

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
JP OTC
2016 OCT 13 PM 3:45

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones Jr. Charles E. 408-406-2501

REPORTING PERIOD
07/01/16- 09/30/16

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None.

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

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 Estate
Other _____

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

Consulting Services and Real Estate

POSITION: Co- Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones- Consultant- Internal Communication Services & Support.

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)

1. Cisco

5. VERIFICATION

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

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

Date Signed 10/13/16
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
RPTC

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 10/13/16	Date Stamp 2016 OCT 13 PM 3:45	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 07/01/16 TO 09/30/16	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
07/26/16	\$200	Federal Realty, Santana Row 356 Santana Row, #1005, San Jose, CA 95128	Donation: 4 gift cards for Mobility Challenge Winner Prizes Event: 1st Annual Transportation Forum
08/11/16	\$50.00	Happy Donuts- Angie Sinh 1345 S. Winchester Blvd. San Jose, CA 95128	Donation: 5 Dozen Donuts & Pastries Event: 1st Annual Transportation Forum

NOTHING TO REPORT

Signature 

Date 10/13/16

88 OTC

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.	DAYTIME TELEPHONE NUMBER 408-406-2501
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REPORTING PERIOD
10/01/16-12/31/16

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Jones Enterprises

ADDRESS
1005 Whiteoak Drive, San Jose, CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Consulting Services and Real Estate
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Consulting Services and Real Estate


POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support

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5. VERIFICATION

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

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

Date Signed 1/11/17
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 1/11/17	Date Stamp 2017 JAN 11 PM 4:11 SR otc	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 10/01/16 TO 12/31/16	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
11/23/16	\$205.00	Winchester Mystery House, 525 South Winchester Blvd, San Jose, CA 95128	Donation: 45 Ornaments and cards Event: Christmas in the Park Tree

NOTHING TO REPORT

Signature



Date 1/11/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

2017 APR 16 AM 9:53
DATE TIME TELEPHONE NUMBER
408-406-2501

NAME (LAST) (FIRST) (MIDDLE)
Jones, Jr. Charles E.

REPORTING PERIOD
01/01/17 - 3/31/17

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

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\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Jones Enterprises

ADDRESS
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TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Consulting Services and Real Estate
Other

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

Consulting Services and Real Estate


POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support

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

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

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk Page 1

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 4/12/17	Date Stamp 2017 APR	CITY OF SAN JOSE FORM DFR1 For Official Use Only JH OTC
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 1/1/17 TO 3/31/17	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
1/19/17	\$250.00	Leon Beauchman, President, Santa Clara County Alliance of Black Educators, P.O. Box 731216, San Jose, CA 95173-1218	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
1/23/17	\$500	Rahul Chandhok, Manager of Government Affairs, 49ers Football, 4949 Marie P. DeBartolo Way, Santa Clara, CA 95054	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
3/2/17	\$100	Stephanie Menzies, African American Municipal Employees Association, 6640 Via Del Oro, San Jose, CA 95119	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
1/24/17	\$250	Debra Watkins, California Alliance of African American Educators, P.O. Box 3134 San Jose, CA 95156	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
1/26/17	\$150	Alpha Kappa Alpha Sorority, Inc. P.O. Box 23302 San Jose, CA 95153	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017
1/31/17	\$500	San Andreas Regional Center, P.O. Box 50002 San Jose, CA 95150-0002	Sponsorship for African American Flag Raising Ceremony on February 4th, 2017

NOTHING TO REPORT

Signature



Date 4/12/17

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

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 on 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 Senior 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 Senior 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 Senior 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 Senior Walk on April 14th, 2017

NOTHING TO REPORT

Signature



Date 4/12/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED

San Jose City Clerk

Ido OTC

2017 JUL -5 PM 2:10

NAME (LAST) (FIRST) (MIDDLE) TELEPHONE NUMBER
Jones, Jr. Charles E. 408-406-2501

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 income? (If your answer is none, please proceed to Section 2 below.) None

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LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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1005 Whiteoak Drive, San Jose, CA 95129

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Signature



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

Date Signed

6/30/17

(month, day, year)

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

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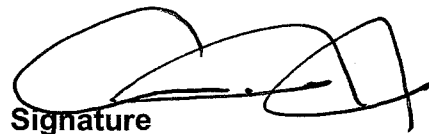
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 06/30/17	Date Stamp 2017 JUL -5 PM 3:11	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 04/01/17 TO 06/30/17	Page 1 of 2		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/7/17	\$42	Maria Bones, Hammer Theatre, 101 Paseo de San Antonio, San Jose, CA 95113	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/14/17	\$50	Laura Nenada, CareMore, 255 N. White Road, #200b, San Jose, CA 95127	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/10/17	\$50	Julia Earley, Sunny View Retirement Community, 22445 Cupertino Road, Cupertino, CA 95014	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/11/17	\$30	Kristi Cole, American Cancer Society/Relay for Life, 747 Camden Avenue, Suite B, Campbell, CA 95008	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/6/17	\$20	Benjamin Naranjo, San Jose Firefighters, 425 E. Santa Clara Street, Suite 300, San Jose, CA 95113	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017
4/14/17	\$50	Sharon Catalan, Platinum Senior Network, 6025 Indian Avenue, San Jose, CA 95123	In-kind donation for raffle at 12th Annual West Valley Senior Walk on April 14th, 2017

NOTHING TO REPORT

Signature 

Date 6/30/17

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

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San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 06/30/17 2017 JUL -5 PM 3:13	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 04/01/17 TO 06/30/17	Page 2 of 2	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
06/20/17	\$250	Quality Respite & Home Care, 1171 Homestead Rd., Suite 220, Santa Clara, CA 95050-5485	10th Annual Disability Awareness Day Vendor
6/27/17	\$65	Abilities United, 525 E. Charleston Road, Palo Alto, CA 94306	10th Annual Disability Awareness Day Vendor

NOTHING TO REPORT

Signature 

Date 6/30/17

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


Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

Signature



Date 6/30/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
OTC
2017 OCT 16 PM 1:52
DAYTIME TELEPHONE NUMBER
408-406-2501

NAME (LAST) (FIRST) (MIDDLE) PHONE NUMBER
Jones, Jr. Charles E. 408-406-2501

REPORTING PERIOD
07/01/17 - 09/30/17

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Jones Enterprises

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POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support

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

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

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

Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk
Date Stamp
[Signature]
2017 OCT 12 PM 2:30

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 10/12/17	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 07/01/17 TO 09/30/17	Page 1 of 3	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/7/17	\$500	Arcadia Development Company, P.O. Box 5368, San Jose, CA 95150	10th Annual Disability Awareness Day Sponsor
7/7/17	\$250	Law Office of Lorna J. Thrope, 1550 The Alameda, Suite 206, San Jose, CA 95126	10th Annual Disability Day Vendor
7/20/17	\$250	Sikka Dental Corp, 150 N. Jackson Avenue, San Jose, CA 95116	10th Annual Disability Day Vendor
7/20/17	\$65	Greater Opportunities, 900 Lafayette Street, #700, Santa Clara, CA 95050	10th Annual Disability Day Vendor
7/20/17	\$65	Housing Choices Coalition, 898 Faulstich Court, Suite B, San Jose, CA 95112	10th Annual Disability Day Vendor
7/20/17	\$65	Santa Clara Valley Blind Center, 101 N. Bascom Avenue, San Jose, CA 95128	10th Annual Disability Day Vendor

NOTHING TO REPORT

Signature 

Date 10/12/17

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

Signature



Date 10/12/17

Type or print in ink.
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RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 10/12/17	RECEIVED San Jose City Clerk 07 Date Stamp 2017 OCT 12 PM 2:36	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 07/01/17 TO 09/30/17	Page 2 of 3		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/15/17	\$65	Trinity Change, Inc. 1245 S. Winchester Blvd., Suite 303, San Jose, CA 95128	10th Annual Disability Day Vendor
8/15/17	\$65	Via Rehabilitation Services, Inc., 2851 Park Avenue, Santa Clara, CA 95050-6097	10th Annual Disability Day Vendor
8/21/17	\$65	Camping Unlimited, 102 Brook Lane, Boulder Creek, CA 95006	10th Annual Disability Day Vendor
8/29/17	\$65	Good Shepherd Fund, 1641 N. 1st. Street, Suite 155, San Jose, CA 95112	10th Annual Disability Day Vendor
8/29/17	\$500	Santa Clara Valley Water District, 5750 Almaden Expwy, San Jose, CA 95118-3686	10th Annual Disability Day Sponsor
9/1/17	\$65	Fiesta Educativa, 4689 Camden Avenue, San Jose, CA 95124	10th Annual Disability Day Vendor

NOTHING TO REPORT

Signature



Date 10/12/17

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Disclosure of Fundraising Report Form

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

Type or print in ink.
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Disclosure of Fundraising Report Form

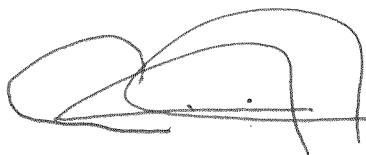
RECEIVED
San Jose City Clerk
Date Stamp
OTC
2017 OCT 12 PM 2:36

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 10/12/17	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 07/01/17 TO 09/30/17	Page 3 of 3	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/8/17	\$250	North Bay Industries, 649 Martin Avenue, Rohnert Park, CA 94298-2050	10th Annual Disability Awareness Day Vendor
9/8/17	\$250	Anthem-Cal MediConnect, 60 S. Market Street, San Jose, CA 95113	10th Annual Disability Awareness Day Vendor
9/12/17	\$250	Specialized Daycare Services DBA: My Friends Pediatric Day Center, 7777 Greenback Ln, Ste 208, Citrus Heights, CA 95610	10th Annual Disability Awareness Day Vendor
9/12/17	\$65	Project Hired, 1401 Parkmoor Avenue, Suite 125, San Jose, CA 95126-3453	10th Annual Disability Awareness Day Vendor
9/28/17	\$65	Life Services Alternatives, 1922 The Alameda, Suite 400, San Jose, CA 95126-1430	10th Annual Disability Awareness Day Vendor
9/12/17	\$250	Summit Therapeutic Services, Inc, 1936 Camden Avenue, Suite 5, San Jose, CA 95124	10th Annual Disability Awareness Day Vendor

NOTHING TO REPORT

Signature



Date 10/12/17

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

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/7/17	\$250	Stars Bay Area, Inc, 2631 Club Drive, Gilroy, CA 95020	10th Annual Disability Awareness Day Vendor
7/19/17	\$65	County of Santa Clara, 70 W. Hedding Street, San Jose, CA 95110-1705	10th Annual Disability Awareness Day Vendor
7/7/17	\$500	CEFCU, 670 Lincoln Avenue, San Jose, CA 95126	10th Annual Disability Awareness Day Sponsor
9/18/17	\$250	South Valley Pharmacy Services, 7496 Egleberry Street, Gilroy, CA 95020	10th Annual Disability Awareness Day Vendor

NOTHING TO REPORT

Signature



Date 10/12/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
Otc
2018 JAN 10 PM 9:55

NAME (LAST) (FIRST) (MIDDLE) DAY TIME TELEPHONE NUMBER
Jones, Jr. Charles E. 408-406-2501

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 Income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.
If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Jones Enterprises

ADDRESS
1005 Whiteoak Drive, San Jose, CA 95129

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

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Consulting Services and Real Estate

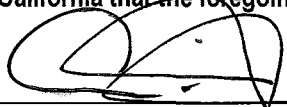
POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support

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

5. VERIFICATION

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

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

Date Signed 1/10/18
(month, day, year)

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

RECEIVED
San Jose City Clerk
Date Stamp
2018 JAN 10 PM 3:55

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 1/10/18	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 10/01/17 TO 12/31/17	Page 1 of 1	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/2/17	\$65	Santa Clara Valley Transportation Authority, 3331 N. 1st Street, San Jose, CA 95134-1927	10th Annual Disability Awareness Day Vendor
10/5/17	\$75	College of Adaptive Arts, 1401 Parkmoor Avenue, Suite 260, San Jose, CA 95126	10th Annual Disability Day Vendor
10/5/17	\$305	Karen Strasilla, 360 Hull Avenue, San Jose, CA 95125	10th Annual Disability Day Sponsor
10/7/17	\$60	Chutney Mary's, 656 Los Padres Blvd., Santa Clara, CA 95050	10th Annual Disability Day Sponsor
10/25/17	\$65	Parents Helping Parents, 1400 Parkmoor Avenue, Ste 100, San Jose, CA 95126-3429	10th Annual Disability Day Vendor
12/19/17	\$250	Alpha Kappa Alpha Sorority, Inc. - Eta Rho Omega Chapter, PO Box 23302, San Jose, CA 95153	2018 African American History Month Flag Raising Sponsor

NOTHING TO REPORT

Signature 

Date 1/10/18

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

Disclosure of Fundraising Report Form

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

NOTHING TO REPORT

Signature 

Date 1/10/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones, Jr. Charles E. 2017-01-11 408-406-2501 3-33

REPORTING PERIOD
01/01/18 - 3/31/18

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

Jones Enterprises

ADDRESS

1005 Whiteoak Drive, San Jose, CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Consulting Services and Real Estate
Other

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

Consulting Services and Real Estate

POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support

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

5. VERIFICATION

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

Signature


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

Date Signed

4/11/18
(month, day, year)

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

RECEIVED
San Jose City Clerk

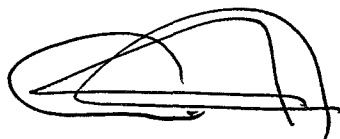
Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 04/11/18	Date Stamp 2018 APR 12 PM 3:33	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 01/01/18 TO 03/31/18	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
1/4/18	\$250	California Alliance of African American Educators, PO Box 3134, San Jose, CA 95156	2018 African American History Month Flag Raising
1/17/18	\$250	SEIU Local 521, 2302 Zanker Road, San Jose, CA 95131	2018 African American History Month Flag Raising
2/7/18	\$500	Santa Clara Valley Water District, 5750 Almaden Expressway, San Jose, CA 95118-3686	2018 African American History Month Flag Raising
3/2/18	\$250	Comcast Financial Agency Corporation, 1701 JFK Boulevard, Philadelphia, PA 19103-2838	2018 African American History Month Flag Raising
3/29/18	\$25	Denise Hanks, LegalShield, 1849 Bagpipe Way, San Jose, CA 95121	13th Annual West Valley Senior Walk Raffle

NOTHING TO REPORT

Signature



Date 4/11/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

2018 JUL 16 PM 4:10
408-406-2501

NAME (LAST) (FIRST) (MIDDLE) PHONE NUMBER
Jones, Jr. Charles E. 408-406-2501

REPORTING PERIOD
04/01/18 - 06/30/18

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

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If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY

Jones Enterprises

ADDRESS

1005 Whiteoak Drive, San Jose, CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Consulting Services and Real Estate
Other

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

Consulting Services and Real Estate

POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support

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

5. VERIFICATION

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

Signature



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

Date Signed

7/5/18

(month, day, year)

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


RECEIVED
San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing <u>7/5/18</u>	Date Stamp 2018 JUL 16 PM 1:11	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 04/01/18 TO 06/30/18	Page <u>1</u> of <u>1</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/9/18	\$100	Family Matters In-Home Care, 2155 S. Bascom Avenue, Suite 116, Campbell, CA 95008	13th Annual West Valley Senior Walk Raffle
4/10/18	\$50	Anthem Blue Cross / Caremore, 255 N. White Road, #200, San Jose, CA 95121	13th Annual West Valley Senior Walk Raffle
4/13/18	\$32	Heart of the Valley, Services for Seniors.org, PO Box 418, Santa Clara, CA 95052	13th Annual West Valley Senior Walk Raffle
4/13/18	\$38	Right at Home San Jose, 2190 Stokes Street, Suite 203, San Jose, CA 95128	13th Annual West Valley Senior Walk Raffle
4/13/18	\$150	Star One CU, PO Box 3643, Sunnyvale, CA 94088	13th Annual West Valley Senior Walk Raffle
4/13/18	\$50	Timpany Center, 730 Empey Way, San Jose, CA 95128	13th Annual West Valley Senior Walk Raffle

NOTHING TO REPORT

Signature  7/5/18

Date

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

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/13/18	\$80	Visiting Angels, 922 West Fremont Avenue, Sunnyvale, CA 94087	13th Annual West Valley Senior Walk Raffle
4/13/18	\$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 Sponsor

NOTHING TO REPORT

Signature 

7/5/18

Date

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

RECEIVED
San Jose City Clerk

2018 OCT 15 PM 4:29
DAYTIME TELEPHONE NUMBER
408.406.2051

NAME (LAST) (FIRST) (MIDDLE)
Jones, Jr Charles E.

REPORTING PERIOD
 Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 31

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
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


POSITION: Co-owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Internal Communication Services and Support

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

5. VERIFICATION

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

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

Date Signed 10/15/18
(month, day, year)

RESET

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


Disclosure of Fundraising Report Form

RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Charles E. Jones Jr.		Date of This Filing 10/15/18	Date Stamp 2018 OCT 15 PM 4:25	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember District 1	PERIOD COVERED BY THIS REPORT 07/01/18 TO 09/30/18	Page 1 of 5		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/3/18	500	San Jose Water Company, 110 W Taylor Street, San Jose, CA 95196	11th Disability Awareness Day
7/13/18	65	Kelsey Roland, 3398 Thompson Ave, San Jose, CA 95118, Best Buddies	11th Disability Awareness Day
7/24/18	250	Mobility Works, 810 Moe Drive, Akron, OH 44310	11th Disability Awareness Day
7/25/18	65	Via Rehabilitation Services INc. 2851 Park Avenue Santa Cara, CA 95050	11th Disability Awareness Day
7/31/18	65	Life Services Alternative, 1922 The Alameda STE 400, San Jose, CA 95126	11th Disability Awareness Day
8/3/18	65	Silicon Valley Independent Living Center, 25 N. 14th Street, STE 1000, San Jose, CA 95112	11th Disability Awareness Day

NOTHING TO REPORT

Signature 

Date 10/15/18

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

Disclosure of Fundraising Report Form

pg 2 of 5

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/3/18	65	NAMI Santa Clara County, 1150 S. Bascom Ave, Ste 24, San Jose, CA 95128	11th Disability Awareness Day
8/6/18	250	Behavior Frontiers, LLC, 4030 Moorpark Ave, Suite 105 San Jose, CA 95117	11th Disability Awareness Day
8/17/18	500	Silicon Community Foundation, 2440 West El Camino Real, Suite 300, Mountain View, CA, 94040	11th Disability Awareness Day
8/17/18	250	Tucci Learning Solutions, INC, 3180 Imjin Road, Suite 149, Marina CA 93933	11th Disability Awareness Day
8/28/18	65	Project Hired, 1401 Parkmoor Ave, San Jose, CA 95126	11th Disability Awareness Day
8/30/18	65	Housing Choices Coalition, 898 Faulstich Court, Suite B, san Jose, CA 95112	11th Disability Awareness Day

NOTHING TO REPORT

Signature 

Date 10/15/18

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <u>Charles E. Jones Jr.</u>		Date of This Filing <u>10/15/18</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <u>Councilmember District 1</u>	PERIOD COVERED BY THIS REPORT <u>07/01/18 TO 9/30/18</u>	Page <u>3</u> of <u>5</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
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 Alexander Drive, Suite 100, Columbia, MD ,21046	11th Disability Awareness Day
9/13/18	65	Greater Opportunities, 900 Lafayette Street, Suite 700, Santa Clara, CA 95050	11th Disability Awareness Day
9/19/18	65	Santa Clara Valley Transportation Authority, 3331 North First Street, San Jsoe ,CA 95134	11th Disability Awareness Day

NOTHING TO REPORT

Signature

Date

10/15/18

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

Disclosure of Fundraising Report Form

pg 4 of 5

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/11/18	65	Rebuilding Together, P.O. Box 21996, San Jose, CA 95151	11th Disability Awareness Day
9/18/18	65	Social Vocational Services, INC> San Andreas North Region, 124 Blossom Hill Road, Unit F, San Jose CA 95123	11th Disability Awareness Day
9/19/18	65	Costanoa Commons, 1584 Grackle Way, Sunnyvale CA 94087	11th Disability Awareness Day
9/20/18	65	Mochaa INC. 327 Pineview Dr. Santa Clara, CA 95050	11th Disability Awareness Day
9/21/18	65	Juvo, 577 S. 16th Street, San Jose, CA 65112	11th Disability Awareness Day
9/21/18	1000	Republic Services Inc. 18500 N Allied Way, Phoeniz, AZ 80854	11th Disability Awareness Day

NOTHING TO REPORT

Signature 

Date 10/15/18

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

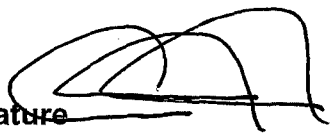
Disclosure of Fundraising Report Form

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

NAME OF ELECTED OFFICIAL Charles E. Jones Jr.		Date of This Filing 10/15/18	Date Stamp
OFFICE HELD Council Member District 1	PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18	Page 5 of 5	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/25/18	250	Learning Center for Independence, 2003 Wellington Dr, Milpitas, CA 95035	11th Disability Awareness Day
9/26/18	65	Parents Helping Parents, 1400 Parkmoor Ave, Suite 100, San Jose, CA 95126	11th Disability Awareness Day
9/27/18	250	Specialized Daycare Services, INC. 7777 Greenback lane, Suite 208, Citrus Heights, CA 95610	11th Disability Awareness Day
09/27/18	65	Vista Center for the Blind and Visually Impaired, 2500 El Camino Real, Ste 100, Palo Alto CA 94306	11th Disability Awareness Day

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

OTC EA DAYTIME TELEPHONE NUMBER
2019 JAN 15 408 408 2501 AM 11:53

NAME (LAST) (FIRST) (MIDDLE)
Jones, Jr. Charles E.

REPORTING PERIOD
 Jan 1-March 31 April 1-June 30 July 1-Sept 30 Oct 1-Dec 31

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) None

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
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

POSITION: Co- Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones- Consultant - Internal Communication Services and Support

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

5. VERIFICATION

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

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

Date Signed 1/15/19
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <u>Charles E. Jones Jr. "Chappie"</u>	Date of This Filing <u>1/15/19</u>	RECEIVED San Jose City Date Stamp <u>OTC EA</u> 2019 JAN 15 AM 11:58	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD <u>Council member District 1</u>	PERIOD COVERED BY THIS REPORT <u>10/1/18 TO 12/31/18</u>	Page <u>1</u> of <u>1</u>	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/3/18	\$250	Summit Therapeutic Services Inc. 6840 Via Del Oro Suite 205 San Jose, CA 95119	Disability Awareness Day 11 th Annual
10/4/18	\$250	Sikka Dental Corp. 150 N. Jackson St. Suite 203 San Jose, CA 95116	11 th Annual Disability Awareness Day
10/4/18	\$65	New Hope Band 384 Sunpark Place, San Jose, CA 95136	11 th Annual Disability Awareness Day
10/7/18	\$65	Angels on Stage 885 3rd St. #226, San Jose, CA 95113	11 th Annual Disability Awareness Day

NOTHING TO REPORT Signature: 

DATE: 1/15/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC - Jhu
2019 July 15 PM 2:37

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones Jr., Charles "Chappie" E. 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 did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) n/a

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Jones Enterprises

ADDRESS
1005 Whiteoak Drive, San Jose, CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Consulting and Real Estate
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Consulting and Real Estate

POSITION: Co Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Internal communications and support by Kelli Jones (co owner)

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

5. VERIFICATION

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

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

Date Signed 7/15/19
(month, day, year)

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

Disclosure of Fundraising Report Form

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

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 07/15/19 JUL 15 PM 2:37	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Vice Mayor/Councilmember D1	PERIOD COVERED BY THIS REPORT 4.1.19 TO 6.30.19	Page ____ of ____	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/26/19	50	Anthem Blue Cross/ CareMore, 225 N. White Road #200, San Jose CA 95121	14th Annual Senior Walk Raffle
4/26/19	25	Connect Hearing, 840 Willow Street #300, San Jose, CA 95125	14th Annual Senior Walk Raffle
4/26/19	50	Family Matters In-Home Care 2155 S. Bascom Ave. Ste 116, Campbell, CA 95008	14th Annual Senior Walk Raffle
4/26/19	100	Timpany 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, CA 95113	14th Annual Senior Walk Raffle
4/26/19	25	Clear Captions, (669) 207-6917, omie.shong@clearcaptions.com	14th Annual Senior Walk Raffle



NOTHING TO REPORT

Signature: _____

DATE: 07/15/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC - Jhu
2019 July 15 PM 2:37

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones Jr., Charles "Chappie" E. 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 did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) n/a

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Jones Enterprises

ADDRESS
1005 Whiteoak Drive, San Jose, CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Consulting and Real Estate
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Consulting and Real Estate

POSITION: Co Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: Internal communications and support by Kelli Jones (co owner)

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

5. VERIFICATION

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

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

Date Signed 7/15/19
(month, day, year)

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

Disclosure of Fundraising Report Form

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

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 07/15/19 JUL 15 PM 2:37	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Vice Mayor/Councilmember D1	PERIOD COVERED BY THIS REPORT 4.1.19 TO 6.30.19	Page ____ of ____	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/26/19	50	Anthem Blue Cross/ CareMore, 225 N. White Road #200, San Jose CA 95121	14th Annual Senior Walk Raffle
4/26/19	25	Connect Hearing, 840 Willow Street #300, San Jose, CA 95125	14th Annual Senior Walk Raffle
4/26/19	50	Family Matters In-Home Care 2155 S. Bascom Ave. Ste 116, Campbell, CA 95008	14th Annual Senior Walk Raffle
4/26/19	100	Timpany 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, CA 95113	14th Annual Senior Walk Raffle
4/26/19	25	Clear Captions, (669) 207-6917, omie.shong@clearcaptions.com	14th Annual Senior Walk Raffle



NOTHING TO REPORT

Signature: _____

DATE: 07/15/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
430 Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones Jr. Charles E. 2019 OCT 10 408:408:2501

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 did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) n/a

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.
If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
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 and Real=Estate

POSITION: Co-Owner

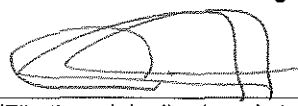
GENERAL DESCRIPTION OF SERVICES RENDERED:

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

5. VERIFICATION

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

PRINT SUBMIT RESET

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

Date Signed 10/4/19
(month, day, year)

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

RECEIVED
 San Jose City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 10/15/19	Date Stamp OCT 10 PM 1:46	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 7/1/19 TO 9/30/19	Page 1 of 3		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/12/19	\$ 250.00	Tucci Learning Solutions, Inc. 3180 Imjin Road, Suite 149 Marina, CA 93933	12th Annual Disability Awareness Day
9/12/19	\$65.00	Life Services Alternative 1922 The Alameda, Suite 400 San Jose, CA 95126-1430	12th Annual Disability Awareness Day
9/12/19	\$65.00	California Community Opportunities 22 Great Oaks Blvd., Suite 100 San Jose, CA 95119	12th Annual Disability Awareness Day
9/12/19	\$65.00	Via Rehabilitation Services Inc. 2851 Park Avenue Santa Clara, CA 95050-6097	12th Annual Disability Awareness Day
9/12/19	\$65.00	Greater Opportunities 900 Lafayette Street, Suite 700 Santa Clara, CA 95050	12th Annual Disability Awareness Day
9/12/19	\$65.00	Deaf and Disabled Telecommunications Program 1 Kaiser Plaza, Suite 1101 Oakland, CA 94612	12th Annual Disability Awareness Day

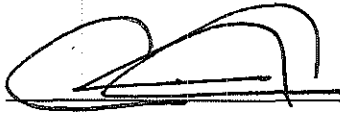
PRINT

SEARCH

RESET

NOTHING TO REPORT

Signature:



DATE:

10/9/19

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

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 Blvd. Rocklin, CA 95765	12th Annual Disability Awareness Day
9/17/19	\$65.00	Santa Clara Family Health Plan 6201 San Ignacio Avenue San Jose, CA 95119	12th Annual Disability Awareness Day
9/17/19	\$65.00	YMCA of Silicon Valley 80 Saratoga Avenue Santa Clara, CA 95051	12th Annual Disability Awareness Day

NOTHING TO REPORT

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

RECEIVED
San Jose CA

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Charles "Chappie" Jones		Date of This Filing 10/15/19	Date Stamp 2019 OCT 10 PM 1:46	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council	PERIOD COVERED BY THIS REPORT 7/1/19 TO 9/30/19	Page <u>3</u> of <u>3</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/17/19	\$ 65.00	Friends of Children with Special Needs 2300 Peralta Blvd Fremont, CA 94536-3968	12th Annual Disability Awareness Day
9/17/19	\$65.00	Vista Center for the Blind & Visually Impaired 2500 El Camino Real, Suite 100 Palo Alto, CA 94306-1723	12th Annual Disability Awareness Day
9/12/19	\$65.00	Nami Santa Clara County 1150 S. Bascom Ave., Suite 24 San Jose, CA 95128	12th Annual Disability Awareness Day

PRINT

[REDACTED]

RESET

NOTHING TO REPORT

Signature: 

DATE: 10/9/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) Jones (FIRST) Chappie (MIDDLE) _____ DAYTIME TELEPHONE NUMBER 408-535-4901

REPORTING PERIOD October - December 31st

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) _____

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$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

Jones Enterprises

ADDRESS

1005 Whitelock Drive, San Jose CA 95129

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation

Trust Governmental Agency Nonprofit Organization Other

2020 JAN 17 AM 11:10

RECEIVED
San Jose City Clerk

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

Consulting and Real Estate

POSITION: CO-OWNER

GENERAL DESCRIPTION OF SERVICES RENDERED:

Internal Communications and Support by Kelly Jones (CO-OWNER)

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

5. VERIFICATION

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

Signature



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

Date Signed

1/17/20
(month, day, year)

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

Disclosure of Fundraising Report Form


RECEIVED
San Jose City Clerk

NAME OF ELECTED OFFICIAL Charles Jones		Date of This Filing <u>1/17/20</u>	Date Stamp 2020 JAN 17 AM 11:10 <i>OTC LL</i>	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT Oct 1 TO Dec 31	Page <u>1</u> of <u>2</u>	

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	City of Santa Clara 1500 Warburton Avenue, Santa Clara, CA 95050	Disability Awareness Day
10/1/19	\$65.00	Santa Clara Valley Transportation Authority 3331 North First Street San Jose, CA 95134	Disability Awareness Day
10/1/19	\$250.00	Specialized Daycare Services, Inc. 7777 Greenback Lane, Suite 208 Citrus Heights, CA 95610	Disability Awareness Day
10/1/19	\$65.00	The College of Adaptive Arts 1401 Parkmoor Ave, Suite 260 San Jose, CA 95126	Disability Awareness Day
10/1/19	\$65.00	Expandability 1080 North 7th Street San Jose, CA 95112	Disability Awareness Day
10/1/19	\$500.00	CEFCU P.O. Box 1715, Peoria, IL 61656	Disability Awareness Day

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT

Signature: 

DATE: 1/17/20

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

Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/1/19	\$65.00	New Hope Band 384 Sunpark Place San Jose, CA 95136	Disability Awareness Day
10/1/19	\$250.00	Kristine S. Bautista 720 N. 17th Street San Jose, CA 95112	Disability Awareness Day
10/1/19	\$65.00	Housing Choices Coalition 6203 San Ignacio Ave. Suite 108 San Jose, CA 95119	Disability Awareness Day

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jones Chappie E. 4408-535-4901

REPORTING PERIOD
7/1/22 - 9/30/22

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.) N/A

1. INCOME EARNED THIS REPORTING PERIOD*

LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5.

2. INCOME EARNED THIS REPORTING YEAR

\$0 - \$499* \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

If aggregate in Reporting Year is more than \$500, proceed to Section 3.

3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
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 Real Estate
Other

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

POSITION: Co-Owner

GENERAL DESCRIPTION OF SERVICES RENDERED: _____

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

5. VERIFICATION

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

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

Date Signed _____
(month, day, year)

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

Disclosure of Fundraising Report Form

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

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

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT Signature: _____

DATE:

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

Disclosure of Fundraising Report Form

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

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT