ELECTED Sergio Jimenez		ig Report Form	Date of 10/15/19 This Filing	Date Star	NEGEIVES	Page 1
OFFICE HELD Councilmember		PERIOD COVERED BY THIS REPORT 7/1/19 9/30/19 TO	Page 1 3	2019 0	TI PH 3 U	ৰ্শ or Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER A	ND OCCUPATION OF CONTRIBUTOR	DESCRIPTION C	F EVENT OR PURPOS CONTRIBUTION	E OF FUNDRAISING
/26/19	\$1,000	The Schoennauer Company 90 Hawthorne Way San Jose, CA 95110		9/7/19 City sponsored Village Fest		
/4/19	\$2,000	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118		9/7/19 City sponsored Village Fest		
/25/19	\$1,000	Premiere One Credit Union 6840 Via del Oro San Jose, CA 95119		9/7/19 City sponsored Village Fest		
/15/19	\$100	Oak Grove Neighborhood Association 5387 Pecan Blossom Dr. San Jose, CA 95123		9/7/19 City sponsored Village Fest		
/6/19	\$500	San Jose Fire Fighters, Local 230 425 E. Santa Clara St. Ste.300 San Jose, CA 95113		9/7/19 City sponsored Village Fest		
/14/19	\$500	Santa Clara & San Benito Counties Trad 2102 Almaden Rd. #101 San Jose, CA 95125	es Council	9/7/19 City sponsored Village Fest		
	I.,	J	<			
		Signature C	Dert)/11/19 Form DFR-1 (Nov/2010)

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
7/25/19	\$100	Pedron's Storage P.O. Box 53223 San Jose, CA 95153	9/7/19 City sponsored Village Fest	
8/15/19	\$100	Meriwest Credit Union P.O. Box 530953 San Jose, CA 95153	9/7/19 City sponsored Village Fest	
8/16/19	\$100	Scamecchia Real Estate Inc. 6273 Mountford Dr. San Jose, CA 95123	9/7/19 City sponsored Village Fest	
8/14/19	\$1,000	Laborers' International Union - Local 270 2195 Fortune Dr. San Jose, CA 95131	9/7/19 City sponsored Village Fest	
7/30/19	\$100	Carole Holcomb 5755 Cohasset Wy. San Jose, CA 95123	9/7/19 City sponsored Village Fest	
8/30/19	\$2,000	California Waste Solutions, Inc. 1120 Berryessa Rd. San Jose, CA 95133	9/7/19 City sponsored Village Fest	
8/21/19	\$100	Bernal Partners dba Supercuts 1475 Saratoga Ave. Ste. 250 San Jose, CA 95129	9/7/19 City sponsored Village Fest	
NOTHING T	O REPORT	Signature Sar		Date 10/11/19 City of San José Form DFR-1 (Nov/2010

Disclosure of Fundraising Report Form

Page 3

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/27/19	\$250	Astrid Tromp-Koerse 450 Curie Dr. San Jose, CA 95123	9/7/19 City sponsored Village Fest
9/3/19	\$2,500	L&L Franchise 931 University Ave. Ste. 202 Honolulu, HI 96826	9/7/19 City Sponsored Village Fest
	······································		
NOTHING T		Signature Sal	Date 10/11/19 City of San José Form DFR-1 (Nov/20



Healthier Kids Foundation Healthier Kids Foundation 4040 Moorpark Avenue, Suite 100 San Jose, CA 95117 408.564.5114 www.hkidsf.org

Invoice

Invoice Date: 10.11.19

Bill To:	Council Member Jimenez		
	Description		Amount
	Safe from the Startl Sponsor	ship	\$1,000.00
		Total	\$1,000.00
		Signature:	31
	nake checks payable to:		
	Kids Foundation		
4040 Moo	rpark Ave., Suite 100		
San Jose,	CA 95117		

Thank You!

For questions, please contact Marissa Hacker at Marissah@hkidsf.org or 408.564.5114 x241.

Healthier Kids Foundation is a 501(c)(3) nonprofit, Tax ID No: 77-0545774.

San Jose City CleNCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)								
2022 APR 20 PM 2: 59 NAME (LAST) Jimenez Sergio	NUMBER							
REPORTING PERIOD 1/1/22 - 3/31/22								
During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you ea Income? (If your answer is none, please proceed to Section 2 below.)	arned							
1. INCOME EARNED THIS REPORTING PERIOD*								
LESS \$500 X \$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 Section 5.	ed to							
2. INCOME EARNED THIS REPORTING YEAR								
□ \$0 - \$499* X \$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 VALLEY TRANSPORTATION AGENCY/ LOCAL AGENCY FORMATION COMISSION								
ADDRESS 3331 North First Street, Building B-1 San Jose, CA 95134-1927/ 777 North First Street, Suite 410 San Jose, CA 95112								
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:								
Proprietorship Partnership LLC Corporation								
Trust X Governmental Agency Nonprofit Organization Other								
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: MANDATED AGENCIES								
POSITION: DIRECTOR/ COMMISSIONER								
GENERAL DESCRIPTION OF SERVICES RENDERED:PER DIEM PAYMENTS								
4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary)	THE							
5. VERIFICATION	Reli							
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the the State of California that the foregoing is true and correct.	e the laws of							
Signature								

Disclosure o	of Fundraisin	g Rej	port Form	Αποι	Type or prin unts may be roui	nt in ink. Inded to whole		San Jose City Clerk	Page 1
NAME OF ELECTED OFFICIAL						4/20/22	н. 1 ста	Date Stamp	CITY OF SAN DFR1
Sergio Jimenez							20	22 APR 20 PM 2: 59	
OFFICE HELD PERIOD COVERED BY THIS REPORT					1	1			For Official Use Only
Councilmember			1/1/22 3/31/22		Page	of	_		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULLN	NAME, ADDRESS, EMPLOYER	AND O	CCUPATION O	- CONTRIBU	FOR	DESCRIPTION OF EVENT OR F CONTRIB	

Sogla

Date 4/20/22

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

Type or print in ink. Amounts may be rounded to whole dollars Disclosure of Fundraising Report Form								nk. o whole dollars.	RECE San Jose (IVED City Clerk	Page 1		
NAME OF ELECTED OFFICIAL Sergio Jimenez						Date of 7/21/22 This Filing		Date Star 2022 JUL 2	PM 3:25	CITY OF SAN JOSE FORM	DFR1		
OFFICE HELD PERIOD COVERED BY THIS Councilmember 4/1/22 6/30/22 TO				Page 1 1				For Official Use Only					
DATE OF AMOUNT SOLICITATION CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND O				OCCUPATIO	N OF CON	ITRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION						
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NOTHING TO REPORT

Signature

Segle

Date 7/21/22

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

NAME (LAST) Jimenez	(FIRST) Sergio	(MIDDLE)		2022 JUNE 2 ELEPHONE 25 MBER (408) 535-4902
REPORTING PERIOD 4/1/22 to 6/30/22		¢.		
		s did you spend rendering servic eed to Section 2 below.)	es unrelated to your du	uties of office for which you earned
1. INCOME EARNED	THIS REPORTING P	ERIOD*		
LESS \$500	× \$500 - \$1,000	S1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporti Section 5.	ng Year is more than	\$500, proceed to Section 2. If a	ggregate in Reporting `	Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING Y	EAR		
\$0 - \$499*	\$500 - \$1,000	🗶 \$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
		500, proceed to Section 5.		
00 0		500, proceed to Section 3.		
NAME OF BUSINESS	ENTITY/TRUST/GOVI	NTAL AGENCY & DESCRIPTIC ERNMENTAL AGENCY CAL AGENCY FORMATION COM	- f	
ADDRESS 3331 North First Street	, Building B-1 San Jos	e, CA 95134-1927/ 777 North Fi	st Street, Suite 410 S	an Jose, CA 95112
TYPE OF BUSINESS E	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	Partnership			Corporation
Trust	X Governme	ntal Agency 🗌 Nonprofit (Drganization	Other
GENERAL DESCRIPT		NTITY/TRUST/GOVERNMENTA	L AGENCY ACTIVITY	
POSITION: DIRECTO	R/ COMMISSIONER			
GENERAL DESCRIPT	ON OF SERVICES R	ENDERED:PER DIEM PAYM	ENTS	
		RCE OF INCOME OF \$5,000 OF 5,000 OR MORE (attach a sepa		EPORTING PERIOD AND IF THE
5. VERIFICATION				
I have used all reasona	erein and in any attac	hed schedules is true and compl		to the best of my knowledge the enalty of perjury under the laws of
Signature(File the office	inally signed statement	with the City Clerk.)	Date Signed	7/21/22 (month, day, year)