### INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clork

PATC

90 OTC 2016 DET 13 PM 3: 45

NAME (LAST) Jones Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIOD 07/01/16- 09/30/16				
		s did you spend rendering se eed to Section 2 below.)l		ur duties of office for which you earned
1. INCOME EARNED	THIS REPORTING P	ERIOD*		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	<b>X</b> \$10,001 - \$100,00	00 OVER \$100,000
*If aggregate in Reportion Section 5.	ng Year is more than :	\$500, proceed to Section 2.	If aggregate in Reporti	ng Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING Y	EAR		
\$0 - \$499*	<b>\$500 - \$1,000</b>	<b>\$1,001 - \$10,000</b>	\$10,001 - \$100,000	O X OVER \$100,000
*If aggregate in Reportin	ng Year is less than \$	500, proceed to Section 5.		
If aggregate in Reporting	g Year is more than \$	500, proceed to Section 3.		
		NTAL AGENCY & DESCRIF	PTION OF SERVICES	
NAME OF BUSINESS E	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY		
Jones Enterprise	S			TOTAL
ADDRESS 1005 Whiteoak Di	rive San Iose (	°Δ 05120		
TYPE OF BUSINESS E				MANUAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
X Proprietorship	☐ Partnership	☐ LTC	[	Corporation
☐ Trust	Government	ntal Agency Nonpro	ofit Organization [	Other
GENERAL DESCRIPTION	ON OF BUSINESS EN	ITITY/TRUST/GOVERNMEN	NTAL AGENCY ACTIV	ITY:
Consulting Service	es and Real Esta	ate		
POSITION: Co- Owi	ner			**************************************
			Consultant- Inter	nal Communication Services &
		Support. CE OF INCOME OF \$5,000 ,000 OR MORE (attach a se		REPORTING PERIOD AND IF THE
1. Cisco		,000 OK MONE (allach a sc	parate sheetii neess	u y/
5. VERIFICATION				
information contained he	rein and in any attach	ed schedules is true and cor		and to the best of my knowledge the penalty of perjury under the laws of
the State of California t	hat the foregoing is	true and correct.		
Signature (File the origin	ally signed statement	with the City Clerk	Date Signed	10/13/16 (month, day, year)

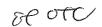
of Fundraisin	ig Rep	oort Form			RECEIVED	Page 1	
NAME OF ELECTED OFFICIAL  Charles "Chappie" Jones  OFFICE HELD  City Council  PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16 TO			Date of 10/13/16 This Filing		Date Stamp	CITY OF SAN DFR1	
			Page of	of	7010 UCT 13 FM 3-45	For Official Use Only	
AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF	CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI		
\$200					Donation: 4 gift cards for Mob Event: 1st Annual Transporta		
\$50.00					Donation: 5 Dozen Donuts & Pastries Event: 1st Annual Transportation Forum		
				. 40			
	OFFICIAL " Jones  AMOUNT CONTRIBUTED \$200	AMOUNT CONTRIBUTED FULL N  \$200 Feder 356 S	PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16  AMOUNT CONTRIBUTED  FULL NAME, ADDRESS, EMPLOYER AND STATEMENT STAT	Date of This Filing  PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16  AMOUNT CONTRIBUTED  FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF \$200  Federal Realty, Santana Row 356 Santana Row, #1005, San Jose, CA 95128	OFFICIAL "Jones  PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16 TO Page 1 of 1 Page 1 of 1 Page 1 of 1 Page 2 of 1 Page 1 of 2 Page 3 of 3 Page 3 of 3 Page 3 of 3 Page 4 of 1 Page 5 of 1 Page 5 of 1 Page 5 of 1 Page 6 of 10/13/16 Page 6 of 10/13/16 Page 1 of 1 Page 5 of 1 Page 6 of 10/13/16 Page 1 of 1 Page 1 of 1 Page 5 of 10/13/16 Page 5 of 10/13/16 Page 6 of 10/13/16 Page 1 of 1 Page 1 of 1 Page 5 of 10/13/16 Page 1 of 1 Page 1 of 1 Page 5 of 10/13/16 Page 1 of 1	OFFICIAL This Filing  PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16 TO  Page  1 of  Page 1 of  Date Stamp 2016 OCT 13 PM 3: 15  Page 1 of  Description of Event or Contributor  Description of Event or Contributor  Pederal Realty, Santana Row 356 Santana Row, #1005, San Jose, CA 95128  Solution: 4 gift cards for More Event: 1st Annual Transporta  \$50.00  Happy Donuts- Angie Sinh  Donation: 5 Dozen Donuts &	

**NOTHING TO REPORT** 

Signature



Date 10/13/16



### INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose Olly Clark

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIO 10/01/16-12/31/16	D			
		s did you spend rendering se eed to Section 2 below.)	ervices unrelated to your None	duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING P	ERIOD*		
☐ LESS \$500	S500 - \$1,000	<b>\$1,001 - \$10,000</b>	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than	\$500, proceed to Section 2.	If aggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING Y	EAR		
□ \$0 - \$499*	S500 - \$1,000	<b>\$1,001 - \$10,000</b>	<b>\$10,001 - \$100,000</b>	
*If aggregate in Repo	rting Year is less than \$	500, proceed to Section 5.		
If aggregate in Report	ting Year is more than \$	500, proceed to Section 3.		
	Y/TRUST/GOVERNME S ENTITY/TRUST/GOVE	NTAL AGENCY & DESCRI ERNMENTAL AGENCY	PTION OF SERVICES	
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129			
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
	☐ Partnership	☐ LLC		Corporation
☐ Trust	Governme	ntal Agency Nonpr	ofit Organization	Consulting Services and Rea
GENERAL DESCRIPTION Consulting Services a		NTITY/TRUST/GOVERNME	NTAL AGENCY ACTIVIT	-Y:
POSITION: Co-Owne	ər			
GENERAL DESCRIP	TION OF SERVICES RE	ENDERED: Kelli Jones - C	onsultant - Internal Com	munication Services & Support
		CE OF INCOME OF \$5,000 5,000 OR MORE (attach a se		REPORTING PERIOD AND IF THE ry)
5. VERIFICATION			N. C.	
information contained		ed schedules is true and co		nd to the best of my knowledge the penalty of perjury under the laws of
	a mar and a single in a la	THE WING COLLAND		1 1
Signature (File the ori	ginally signed statemen	t with the City Clerk.)	Date Signed	(month, day, year)

**Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp Date of CITY OF SAN 1/11/17 Charles "Chappie" Jones This Filing JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council 10/01/16 12/31/16 TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **SOLICITATION CONTRIBUTED** CONTRIBUTION 11/23/16 \$205.00 Winchester Mystery House, 525 South Winchester Blvd, San Donation: 45 Ornaments and cards Jose, CA 95128 Event: Christmas in the Park Tree

**NOTHING TO REPORT** 

**Signature** 

Date 1/11/17

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

San Jose City Clerk

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		2017 APBAYDIMEMELEAPIONE NUMBER 408-406-2501
REPORTING PERIOD 01/01/17 - 3/31/17	)			
, , ,		s did you spend rendering seed to Section 2 below.)	services unrelated to y None	our duties of office for which you earned
1. INCOME EARNED	THIS REPORTING P	ERIOD*		
☐ LESS \$500	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	<b>3</b> . \$10,001 - \$100,	000  OVER \$100,000
*If aggregate in Report Section 5.	ing Year is more than	\$500, proceed to Section 2	. If aggregate in Repo	rting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING Y	EAR		
S0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,0	000
*If aggregate in Report	ing Year is less than \$	500, proceed to Section 5.		
If aggregate in Reporti	ng Year is more than \$	500, proceed to Section 3.		
		NTAL AGENCY & DESCR ERNMENTAL AGENCY	RIPTION OF SERVICE	S
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129			
TYPE OF BUSINESS I	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
X Proprietorship	☐ Partnership	LLC		Corporation
☐ Trust	☐ Governme	ntal Agency 🔲 Nonp	profit Organization	Consulting Services and Real+ Other
GENERAL DESCRIPT Consulting Services an		NTITY/TRUST/GOVERNM	ENTAL AGENCY ACT	IVITY:
POSITION: Co-Owner				
GENERAL DESCRIPT	ION OF SERVICES RI	ENDERED: Kelli Jones -	Consultant - Internal C	ommunication Services & Support
		RCE OF INCOME OF \$5,00 5,000 OR MORE (attach a		S REPORTING PERIOD AND IF THE ssary)
5. VERIFICATION				
I have used all reasona	erein and in any attach	ned schedules is true and o		t and to the best of my knowledge the ler penalty of perjury under the laws of
	3			1 2 1 1/2 1
Signature(File the orig	inally signed statemen	t with the City Clerk.)	Date Signed _	니(기원/1구 (month, day, year)

Disclosure of Fundraising Report Form

RECEIVED San Jose City Rage 1

NAME OF ELECTED OFFICIAL  Charles "Chappie" Jones  OFFICE HELD PERIOD COVERED BY THIS		Date of 4/12/17 This Filing	Date Stamp  2017 APF JOSE FORM  DFR1
	PERIOD COVERED BY THIS REPORT 1/1/17 3/31/17TO	Page of	For Official Use Only HOTC
AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND (	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\$250.00			Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
\$500			Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
\$100			Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
\$250	•		Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
\$150	Alpha Kappa Alpha Sorority, Inc. P.0 95153	D. Box 23302 San Jose, CA	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
\$500	San Andreas Regional Center, P.O. 95150-0002	Box 50002 San Jose, CA	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
	**AMOUNT <b>CONTRIBUTED</b> \$250.00  \$100  \$100  \$250	PERIOD COVERED BY THIS REPORT 1/1/1/7 3/31/17  AMOUNT CONTRIBUTED  \$250.00  Leon Beauchman, President, Santa Black Educators, P.O. Box 731216, Section 1/2 Section	PERIOD COVERED BY THIS REPORT 1/1/17 3/31/17 Page 1 of 1  AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR  \$250.00 Leon Beauchman, President, Santa Clara County Alliance of Black Educators, P.O. Box 731216, San Jose, CA 95173-1218  \$500 Rahul Chandhok, Manager of Government Affairs, 49ers Football, 4949 Marie P. DeBartolo Way, Santa Clara, CA 95054  \$100 Stephanie Menzies, African American Municipal Employees Association, 6640 Via Del Oro, San Jose, CA 95119  \$250 Debra Watkins, California Alliance of African American Educators, P.O. Box 3134 San Jose, CA 95156  \$150 Alpha Kappa Alpha Sorority, Inc. P.O. Box 23302 San Jose, CA 95153  \$500 San Andreas Regional Center, P.O. Box 50002 San Jose, CA

NOTHING TO REPORT

Signature

Date 4/12/17

### **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
2/3/17	\$100	Delta Sigma Theta Sorority, Inc. San Jose Alumnae Chapter, P.O. Box 6841 San Jose, CA 95150	Sponsorship for African American Flag Raising Ceremony of February 4th, 2017
2/14/17	\$20	Catherine Foster, Our City Forest, 959 S. 7th Street, San Jose, CA 95133	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
3/14/17	\$60	Rose Cheng, Family Giving Tree, 606 Valley Way, Milpitas, CA 95035	In-kind donation for raffle at 12th Annual West Valley Seniol Walk on April 14th, 2017
3/30/17	\$55	Ramona Snyder, Team San Jose, 408 Almaden Blvd., San Jose, CA 95110	In-kind donation for raffle at 12th Annual West Valley Senio Walk on April 14th, 2017
1/20/17	\$96	Karen Hennessy, Assistant Volunteer Services, The Tech Museum, 201 S. Market Street, San Jose, CA 95113	In-kind donation for raffle at 12th Annual West Valley Senio Walk on April 14th, 2017
3/30/17	\$61.12	Ramona Snyder, SJC Airport, 1701 Airport Blvd., San Jose, CA 95110	In-kind donation for raffle at 12th Annual West Valley Senio Walk on April 14th, 2017

NOTHING TO REPORT

Signature

Date 4/12/17

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

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2017 JUL -5 DAYTIME TELEPHONE NUMBER (MIDDLE) NAME (LAST) (FIRST) Charles 408-406-2501 E. Jones, Jr. REPORTING PERIOD 04/01/17 - 06/30/17 During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned None Income? (If your answer is none, please proceed to Section 2 below.) 1. INCOME EARNED THIS REPORTING PERIOD\* x \$10.001 - \$100.000 OVER \$100,000 \$1.001 - \$10.000 LESS \$500 \$500 - \$1,000 \*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5. 2. INCOME EARNED THIS REPORTING YEAR × \$10,001 - \$100,000 \$500 - \$1,000 \$1,001 - \$10,000 | | OVER \$100,000 \$0 - \$499\* \*If aggregate in Reporting Year is less than \$500, proceed to Section 5. If aggregate in Reporting Year is more than \$500, proceed to Section 3. 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY Jones Enterprises **ADDRESS** 1005 Whiteoak Drive, San Jose, CA 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Partnership ☐ LLC Corporation X Proprietorship Consulting Services and Reals Nonprofit Organization Trust Governmental Agency Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting Services and Real Estate POSITION: Co-Owner Kelli Jones - Consultant - Internal Communication Services & Support GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signatu(e **Date Signed** (File the originally signed statement with the City Clerk.)

### Type or print in ink.

Amounts may be rounded to whole dollars.

RECEIVED

San Jose City Clerk **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp Date of CITY OF SAN 06/30/17 Charles "Chappie" Jones This Filina JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council 04/01/17 06/30/17 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **CONTRIBUTED** SOLICITATION CONTRIBUTION 4/7/17 \$42 Maria Bones, Hammer Theatre, 101 Paseo de San Antonio. In-kind donation for raffle at 12th Annual West Valley Senior San Jose, CA 95113 Walk on April 14th, 2017 Laura Nenada, CareMore, 255 N. White Road, #200b, San In-kind donation for raffle at 12th Annual West Valley Senior 4/14/17 \$50 Jose, CA 95127 Walk on April 14th, 2017 4/10/17 \$50 Julia Earley, Sunny View Retirement Community, 22445 In-kind donation for raffle at 12th Annual West Valley Senior Cupertino Road, Cupertino, CA 95014 Walk on April 14th, 2017 4/11/17 \$30 Kristi Cole, American Cancer Society/Relay for Life, 747 In-kind donation for raffle at 12th Annual West Valley Senior Camden Avenue, Suite B, Campbell, CA 95008 Walk on April 14th, 2017 Benjamin Naranjo, San Jose Firefighters, 425 E. Santa Clara In-kind donation for raffle at 12th Annual West Valley Senior 4/6/17 \$20 Street, Suite 300, San Jose, CA 95113 Walk on April 14th, 2017 \$50 Sharon Catalan, Platinum Senior Network, 6025 Indian Avenue, In-kind donation for raffle at 12th Annual West Valley Senior 4/14/17 San Jose, CA 95123 Walk on April 14th, 2017

NOTHING TO REPORT

San Inga City Clark

Disclosure of	of Fundraisin	ng Report Form		an Jose City Clerk	Page 1
NAME OF ELECTED Charles "Chappie				Resident Date Stamp	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 04/01/17 06/30/17 TO	Page 2 2		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR		R PURPOSE OF FUNDRAISING RIBUTION
06/20/17	\$250	Quality Respite & Home Care, 117 <sup>2</sup> Santa Clara, CA 95050-5485	Homestead Rd., Suite 220,	10th Annual Disability Award	eness Day Vendor
6/27/17	\$65	Abilities United, 525 E. Charleston	Road, Palo Alto, CA 94306	10th Annual Disability Awar	eness Day Vendor
	,				
	-				
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NOTHING TO REPORT

Date 6/30/17

### Disclosure of Fundraising Report Form

RECEIVED San Jose City Clerk

Page 2

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

NOTHING TO REPORT

Signature

Date 6/30/17

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		2017 PAYTIME ТЕРЕРНОМ2NUMBE 408-406-2501
REPORTING PERIOD 07/01/17 - 09/30/17	)			
		s did you spend rendering eed to Section 2 below.)	services unrelated to None	your duties of office for which you earned
1. INCOME EARNED	THIS REPORTING P	ERIOD*		
☐ LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$10	00,000 OVER \$100,000
*If aggregate in Report Section 5.	ting Year is more than S	\$500, proceed to Section 2	2. If aggregate in Re	porting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING Y	EAR		Const.
\$0 - \$499*	\$500 - \$1,000	<b>\$1,001 - \$10,000</b>	× \$10,001 - \$100	0,000 OVER \$100,000
*lf aggregate in Report	ting Year is less than \$5	500, proceed to Section 5.		
If aggregate in Reporti	ng Year is more than \$	500, proceed to Section 3.		
3. BUSINESS ENTITY	/TRUST/GOVERNME	NTAL AGENCY & DESCF	RIPTION OF SERVIC	ES
NAME OF BUSINESS Jones Enterprises	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive, S	San Jose, CA 95129			
TYPE OF BUSINESS I	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		•
X Proprietorship	Partnership	LLC		Corporation
☐ Trust	☐ Governmer	ntal Agency Nonp	profit Organization	Consulting Services and Rea
GENERAL DESCRIPT Consulting Services an		ITITY/TRUST/GOVERNMI	ENTAL AGENCY AC	TIVITY:
POSITION: Co-Owner				
GENERAL DESCRIPTI	ON OF SERVICES RE	:NDERED: Kelli Jones -	Consultant - Internal	Communication Services & Support
		CE OF INCOME OF \$5,00 5,000 OR MORE (attach a		HIS REPORTING PERIOD AND IF THE cessary)
	*****			
5. VERIFICATION			ned (1)	
I have used all reasona	erein and in any attach	ed schedules is true and c		ent and to the best of my knowledge the nder penalty of perjury under the laws of
the state of Camorilla	that the loleyong is	nue anu confect.		
Signature (File the original Control of the Control	inally signed statement	with the City Clerk.)	Date Signed	(month, day, year)

RECEIVED **Disclosure of Fundraising Report Form** San Jose Cilv Clork Page 1 NAME OF ELECTED OFFICIAL Date of CITY OF SAN 10/12/17 Charles "Chappie" Jones This Filing JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council 07/01/17 09/30/17 TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION 7/7/17 \$500 Arcadia Development Company, P.O. Box 5368, San Jose, CA 10th Annual Disability Awareness Day Sponsor 95150 Law Office of Lorna J. Thrope, 1550 The Alameda, Suite 206. 10th Annual Disability Day Vendor 7/717 \$250 San Jose, CA 95126 7/20/17 \$250 Sikka Dental Corp, 150 N. Jackson Avenue, San Jose, CA 10th Annual Disability Day Vendor 95116 7/20/17 \$65 Greater Opportunities, 900 Lafayette Street, #700, Santa Clara, 10th Annual Disability Day Vendor CA 95050 Housing Choices Coalition, 898 Faulstich Court, Suite B, San 10th Annual Disability Day Vendor 7/20/17 \$65 Jose, CA 95112 Santa Clara Valley Blind Center, 101 N. Bascom Avenue, San 10th Annual Disability Day Vendor 7/20/17 \$65 Jose, CA 95128

**NOTHING TO REPORT** 

Signature



Date 10/12/17

### Disclosure of Fundraising Report Form

Page 2

DATE OF <b>SOLICITATION</b>	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/21/17	\$250	Tucci Learning Solutions, 3180 Imjin Road, Suite 149, Marina, CA 93933	10th Annual Disability Day Vendor
8/15/17	\$500	24Hr HomeCare LLC, 300 N. Sepulveda Blvd., Suite 1065, El Segundo, CA 90245	10th Annual Disability Day Sponsor
8/15/17	\$250	Behavior Frontiers, 18726 S. Western Avenue, Suite 408, Gardena, CA 90248-3858	10th Annual Disability Day Vendor
8/15/17	\$250	MobilityWorks of California, 810 Moe Drive, Akron, OH 44310	10th Annual Disability Day Vendor
8/15/17	\$65	Rebuilding Together Silicon Valley, P.O. Box 21996, San Jose, CA 95151	10th Annual Disability Day Vendor
8/15/17	\$500	Republic Services, 18500 N. Allied Way, Phoenix, AZ 85054	10th Annual Disability Day Sponsor
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NOTHING TO REPORT

Signature

Date 10/12/17

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Ji FullulaiSili	g ivebort i oilli		San Jose City Clerk	Page 1
OFFICIAL		Date of 10/12/17	() Date Stamp	CITY OF SAN DFR1
e" Jones		This Filing	70170CT 12 PM 2: 36	
	PERIOD COVERED BY THIS	2 3		For Official Use Only
	07/01/17 09/30/17	Page of		
AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR		
\$65	Trinity Change, Inc. 1245 S. Winche Jose, CA 95128	ester Blvd., Suite 303, San	10th Annual Disability Day Ve	endor
\$65	Via Rehabilitation Services, Inc., 28 Clara, CA 95050-6097	51 Park Avenue, Santa	10th Annual Disability Day Ve	endor
\$65	Camping Unlimited, 102 Brook Lan	e, Boulder Creek, CA 95006	10th Annual Disability Day V	endor
\$65	Good Shepherd Fund, 1641 N. 1st. CA 95112	Street, Suite 155, San Jose,	10th Annual Disability Day V	endor
\$500	Santa Clara Valley Water District, 5 Jose, CA 95118-3686	750 Almaden Expwy, San	10th Annual Disability Day S	ponsor
\$65	Fiesta Educativa, 4689 Camden Av	renue, San Jose, CA 95124	10th Annual Disability Day V	endor
	AMOUNT CONTRIBUTED \$65 \$65 \$65 \$65	PERIOD COVERED BY THIS REPORT 07/01/17 09/30/17 TO O9/30/17  AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND Jose, CA 95128  \$65	PERIOD COVERED BY THIS REPORT 07/01/17 09/30/17 Page 2 of 3  Page 2 of 4  Page 2 of	Date of This Filling 10/12/17 This Filling 10/12/12/17 This Filling 10/12/17 This Fillin

NOTHING TO REPORT

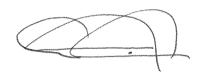
**Signature** 

Date 10/12/17

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/7/17	\$65	Disability Rights California, 1831 K Street, Sacramento, CA 95811	10th Annual Disability Day Vendor
9/7/17	\$65	Hope Services, 30 Las Colinas Lane, San Jose, CA 95119	10th Annual Disability Day Vendor
9/7/17	\$500	Republic Urban Properties LLC, 84 W. Santa Clara Street, Suite 600, San Jose, CA 95113	10th Annual Disability Day Sponsor
9/7/17	\$500	San Jose Water Company, 110 W. Taylor Street, San Jose, CA 95196	10th Annual Disability Day Sponsor
9/7/17	\$65	Social Vocational Services Inc, 124 Blossom Hill Road, Unit F, San Jose, CA 95123	10th Annual Disability Day Vendor
9/7/17	\$250	Stephanie Young Consultants, 9340 Fuerte Drive, Suite 210, La Mesa, CA 91941	10th Annual Disability Day Vendor

NOTHING TO REPORT

Signature



Date 10/12/17

RECEIVED **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date of CITY OF SAN 10/12/17 Charles "Chappie" Jones This Filina JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council 07/01/17 09/30/17 TO DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION 9/8/17 \$250 North Bay Industries, 649 Martin Avenue, Rohnert Park, CA 10th Annual Disability Awareness Day Vendor 94298-2050 Anthem-Cal MediConnect, 60 S. Market Street, San Jose, CA 10th Annual Disability Awareness Day Vendor 9/8/17 \$250 95113 9/12/17 \$250 Specialized Daycare Services DBA: My Friends Pediatric Day 10th Annual Disability Awareness Day Vendor Center, 7777 Greenback Ln. Ste 208, Citrus Heights, CA 95610 9/12/17 \$65 Project Hired, 1401 Parkmoor Avenue, Suite 125, San Jose, CA 10th Annual Disability Awareness Day Vendor 95126-3453 Life Services Alternatives, 1922 The Alameda, Suite 400, San 10th Annual Disability Awareness Day Vendor 9/28/17 \$65 Jose, CA 95126-1430 \$250 Summit Therapeutic Services, Inc, 1936 Camden Avenue, Suite 10th Annual Disability Awareness Day Vendor 9/12/17 5. San Jose, CA 95124

NOTHING TO REPORT Sign

**Signature** 

Date 10/12/17

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

NOTHING TO REPORT

Signature

Date 10/12/17

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED

(San Jose Municipal Code Chapter 12.19)

YTIME TELEPHONE NUMBER NAME (LAST) (FIRST) (MIDDLE) 408-406-2501 Charles E. Jones, Jr. REPORTING PERIOD 10/01/17 - 12/31/17 During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned None Income? (If your answer is none, please proceed to Section 2 below.) 1. INCOME EARNED THIS REPORTING PERIOD\* LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 × \$10,001 - \$100,000 OVER \$100,000 \*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5. 2. INCOME EARNED THIS REPORTING YEAR \$10,001 - \$100,000 × OVER \$100,000 | | \$0 - \$499\* \$500 - \$1,000 \$1,001 - \$10,000 \*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. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY Jones Enterprises **ADDRESS** 1005 Whiteoak Drive, San Jose, CA 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: X Proprietorship ☐ LLC Corporation Partnership Consulting Services and Real Governmental Agency Trust ☐ Nonprofit Organization Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting Services and Real Estate Co-Owner POSITION: Kelli Jones - Consultant - Internal Communication Services & Support GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature (File the originally signed statement with the City Clerk.)

Disclosure (	Disclosure of Fundraising Report Form				Page 1
NAME OF ELECTER Charles "Chappie			Date of 1/10/18 This Filing	2018 JAN 10 PM 3: 55	CITY OF SAN DFR1
OFFICE HELD City Council	The Principle of the Control of the	PERIOD COVERED BY THIS REPORT 10/01/17 12/31/17TO	Page 1 1		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
0/2/17	\$65	Santa Clara Valley Transportation Au San Jose, CA 95134-1927	uthority, 3331 N. 1st Street,	10th Annual Disability Awaren	ess Day Vendor
0/5/17	\$75	College of Adaptive Arts, 1401 Parkr San Jose, CA 95126	noor Avenue, Suite 260,	10th Annual Disability Day Ver	ndor
0/5/17	\$305	Karen Strasilla, 360 Hull Avenue, Sa	n Jose, CA 95125	10th Annual Disability Day Sp	onsor
0/7/17	\$60	Chutney Mary's, 656 Los Padres Blv	d., Santa Clara, CA 95050	10th Annual Disability Day Sp	onsor
0/25/17	\$65	Parents Helping Parents, 1400 Parki Jose, CA 95126-3429	moor Avenue, Ste 100, San	10th Annual Disability Day Ve	ndor
2/19/17	\$250	Alpha Kappa Alpha Sorority, Inc E Box 23302, San Jose, CA 95153	ta Rho Omega Chapter, PO	2018 African American History	y Month Flag Raising Sponsor

NOTHING TO REPORT

Date 1/10/18

### **Disclosure of Fundraising Report Form**

Page 2

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

NOTHING TO REPORT

Signature

Date 1/10/18

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		20 PAYTIME TELI 408-406-29	PHONE NUMBER
REPORTING PERIO 01/01/18 - 3/31/18	D				
, , ,	Period, how many hours ver is none, please proce		services unrelated to None	your duties of office for wh	nich you earned
1. INCOME EARNE	D THIS REPORTING PE	RIOD*			
☐ LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	x \$10,001 - \$10	0,000 🔲 OVER \$100	0,000
*If aggregate in Repo Section 5.	rting Year is more than \$	500, proceed to Section 2	. If aggregate in Rep	porting Year is less than \$5	600, proceed to
2. INCOME EARNE	D THIS REPORTING YE	AR			
S0 - \$499*	S500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100	,000	000
*If aggregate in Repo	rting Year is less than \$5	00, proceed to Section 5.			
If aggregate in Report	ing Year is more than \$5	00, proceed to Section 3.			
		ITAL AGENCY & DESCR	RIPTION OF SERVIC	ES	
Jones Enterprises	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY			
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129				
TYPE OF BUSINESS	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:			
	☐ Partnership	☐ LLC		Corporation	
Trust	Governmen	tal Agency	rofit Organization	Consulting Service Other	es and Rea
GENERAL DESCRIPTION Consulting Services a		TITY/TRUST/GOVERNME	ENTAL AGENCY AC	TIVITY:	
POSITION: Co-Owne	er			· · · · · · · · · · · · · · · · · · ·	
GENERAL DESCRIPT	TION OF SERVICES RE	NDERED: Kelli Jones - (	Consultant - Internal	Communication Services &	& Support
		CE OF INCOME OF \$5,00 000 OR MORE (attach a :		HIS REPORTING PERIOD essary)	AND IF THE
	· · · · · · · · · · · · · · · · · · ·	·			
5. VERIFICATION					
information contained		ed schedules is true and c		nt and to the best of my kr der penalty of perjury ur	
Signature	ginally signed statement		Date Signed	(mqnth, day,	year)

San Jose City Chark

Disclosure (	Disclosure of Fundraising Report Form			San Jose City Clark	Page 1
NAME OF ELECTER Charles "Chappie			Date of 04/11/18 This Filing	Date Stamp 2018 APR   2 PM 3: 33	CITY OF SAN DFR1
OFFICE HELD PERIOD COVERED BY THIS REPORT 01/01/18 03/31/18 TO		Page of		For Official Use Only	
DATE OF SOLICITATION	THE REPORT OF A PROPERTY OF AND ACCUPATION OF CONTRIBUTOR I		DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
1/4/18	\$250	California Alliance of African Americ 3134, San Jose, CA 95156			Month Flag Raising
1/17/18	\$250	SEIU Local 521, 2302 Zanker Road	d, San Jose, CA 95131	2018 African American History	Month Flag Raising
2/7/18	\$500	Santa Clara Valley Water District, 5 San Jose, CA 95118-3686	Santa Clara Valley Water District, 5750 Almaden Expressway, San Jose, CA 95118-3686		/ Month Flag Raising
3/2/18	\$250	Comcast Financial Agency Corpora Philadelphia, PA 19103-2838	ation, 1701 JFK Boulevard,	2018 African American History	∕ Month Flag Raising
3/29/18	\$25	Denise Hankes, LegalShield, 1849 95121	Bagpipe Way, San Jose, CA	13th Annual West Valley Senio	or Walk Raffle
				Λ.	,

NOTHING TO REPORT

Signature



Date 4/11/18

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

NAME (LAST Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	(	2018 DULTING TEMPHONIONUMBER 408-406-2501
REPORTING PER 04/01/18 - 06/30/		,		
	ng Period, how many hours nswer is none, please proce		vices unrelated to your o	duties of office for which you earned
1. INCOME EARN	NED THIS REPORTING PE	RIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Re Section 5.	porting Year is more than \$	500, proceed to Section 2. If	aggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARN	IED THIS REPORTING YE	AR		
\$0 - \$499*	<b>\$500 - \$1,000</b>	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Re	porting Year is less than \$5	00, proceed to Section 5.		
If aggregate in Rep	orting Year is more than \$5	00, proceed to Section 3.		
3. BUSINESS ENT	TTY/TRUST/GOVERNMEN	ITAL AGENCY & DESCRIP	TION OF SERVICES	
NAME OF BUSINE Jones Enterprises	SS ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Driv	re, San Jose, CA 95129			
TYPE OF BUSINES	SS ENTITY/TRUST/GOVER	RNMENTAL AGENCY:		
X Proprietorship	☐ Partnership	☐ LLC		Corporation
☐ Trust	Governmen	tal Agency Nonprof	it Organization	Consulting Services and Rea
GENERAL DESCRI Consulting Services		TITY/TRUST/GOVERNMENT	TAL AGENCY ACTIVITY	<i>(</i> :
POSITION: Co-Ow	ner			
GENERAL DESCRI	PTION OF SERVICES RE	NDERED: Kelli Jones - Cor	nsultant - Internal Comm	nunication Services & Support
4. LIST EACH REPO AGGREGATE IN	ORTABLE SINGLE SOURC REPORTING YEAR IS \$5,	CE OF INCOME OF \$5,000 C 000 OR MORE (attach a sep	R MORE FOR THIS RE arate sheet if necessary	EPORTING PERIOD AND IF THE ()
5. VERIFICATION				
information containe	onable diligence in preparin d herein and in any attache nia that the foregoing is t	ed schedules is true and com	ewed this statement and plete. I certify under p	to the best of my knowledge the enalty of perjury under the laws of
Signature (File the c	priginally signed statement	with the City Clerk	Date Signed	7 5 18 (month day year)

### Type or print in ink.

Amounts may be rounded to whole dollars.

RECEIVED San Jose City Clerk

Page 1

**Disclosure of Fundraising Report Form** NAME OF ELECTED OFFICIAL CITY OF SAN JOSE FORM Date of Charles "Chappie" Jones This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council 04/01/18 06/30/18 TO DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **CONTRIBUTED** SOLICITATION CONTRIBUTION 4/9/18 \$100 Family Matters In-Home Care, 2155 S. Bascom Avenue, Suite 13th Annual West Valley Senior Walk Raffle 116, Campbell, CA 95008 Anthem Blue Cross / Caremore, 255 N. White Road, #200, San 13th Annual West Valley Senior Walk Raffle 4/10/18 \$50 Jose, CA 95121 4/13/18 \$32 Heart of the Valley, Services for Seniors.org, PO Box 418, 13th Annual West Valley Senior Walk Raffle Santa Clara, CA 95052 4/13/18 \$38 Right at Home San Jose, 2190 Stokes Street, Suite 203, San 13th Annual West Valley Senior Walk Raffle Jose, CA 95128 Star One CU, PO Box 3643, Sunnyvale, CA 94088 13th Annual West Valley Senior Walk Raffle 4/13/18 \$150 \$50 Timpany Center, 730 Empey Way, San Jose, CA 95128 13th Annual West Valley Senior Walk Raffle 4/13/18

**NOTHING TO REPORT** 

Signature

**Date** 

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
1/13/18	\$80	Visiting Angels, 922 West Fremont Avenue, Sunnyvale, CA 94087	13th Annual West Valley Senior Walk Raffle
1/13/18	\$125	Kipling, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
4/13/18	\$50	Crabtree & Evelyn, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
4/13/18	\$30	Kiehl's, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
5/18/18	\$500	Forty Niners Football Company, LLC, 4949 Marie P DeBartolo Way, Santa Clara, CA 95054-1229	2018 African American History Month Flag Raising Sponso

NOTHING TO REPORT

Signature

7/5/18

Date

## INCOME AND TIME DISCLOSURE STATEMENT an Jose City Clerk

(San Jose Municipal Code Chapter 12.19)

(MIDDLE) NAME (LAST) (FIRST) Jones, Jr Charles 408.406.2051 REPORTING PERIOD July 1-Sept 30 April 1-June 30 Oct 1-Dec 31 Jan 1-March 31 During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned None Income? (If your answer is none, please proceed to Section 2 below.) INCOME EARNED THIS REPORTING PERIOD\* \$1,001 - \$10,000 \$10,001 - \$100,000 LESS \$500 \$500 - \$1,000 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\* \$1,001 - \$10,000 \$10,001 - \$100,000 \$500 - \$1,000 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. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY Jones Enterprises **ADDRESS** 1005 Whiteoak Drive, San Jose, CA 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship Partnership LLC Corporation Trust Governmental Agency Nonprofit Organization Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting Services and Real Estate Co-owner POSITION: Kelli Jones - Internal Communication Services and Support GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature **Date Signed** (File the originally signed statement with the City Clerk.)

RECEIVED **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL 10/15/18 Date of CITY OF SAN Charles E. Jones Jr. **JOSE FORM** This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only *67*769778 Councilmember District 1 09/30/18 TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **SOLICITATION CONTRIBUTED** CONTRIBUTION 7/3/18 500 San Jose Water Company, 110 W Taylor Street, San Jose, CA 11th Disability Awareness Day 95196 Kelsey Roland, 3398 Thompson Ave, San Jose, CA 95118, 11th Disability Awareness Day 7/13/18 65 **Best Buddies** 7/24/18 250 Mobility Works, 810 Moe Drive, Akron, OH 44310 11th Disability Awareness Day 7/25/18 11th Disability Awareness Day 65 Via Rehabilitation Services INc. 2851 Park Avenue Santa Cara, CA 95050 Life Services Alternative, 1922 The Alameda STE 400, San 11th Disability Awareness Day 7/31/18 65 Jose, CA 95126 11th Disability Awareness Day Silicon Valley Independent Living Center, 25 N. 14th Street, 8/3/18 65 STE 1000. San Jose, CA 95112

Signature

**NOTHING TO REPORT** 

### **Disclosure of Fundraising Report Form**

Pg 2045

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
/3/18	65	NAMI Santa Clara County, 1150 S. Bascom Ave, Ste 24, San Jose, CA 95128	11th Disability Awareness Day
/6/18	250	Behavior Frontiers, LLC, 4030 Moorpark Ave, Suite 105 San Jose, CA 95117	11th Disability Awareness Day
/17/18	500	Silicon Community Foundation, 2440 West El Camino Real, Suite 300, Mountain View, CA, 94040	11th Disability Awareness Day
/17/18	250	Tucci Learning Solutions, INC, 3180 Imjin Road, Suite 149, Marina CA 93933	11th Disability Awareness Day
/28/18	65	Project Hired, 1401 Parkmoor Ave, San Jose, CA 95126	11th Disability Awareness Day
/30/18	65	Housing Choices Coalition, 898 Faulstich Court, Suite B, san Jose, CA 95112	11th Disability Awareness Day

NOTHING TO REPORT



Date 10 15/18

### **Disclosure of Fundraising Report Form**

Page 1

OFFICE HELD  OFFICE HELD  OATE OF SOLICITATION	E. Jones :	PERIOD COVERED BY THIS REPORT  O 구 0 18 to 9 30 18  FULL NAME, ADDRESS, EMPLOYER AND O	Date of This Filing 6/15/18  Page 3 of 5  CCUPATION OF CONTRIBUTOR	Date Stamp  DESCRIPTION OF EVENT OR PI	
8/31/18	65	Hope Services, 30 Los Colinas Lane,	San Jose, CA 95119	11th Disability Awareness Day	
8/30/18	65	North Bay Industries, 649 Martin Ave,	Rohnert Park, CA 94928	11th Disability Awareness Day	
8/31/18	65	Family Health Plan, 6201 San Ignacio	Ave, San Jose, CA 95119	11th Disability Awareness Day	
9/4/18	250	College Living Experience, 6700 Alex Columbia, MD ,21046	ander Drive, Suite 100,	11th Disability Awareness Day	
9/13/18	65	Greater Opportunities, 900 Lafayette Clara, CA 95050	Street, Suite 700, Santa	11th Disability Awareness Day	
9/19/18	65	Santa Clara Valley Transportation Au Street, San Jsoe ,CA 95134	thority, 3331 North First	11th Disability Awareness Day	

NOTHING TO REPORT

Signature

Date LOIS 18

### **Disclosure of Fundraising Report Form**

794 of5

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
/11/18	65 ·	Rebuilding Together, P.O. Box 21996, San Jose, CA 95151	11th Disability Awareness Day
/18/18	65	Social Vocational Services, INC> San Andreas North Region, 124 Blossom Hill Road, Unit F, San Jose CA 95123	11th Disability Awareness Day
/19/18	65	Costanoa Commons, 1584 Grackle Way, Sunnyvaley CA 94087	11th Disability Awareness Day
/20/18	65	Mochaa INC. 327 Pineview Dr. Santa Clara, CA 95050	11th Disability Awareness Day
/21/18	65	Juvo, 577 S. 16th Street, San Jose, CA 65112	11th Disability Awareness Day
/21/18	1000	Republic Services Inc. 18500 N Allied Way, Phoeniz, AZ 80854	11th Disability Awareness Day

NOTHING TO REPORT

Signature

Date 10/15/18

### **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL Date Stamp Date of **CITY OF SAN** Charles E This Filing JOSE FORM PERIOD COVERED BY THIS For Official Use Only REPORT Cancil Wember 7/1/18 to 9/30/18 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION 9/25/18 250 Learning Center for Independence, 2003 Wellington Dr. 11th Disability Awareness Day Milpitas, CA 95035 Parents Helping Parents, 1400 Parkmoor Ave, Suite 100, San 11th Disability Awareness Day 9/26/18 65 Jose, CA 95126 9/27/18 250 Specialized Daycare Services, INC. 7777 Greenback lane, 11th Disability Awareness Day Suite 208, Citrus Heights, CA 95610 09/27/18 65 Vista Center for the Blind and Visually Impaired, 2500 El 11th Disability Awareness Day Camino Real, Ste 100, Palo Alto CA 94306

NOTHING TO REPORT

Signature

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

### INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	2019 JAN4P54084	TELEPHONE NUMBER
REPORTING PERIOD  Jan 1-March 31	April 1-June	e 30	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Period, Income? (If your answer is no			ated to your duties of office	for which you earned
1. INCOME EARNED THIS				
LESS \$500	\$500 - \$1,000 \$1,001	- \$10,000 \$10,00	1 - \$100,000 OVER	₹\$100,000
*If aggregate in Reporting Ye. Section 5.	ar is more than \$500, proceed	I to Section 2. If aggregate	in Reporting Year is less th	nan \$500, proceed to
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 Yea	ar is less than \$500, proceed	to Section 5.		
If aggregate in Reporting Yea	r is more than \$500, proceed	to Section 3.	(8)	6
3. BUSINESS ENTITY/TRUS			ERVICES	
NAME OF BUSINESS ENTIT Jones Enterprises	Y/TRUST/GOVERNMENTAL	AGENCY		
ADDRESS 1005 Whiteoak Drive, San Jos	se, CA 95129	2		
TYPE OF BUSINESS ENTITY	//TRUST/GOVERNMENTAL	AGENCY:		
Proprietorship	Partnership	LLC	Corporation	
Trust [	Governmental Agency	Nonprofit Organiza		-
37				her
GENERAL DESCRIPTION OI Consulting Services and Real		GOVERNMENTAL AGEN	CY ACTIVITY:	
POSITION:				
GENERAL DESCRIPTION OF	F SERVICES RENDERED: _	Kelli Jones- Consultant - In	ternal Communication Serv	ices and Support
4. LIST EACH REPORTABLE AGGREGATE IN REPORT	SINGLE SOURCE OF INCO ING YEAR IS \$5,000 OR MO			ERIOD AND IF THE
			4	
5. VERIFICATION				
I have used all reasonable dili information contained herein a the State of California that the	and in any attached schedules	is true and complete. I ce	rtify under penalty of perj	ury under the laws of
and otate of Camorina that the	To lorgollig is true and cor	rect. PRINT	SUBMIT RES	The state of
Signature (File the originally s	signed statement with the City	Clerk.)	Signed 1 15 19 (month	n, day, year)

Disclosure of	of Fundraisin	g Report Form		RECEIVED	Page 1
NAME OF ELECTED	OFFICIAL		Date of	Jose CityDate Stamp	CITY OF SAN DED4
Charles	E. Joy	PERIOD COVERED BY THIS	This Filing 1/15/19	ote Ea	JOSE FORM DFR1
OFFICE HELD		DEDORT	Page of	AN 15 AM 11: 53	For Official Use Only
Canel mem	Ver Distric	et 1 10/1/18 TO 12/31/19	raget_ or _t	4	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OC	CUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
10/3/18	\$250	Summit therapeutic 6840 Via Del Oro Suite	Services Inc.	Disability Awar	rens Day
10/3/18		San Dex, CA 95 119		5a 15	
10/4/18	\$ 250	Sikka Dental Corp 150 N. Jackson St Son Jose CA 95116	: Suk 203	11th Annual J Awareness Day	Disability
10/4/18	\$65	New Hope Band 384 Surpork Place, San		Day	Disability Awarens
10/7/18	\$65	Angels on Stage 8853rd St. #220	6, San Jose, CA 9713	11th Annual 7	Disability Awarms
				J	
		= 1			
NOTHING TO	D BERORT	Signature:		DATE:	1/15/19
NOTHING IC		1			

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

NAME (LAST) (FIRST) Jones Jr., Charles "Chappie" E.	(MIDDLE)	DAYTIME TELEPHÖNE, NUMBER 408.406.2501
REPORTING PERIOD  Jan 1-March 31	April 1-June 30	July 1-Sept 30 Oct 1-Dec 31
During the Reporting Period, how many hours Income? (If your answer is none, please proce		to your duties of office for which you earned
1. INCOME EARNED THIS REPORTING PE	ERIOD*	
LESS \$500 \$500 - \$1,000	\$1,001 - \$10,000 \$10,001 - \$	100,000 OVER \$100,000
*If aggregate in Reporting Year is more than \$ Section 5.	500, proceed to Section 2. If aggregate in F	Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING YE	AR	
\$0 - \$499* \$500 - \$1,000	\$1,001 - \$10,000 \$10,001 - \$1	00,000 OVER \$100,000
*If aggregate in Reporting Year is less than \$5	600, proceed to Section 5.	
If aggregate in Reporting Year is more than \$5	500, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVERNMEI NAME OF BUSINESS ENTITY/TRUST/GOVE Jones Enterprises		/ICES
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95129		
TYPE OF BUSINESS ENTITY/TRUST/GOVE	RNMENTAL AGENCY:	
<b>✓</b> Proprietorship Partnership	LLC	Corporation
Trust Governmen	ntal Agency Nonprofit Organization	Consulting and Real Estate Other
GENERAL DESCRIPTION OF BUSINESS EN Consulting and Real Estate	ITITY/TRUST/GOVERNMENTAL AGENCY	ACTIVITY:
Co Owner		
POSITION:	Internal communications and s	upport by Kelli Jones (co owner)
4. LIST EACH REPORTABLE SINGLE SOUR		
AGGREGATE IN REPORTING YEAR IS \$5	,000 OR MORE (attach a separate sheet if	necessary)
		***************************************
5. VERIFICATION		
	ed schedules is true and complete. I certif	ement and to the best of my knowledge the under penalty of perjury under the laws of
the State of California that the foregoing is	true and correct.	RESET
Signature (File the originally signed statemen	Date Sig	ned

### Disclosure of Fundraising Report Form

Page 2

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

NOTHING TO REPORT

Disclosure	of Fundraisir	ıg Ke	port Form	·		Page 1
NAME OF ELECTE	OFFICIAL			Date of	Date Stamp	CITY OF SAN DED4
Charles "Cha	ppie" Jones			This Filing	1 JUL 15 Fil 2:3"	JOSE FORM DFR1
OFFICE HELD		*************	PERIOD COVERED BY THIS REPORT			For Official Use Only
Vice Mayor/C	ouncilmember	D1	4.1.19 <sub>TO</sub> 6.30.19	Page of	_	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTO	R DESCRIPTION OF EVENT OR CONTRI	
4/26/19	50	Anther 95121	m Blue Cross/ CareMore, 225 N. V	White Road #200, San Jose CA	14th Annual Senior Walk Raffle	:
4/26/19	25	Conne	ect Hearing, 840 Willow Street #30	00, San Jose, CA 95125	14th Annual Senior Walk Raffle	
4/26/19	50	Family CA 95	y Matters In-Home Care 2155 S. E 5008	Bascom Ave. Ste 116, Campbell	I, 14th Annual Senior Walk Raffle	
4/26/19	100	Timpa	iny Center, 730 Empey Way, San	Jose Ca 95128	14th Annual Senior Walk Raffle	
4/26/19	20	2020 (	Census, 2 N 1st St #500, San Jose	e, CA 95113	14th Annual Senior Walk Raffle	
4/26/19	25	Clear	Captions, (669) 207-6917, omie.s	hong@clearcaptions.com	14th Annual Senior Walk Raffle	
			DENII I	SET		07/15/19
NOTHING TO	REPORT	Sig	nature:		DATE:	

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

NAME (LAST) (FIRST) Jones Jr., Charles "Chappie" E.	(MIDDLE)	DAYTIME TELEPHONE NUMBER 408.406.2501
REPORTING PERIOD  Jan 1-March 31	April 1-June 30	July 1-Sept 30 Oct 1-Dec 31
During the Reporting Period, how many hour Income? (If your answer is none, please production)		d to your duties of office for which you earned
1. INCOME EARNED THIS REPORTING P	ERIOD*	
LESS \$500 \$500 - \$1,000	\$1,001 - \$10,000 \$10,001 -	\$100,000 OVER \$100,000
*If aggregate in Reporting Year is more than Section 5.	\$500, proceed to Section 2. If aggregate 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 - \$	OVER \$100,000
*If aggregate in Reporting Year is less than \$	500, proceed to Section 5.	
If aggregate in Reporting Year is more than \$	5500, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVERNME NAME OF BUSINESS ENTITY/TRUST/GOV Jones Enterprises		RVICES
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95129		
TYPE OF BUSINESS ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:	
Proprietorship Partnership	LLC	Corporation
Trust Governme	ental Agency Nonprofit Organizatio	Consulting and Real Estate Other
GENERAL DESCRIPTION OF BUSINESS E Consulting and Real Estate	NTITY/TRUST/GOVERNMENTAL AGENCY	ACTIVITY:
Co Owner		
POSITION: GENERAL DESCRIPTION OF SERVICES R	Internal communications and ENDERED:	support by Kelli Jones (co owner)
4. LIST EACH REPORTABLE SINGLE SOU		
AGGREGATE IN REPORTING YEAR IS A	5,000 OR MORE (attach a separate sheet i	necessary)
5VERIFICATION		
I have used all reasonable diligence in prepar information contained herein and in any attac		tement and to the best of my knowledge the fy under penalty of periury under the laws of
the State of California that the foregoing is		RESET
Signature (File the originally signed statement	Date Sint with the City Clerk.)	gned

### Disclosure of Fundraising Report Form

Page 2

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

NOTHING TO REPORT

Disclosure	of Fundraisir	ıg Ke	port Form	·		Page 1
NAME OF ELECTE	OFFICIAL			Date of	Date Stamp	CITY OF SAN DED4
Charles "Cha	ppie" Jones			This Filing	1 JUL 15 Fil 2:3"	JOSE FORM DFR1
OFFICE HELD		*************	PERIOD COVERED BY THIS REPORT			For Official Use Only
Vice Mayor/C	ouncilmember	D1	4.1.19 <sub>TO</sub> 6.30.19	Page of	_	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTO	R DESCRIPTION OF EVENT OR CONTRI	
4/26/19	50	Anther 95121	m Blue Cross/ CareMore, 225 N. V	White Road #200, San Jose CA	14th Annual Senior Walk Raffle	:
4/26/19	25	Conne	ect Hearing, 840 Willow Street #30	00, San Jose, CA 95125	14th Annual Senior Walk Raffle	
4/26/19	50	Family CA 95	y Matters In-Home Care 2155 S. E 5008	Bascom Ave. Ste 116, Campbell	I, 14th Annual Senior Walk Raffle	
4/26/19	100	Timpa	iny Center, 730 Empey Way, San	Jose Ca 95128	14th Annual Senior Walk Raffle	
4/26/19	20	2020 (	Census, 2 N 1st St #500, San Jose	e, CA 95113	14th Annual Senior Walk Raffle	
4/26/19	25	Clear	Captions, (669) 207-6917, omie.s	hong@clearcaptions.com	14th Annual Senior Walk Raffle	
			DENII I	SET		07/15/19
NOTHING TO	REPORT	Sig	nature:		DATE:	

# INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19) REGETVES Toan City Glork

NAME (LAST) Jones Jr. Charles E.	(FIRST)	(MIDDLE)	2919 001	DAYTIME	E TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31		April 1-June 30	July 1	1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is n			vices unrelated to you n/a	ır duties of office	for which you earned
1. INCOME EARNED THIS	REPORTING PER	(IOD*			
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 OVE	R \$100,000
*If aggregate in Reporting Yes	ear is more than \$50	00, proceed to Section 2.	f aggregate in Reportii	ng Year is less th	han \$500, proceed to
2. INCOME EARNED THIS	REPORTING YEA	R			
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER	\$100,000
*If aggregate in Reporting Yo	ear is less than \$50	0, proceed to Section 5.			
If aggregate in Reporting Ye	ar is more than \$50	0, proceed to Section 3.			
3. BUSINESS ENTITY/TRU			TION OF SERVICES		
NAME OF BUSINESS ENTI Jones Enterprises	TY/TRUST/GOVER	INMENTAL AGENCY			
ADDRESS	0.4.05.4.00				
1005 Whiteoak Drive, San Jo TYPE OF BUSINESS ENTIT		NMENTAL AGENCY:			
	r <del></del> 1	,	-	<del>-</del>	
Proprietorship	Partnership	LLC		Corporation	
Trust	Governmenta	al Agency Nonpro	fit Organization		ther
	S BUILDING SU				
GENERAL DESCRIPTION ( Consulting and Real=Estate	)F BUSINESS ENT	HY/TRUST/GOVERNMEN	HAL AGENCY ACTIV	TTY:	
POSITION: Co-Owner					- Alexandra de la companya del companya de la companya del companya de la company
GENERAL DESCRIPTION (	)F SERVICES REN	IDERED:			
4. LIST EACH REPORTABL		E OF INCOME OF \$5,000 000 OR MORE (attach a se			ERIOD AND IF THE
ACCINICATE SINHALLINGA			Position and a series of the s	<u>)21</u>	
5. VERIFICATION			attering		
					A STATE OF THE STA
I have used all reasonable d information contained herein					
the State of California that			int Sham		
	The state of the s		B 4 A4 1	1-1.1.	
Signature (File the originally	signed statement v	vith the City Clerk.)	Date Signed	(nhont	h, day, year)

#### Type or print in ink.

Amounts may be rounded to whole dollars. NECENTEE

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL Date Stamp 10/15/19 Date of CITY OF SAN Charles "Chappie" Jones JOSE FORM This Filing PM 1:46 OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council <sub>TO</sub> 9/30/19 7/1/19 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION Tucci Learning Solutions, Inc. 12th Annual Disability Awareness Day 9/12/19 \$ 250.00 3180 Imiin Road, Suite 149 Marina, CA 93933 12th Annual Disability Awareness Day Life Services Alternative 9/12/19 \$65.00 1922 The Alameda, Suite 400 San Jose, CA 95126-1430 California Community Opportunities 12th Annual Disability Awareness Day 9/12/19 \$65.00 22 Great Oaks Blvd., Suite 100 San Jose, CA 95119 Via Rehabilitation Services Inc. 12th Annual Disability Awareness Day 9/12/19 \$65.00 2851 Park Avenue Santa Clara, CA 95050-6097 Greater Opportunities 12th Annual Disability Awareness Day 9/12/19 \$65.00 900 Lafayette Street, Suite 700 Santa Clara, CA 95050 Deaf and Disabled Telecommunications Program 12th Annual Disability Awareness Day 9/12/19 \$65.00 1 Kaiser Plaza, Suite 1101 Oakland CA 94612

Signature:

**NOTHING TO REPORT** 

### Disclosure of Fundraising Report Form

Page 2

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

NOTHING TO REPORT

#### Type or print in ink.

Amounts may be rounded to whole dollars. //EUE/\'EE

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL 10/15/19<sub>2019</sub> DCT 10 CITY OF SAN Date of Charles "Chappie" Jones This Filing JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT <sub>TO</sub> 9/30/19 City Council 7/1/19 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION Friends of Children with Special Needs 12th Annual Disability Awareness Day 9/17/19 \$ 65.00 2300 Peralta Blvd Fremont, CA 94536-3968 Vista Center for the Blind & Visually Impaired 12th Annual Disability Awareness Day 9/17/19 \$65.00 2500 El Camino Real, Suite 100 Palo Alto, CA 94306-1723 Nami Santa Clara County 12th Annual Disability Awareness Day 9/12/19 \$65.00 1150 S. Bascom Ave.; Suite 24 San Jose, CA 95128

Signature:

**NOTHING TO REPORT** 

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

NAME (LAST) (FIRST) (FIRST) (COULD'LL	(MIDDLE)		DAYTIME TELEPHONE	NUMBER
	3181/			<del></del>
During the Reporting Period, how many hours di Income? (If your answer is none, please proceed		ces unrelated to your dutie	s of office for which you e	earned
1. INCOME EARNED THIS REPORTING PER	OD*		SECTION OF SECTION	
LESS \$500	31,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000	
*If aggregate in Reporting Year is more than \$50 Section 5.	0, proceed to Section 2. If a	ggregate in Reporting Yea	ar is less than \$500, proce	eed to
2. INCOME EARNED THIS REPORTING YEAR	3			
□ \$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				
3. BUSINESS ENTITY/TRUST/GOVERNMENT  NAME OF BUSINESS ENTITY/TRUST/GOVERN		on of services		
Janus Enterprises				
ADDRESS White agy Daily	SON TASK O	A GEIDA	A	4011
TYPE OF BUSINESS ENTITY/TRUST/GOVERN	MENTAL AGENCY:	11 10121		ore U
Proprietorship Partnership	LLC	☐ Co	prporation	
│ │	I Agency ☐ Nonprofit	Organization	displacion displacion	(B) (C)
			Other	AND SALES
GENERAL DESCRIPTION OF BUSINESS ENTI	TY/TRUST/GOVERNMENTA	AL AGENCY ACTIVITY:	allocationity .  ◆ &	<u> </u>
COnsulting and Real	. Estate		0	No. of the second
POSITION: (0-Y)WNLX	Δ.			
GENERAL DESCRIPTION OF SERVICES REN	DERED: TALK OCU	COMMUNICATION	ins and Suppor	+by
4. LIST EACH REPORTABLE SINGLE SOURCE AGGREGATE IN REPORTING YEAR IS \$5,0			DRTING PERIOD AND IF	THE
5. VERIFICATION				
I have used all reasonable diligence in preparing				
information contained herein and in any attached the State of California that the foregoing is true		lete. I centify under pena	aity of perjury under the	laws of
		./.	2/24	
Signature (File the originally signed statement w	ith the City Clerk.)	Date Signed	$\frac{1}{\sqrt{O}}$ (month, day, year)	

					ounts may be rou	inded to whole do	llars. RECEN	rg n		
		of Fundraisir	ng Rep	ort Form			San Jose Ci		Page	1
N	AME OF ELECTED	OFFICIAL					Date Stamp	,	k szako láto száh házárha hábba	Start bill sent grant nicht
	harles Jo	nes			Date of This Filing	1/17/20	- 2020 JAN 17	Table 1985	ITY OF SAN OSE FORM	DFR1
0	FFICE HELD			PERIOD COVERED BY THIS	٦ ,	0			For Official U	se Only
	ity Cou	ncil		REPORT Dec 24	Page	of 2	_			
_	Tity Ooa	11011		Oct 1 <sub>TO</sub> Dec 31	<u> </u>		970 LP			
	DATE OF OLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND C	OCCUPATION O	F CONTRIBUTOR	DESCRIPTION OF E	EVENT OR PURP CONTRIBUTIO	Α	AISING
10	/1/19	\$65.00		anta Clara arburton Avenue, Santa Clara, CA	95050		Disability Awareness Di	ay		
10	/1/19	\$65.00	3331 No	lara Valley Transportation Authorit rth First Street e, CA 95134	у		Disability Awareness Da	ay		***************************************
10	J1/19	\$250.00	7777 Gr	zed Daycare Services, Inc. eenback Lane, Suite 208 eights, CA 95610	•		Disability Awareness Da	ay		
10	/1/19	\$65.00	1401 Pa	ege of Adaptive Arts rkmoor Ave, Suite 260 e, CA 95126	YYYYAAA		Disability Awareness Da	ay		· · · · · · · · · · · · · · · · · · ·
10.	/1/19	\$65.00		ability rth 7th Street e, CA 95112			Disability Awareness Da	ау	:	
10/	1/19	\$500.00	CEFCU P.O. Box	( 1715, Peoria, IL 61656			Disability Awareness Da	- эу		
ma	ade.			more per calendar year ma	y also need	to be reporte	ed on a form 803 within	n 30 days of t	_	are
	NOTHING TO	REPORT			<u>_</u>	- Carlo Carlo Garagana ami			osé Form DFR-1	(Jan 2020)

### Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/1/19	\$65.00	384 Su	pe Band npark Place se, CA 95136	Disability Awareness Day
10/1/19	\$250.00	720 N.	S. Bautista 17th Street se, CA 95112	Disability Awareness Day
10/1/19	\$65.00	6203 S	g Choices Coalition an Ignacio Ave. Suite 108 se, CA 95119	Disability Awareness Day
Behested paym made.	ents that total \$	5,000 c	or more per calendar year may also need to be reported	on a form 803 within 30 days of the date they are
NOTHING TO	REPORT	]		City of San José Form DER-1 (Jan 2020)

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

NAME Jones	(LAST)	(FIRST) Chappie	(MIDDLE) E.		DAYTIME TELEPHONE NUN 4408-535-4901	/IBER
REPORTII 7/1/22 - 9	NG PERIOD 9/30/22					
_		•		rvices unrelated to y	your duties of office for which you earne	d
1. INCOM	IE EARNED	THIS REPORTING P	ERIOD*			
LES	S \$500	S500 - \$1,000	<b>*</b> \$1,001 - \$10,000	<b>\$10,001 - \$100</b>	,000  OVER \$100,000	
*If aggrega Section 5.	ate in Report	ing Year is more than	\$500, proceed to Section 2.	If aggregate in Rep	orting Year is less than \$500, proceed to	0
2. INCOM	IE EARNED	THIS REPORTING Y	EAR			
SO - S	\$499*	\$500 - \$1,000	\$1,001 - \$10,000	<b>X</b> \$10,001 - \$100,	000 OVER \$100,000	
*If aggrega	ate in Report	ing Year is less than \$	500, proceed to Section 5.			
If aggregat	te in Reportii	ng Year is more than \$	500, proceed to Section 3.			
			NTAL AGENCY & DESCRIF	TION OF SERVICE	ES	
NAME OF Jones Ente	BUSINESS rprises	ENTITY/TRUST/GOV	ERNMENTAL AGENCY			
ADDRESS 1005 White	S eoak Drive, S	San Jose, CA 95129				
TYPE OF	BUSINESS I	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:			
☐ Propri	etorship	☐ Partnership	D □ LLC		☐ Corporation	
☐ Trust		Governme	ental Agency Nonpro	ofit Organization	Real Estate Other	
GENERAL Real Est		ION OF BUSINESS E	NTITY/TRUST/GOVERNMEN	NTAL AGENCY AC	TIVITY:	
POSITION	Co-Owner I:					
GENERAL	. DESCRIPT	ION OF SERVICES R	ENDERED:			
			RCE OF INCOME OF \$5,000 5,000 OR MORE (attach a se		HIS REPORTING PERIOD AND IF THE	
					·····	
5 VERIEI	CATION					
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	<del></del>			Date Signed	I	
ĺ	(File the orig	rinally signed statemer	nt with the City Clerk		(month_day_vear)	

### **Disclosure of Fundraising Report Form**

Page 1

NAME OF ELECTED OFFICIAL				Date of		Date Stamp	CITY OF SAN DFR1
				This Fil	ing		1000=1011111
OFFICE HELD			PERIOD COVERED BY THIS REPORT	Page	of		For Official Use Only
			TO	l age	01		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRESS, EMPLOYER AND (	OCCUPATIO	N OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIBI	
Behested paymo	ents that total \$5	5,000 or	more per calendar year ma	ay also ne	eed to be reported	l on a form 803 within 30 days	of the date they are
NOTHING TO	REPORT	Sign	ature:			DATE:	
NOTHING IC	KEPUKI	ı					

### **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
	•	·	·

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.

|--|