

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

SP OTC

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
December 1, 2016 to December 31, 2016

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

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

ADDRESS

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:

POSITION: _____

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 January 17, 2017
(month, day, year)

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

RECEIVED
 San José City Clerk

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 1/17/17	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, District 2	PERIOD COVERED BY THIS REPORT 10-1-16 TO 12-31-16	Page 1 of 1	1/17 10:17 AM EP OTC	

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
11-3-16	\$5,000	First 5 Santa Clara County 4000 Moorpark Ave. #200 San José CA 95117	12/3/16 City Sponsored Gun Buy Back
REC'D 11-9-16	\$500	LYFT 2300 Harrison St. San Francisco, CA 94110	5/28/16 City Sponsored Future Roots
REC'D 11-9-16	\$500	LYFT 2300 Harrison St. San Francisco, CA 94110	8/12/16 City Sponsored Indian Flag Raising

NOTHING TO REPORT

Signature



Date 1/17/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
JW 07C
2017 ADA COMPLIANCE TELEPHONE
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE) TELEPHONE NUMBER
Jimenez Sergio _____ (408) 535-4902

REPORTING PERIOD
January 1, 2017 - March 31, 2017

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

ADDRESS

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:

POSITION: _____

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 *Sergio Jimenez*
(File the originally signed statement with the City Clerk.)

Date Signed 4/11/17
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez	
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 1/1/2017 TO 3/31/2017

Date of This Filing	4-14-15
Page	1 of 1

RECEIVED
San Jose City Clerk
Date Stamp
AKW etc
2017 APR 13 PM 3:49

CITY OF SAN JOSE FORM DFR1
For Official Use Only

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

NOTHING TO REPORT

Signature *Sergio Jimenez*

Date *4/11/17*

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED

San Jose City Clerk

OTC
mm

2017 JUL 20 DAYTIME TELEPHONE NUMBER
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE)
Jimenez Sergio

REPORTING PERIOD
April 1, 2017 - June 30, 2017

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

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Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Other

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

POSITION:

GENERAL DESCRIPTION OF SERVICES RENDERED:

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

Date Signed 7/19/17
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 7/15/2017	RECEIVED San Jose City Clerk Date Stamp 2017 JUL 20 AM 11:28 <i>OTC</i>	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 4/1/2017 TO 6/30/2017	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
4/13/2017	\$500	Kaiser Foundation Health Plan 75 N. Fair Oaks Ave. 4th Fl. Pasadena, CA 91103	4/22/2017 City sponsored Great American Litter PickUp

NOTHING TO REPORT

Signature



Date 7/19/17

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
July 1, 2017 - September 30, 2017

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

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

POSITION: _____

GENERAL DESCRIPTION OF SERVICES RENDERED: _____

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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

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 10/13/17	Date Stamp 2017 OCT 16 AM 10:56	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 7/1/17 TO 9/30/17	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
9/18/17	\$500	The Schoennauer Company 90 Hawthorne Wy. San Jose, CA 95110	10/14/17 City sponsored Village Fest
9/18/17	\$2,500	Angie Cocke Century 21 M&M and Associates 3150 Almaden Expressway, Suite 100, San Jose, CA 95118	10/14/17 City sponsored Village Fest
9/18/17	\$1,000	Premier One Credit Union 6640 Via del Oro San Jose, CA 95119	10/14/17 City sponsored Village Fest
9/18/17	\$100	Pedron's Storage P.O. Box 53223 San Jose, CA 95153	10/14/17 City sponsored Village Fest
9/18/17	\$1,000	Hunter Storm LLC 10121 Miller Ave. Ste. 200 Cupertino, CA 95014	10/14/17 City sponsored Village Fest
9/30/17	\$110 in-kind tickets	San Jose Barracuda 525 W. Santa Clara St. San Jose, CA 95113	10/14/17 City sponsored Village Fest

NOTHING TO REPORT

Signature



Date 10/13/17

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
9/25/17	\$200 in-kind hot dogs	San Jose Police Officers Association 1151 N 4th St. San Jose CA 95112	8/25/17 City sponsored D2 Movie Night
9/18/17	\$150 in-kind gift cards	In-N-Out Burger 5611 Santa Teresa San Jose, CA 95123	10/14/17 City sponsored Village Fest
9/27/17	\$280 in-kind tickets	San Jose Earthquakes 1123 Coleman Ave. San Jose, CA 95110	10/14/17 City sponsored Village Fest
9/29/17	\$2,5000	Plumbers Steam Fitters & Refrigeration Fitters Local 393 6150 Cottle Rd. San Jose, CA 95123	10/14/17 City sponsored Village Fest
9/18/17	\$50	Carole Holcombe 5755 Cohasset Wy. San Jose, CA 95123	10/14/17 City sponsored Village Fest
9/18/17	\$50	Amanda Newlove 5671 Santa Teresa Blvd #103 San Jose, California 95153	10/14/17 City sponsored Village Fest

NOTHING TO REPORT

Signature



Date 10/13/17

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

RECEIVED
San Jose City Clerk
OTC ML

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio 201 535-4902 (408) 535-4902

REPORTING PERIOD
October 1, 2017 - December 31, 2017

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned income? (If your answer is none, please proceed to Section 2 below.) 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
Association of Bay Area Governments (ABAG), Local Agency Formation Commission of Santa Clara County (LAFCO)

ADDRESS
375 Beale St. Ste 700 San Francisco, CA 95113, 777 North First Street, Suite 410 San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization Planning/ research coalition of Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
Planning/ research coalition of local governments, state mandated agency

POSITION: Board member

GENERAL DESCRIPTION OF SERVICES RENDERED: per diem payments

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

5. VERIFICATION

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

Signature [Signature] Date Signed 1/12/18
(File the originally signed statement with the City Clerk.) (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
O. T. [Signature]
2018 JAN 12 PM 2:20

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 1/12/18	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 10/1/17 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
6/1/17 rc'd 10/1/17	\$500	Kaiser Permanente 75 N. Fair Oaks Ave. 4th Fl Pasadena, CA 91103	6/10/17 City sponsored Summer Fest
10/1/17	\$500	Kaiser Permanente 75 N. Fair Oaks Ave. 4th Fl Pasadena, CA 91103	10/14/17 City sponsored Village Fest
10/1/17	\$500	The Core Companies 470 S. Market St. San Jose, CA 95113	10/14/17 City sponsored Village Fest
10/1/17	\$1,000	Republic Services 18500 N. Allied Wy. Phoenix, AZ 85054	10/14/17 City sponsored Village Fest
8/11/17	\$623.94	Ash Kalra 96 Rooster Ct. San Jose, CA 95136	8/11/17 City sponsored Indian Flag Raising

NOTHING TO REPORT

Signature

Sergio Jimenez

Date

1/12/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

Handwritten initials/signature

DAYTIME TELEPHONE NUMBER
2018 APR 17 10:12:20
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE)
Jimenez Sergio

REPORTING PERIOD
January 1, 2018 - March 31, 2018

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

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.

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\$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
Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

ADDRESS
375 Beale Street Suite 700, San Francisco Ca 94105, and 777 North First Street, Suite 410, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization ABAG, LAFCO
Other _____

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
ABAG, LAFCO

POSITION: Board member, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: per diem paymentsP

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

5. VERIFICATION

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

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

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

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

RECEIVED
San Jose City Clerk *ay STZ*

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 4/17/18	Date Stamp 2018 APR 17 PM 12:20	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 1/1/18 TO 3/31/18	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
3/15/18	\$25 in-kind 1 gift card	Vitality Bowls 5660 Cottle Rd. San Jose, CA 95123	4/21/18 City sponsored Great American Litter Pick up
3/15/18	\$200 in-kind 20 gift cards	Yogurtland 5638 Cottle Rd #10 San Jose, CA 95123	4/21/18 City sponsored Great American Litter Pick up
3/15/18	\$100 in-kind 10 gift cards	Julio's Fresh Mex 5978 Silver Creek Valley Rd #25 San Jose, CA 95138	4/21/18 City sponsored Great American Litter Pick up
3/15/18	\$50 in-kind 1 gift card	Costco 6898 Raleigh Rd San Jose, CA 95119	4/21/18 City sponsored Great American Litter Pick up
3/15/18	\$150 in-kind 10 gift cards & 50 pk. chips	New Seasons Market 5667 Silver Creek Valley Rd. San Jose, CA 95138	4/21/18 City sponsored Great American Litter Pick up

NOTHING TO REPORT

Signature *Sergio Jimenez*

Date *4/16/18*

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED

(San Jose Municipal Code Chapter 12.19) **San Jose City Clerk**

OTC

2018 JUL -2 AMT 47 DAYTIME TELEPHONE NUMBER
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE)
Jimenez Sergio

REPORTING PERIOD
April 1, 2018 to June 30, 2018

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

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

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY
Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

ADDRESS
375 Beale Street Suite 700, San Francisco Ca 94105, and 777 North First Street, Suite 410, San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization ABAG, LAFCO
Other _____

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
ABAG, LAFCO

POSITION: Board member, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: per diem payments

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

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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 *Sergio Jimenez*
(File the originally signed statement with the City Clerk.)

Date Signed 6/27/18
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 7/15/18	RECEIVED San Jose City Clerk <i>OTCA</i> 2018 JUL -2 AM 11:47	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 4/1/18 TO 6/30/18	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
4/19/18 Rec'd	\$250	Plumbers, Steamfitters & Refrigeration Fitters 6150 Cottle Road San Jose, CA 95123	4/21/18 City sponsored Great American Litter Pick up
4/19/18	\$50 in-kind drinks/ pastries/ fruit	Hellyer Christopher Neighborhood Association 101 Branham Ln. San Jose, CA 95111	4/21/18 City sponsored Great American Litter Pick up
5/16/18	\$ 300 in-kind hot dogs/ water	Plumbers, Steamfitters & Refrigeration Fitters 6150 Cottle Road San Jose, CA 95123	6/6/18 City sponsored Viva Parks/ D2 Movie Night
4/21/18	\$300 in-kind pastries coffee	Astrid Tromp Coldwell Banker 450 Curie Dr, San Jose, CA 95123	4/21/18 City sponsored Great American Litter Pick up
4/21/18	\$900 in-kind BBQ sandwiches	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118	4/21/18 City sponsored Great American Litter Pick up
6/7/18	\$500	Astrid Tromp Coldwell Banker 450 Curie Dr, San Jose, CA 95123	8/18/18 City sponsored Village Fest

4/15/18	\$30 in-kind coffee	Village Oaks Starbucks 5670 Cottle Rd. San Jose, CA 95123	4/21/18 City sponsored Great American Litter Pick up
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NOTHING TO REPORT

Signature



Date

7/2/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

OTC

2018
TELEPHONE NUMBER
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE)
Jimenez Sergio

REPORTING PERIOD
7/1/18 through 9/30/18

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.) _____

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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375 Beale Street Suite 700, San Francisco Ca 94105, and 777 North First Street, Suite 410, San Jose, CA 95112

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:
Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

POSITION: Board member, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: stipend

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 *Sergio Jimenez*
(File the originally signed statement with the City Clerk.)

Date Signed 10/15/18
(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 Sergio Jimenez		Date of This Filing 10/15/18	Date Stamp 2018 OCT 15 PM 2:42	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 7/1/18 TO 9/30/18	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
7/1/18 rec'd	\$1,000	The Schoennauer Company 90 Hawthorne Way San Jose, CA 95110	8/18/18 City sponsored Village Fest
8/1/18	\$2,500	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118	8/18/18 City sponsored Village Fest
8/1/18	\$500	Premiere One Credit Union 6840 Via del Oro San Jose, CA 95119	8/18/18 City sponsored Village Fest
8/3/18	\$50	Oak Grove Neighborhood Association 5387 Pecan Blossom Dr. San Jose, CA 95123	8/18/18 City sponsored Village Fest
8/3/18	\$1,000	San Jose Fire Fighters, Local 230 425 E. Santa Clara St. Ste.300 San Jose, CA 95113	8/18/18 City sponsored Village Fest
8/6/18	\$500	Santa Clara & San Benito Counties Trades Council 2102 Almaden Rd. #101 San Jose, CA 95125	8/18/18 City sponsored Village Fest

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

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/7/18	\$50	Pedron's Storage P.O. Box 53223 San Jose, CA 95153	8/18/18 City sponsored Village Fest
8/7/18	\$50	Meriwest Credit Union P.O. Box 530953 San Jose, CA 95153	8/18/18 City sponsored Village Fest
8/8/18	\$50	Allied Universal Credit Union 2290 N, 1St. #201 San Jose, CA 95131	8/18/18 City sponsored Village Fest
7/2/18	\$50	Scarnecchia Real Estate Inc. 6273 Mountford Dr. San Jose, CA 95123	8/18/18 City sponsored Village Fest
8/13/18	\$1,000	Laborers' International Union - Local 270 2195 Fortune Dr. San Jose, CA 95131	8/18/18 City sponsored Village Fest
8/13/18	\$50	Echo Church 1172 Murphy Ave. Ste. 130 San Jose, CA 95131	8/18/18 City sponsored Village Fest
8/13/18	\$50	California Sports Center 838 Malone Rd. San Jose, CA 95125	8/18/18 City sponsored Village Fest

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

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/13/18	\$50	New Seasons Market 2171 San Vito Cir Monterey, CA 93940	8/18/18 City sponsored Village Fest
8/20/18	\$2,500	Plumbers, Steamfitters & Refrigeration Fitters 6150 Cottle Road San Jose, CA 95123	8/18/18 City sponsored Village Fest
9/18/18	\$817.80	Ghost Management Group 41 Discovery Irvine, CA 92618	7/11/18 City Sponsored Cannabis Roundtable
9/19/18	\$500	Kaiser Permanente 75 N. Fair Oaks Ave. 4th fl Pasadena, CA 91103	8/18/18 City sponsored Village Fest

NOTHING TO REPORT

Signature



Date

10/15/18

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC ER
2019 JAN 14 AM 11:35

NAME (LAST) (FIRST) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
10/1/18 through 12/31/18

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.) _____

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
Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

ADDRESS
375 Beale Street Suite 700, San Francisco Ca 94105, and 777 North First Street, Suite 410, San Jose, CA 95112

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:
Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

POSITION: Board member, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: stipend

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 *Sergio Jimenez*
(File the originally signed statement with the City Clerk.)

Date Signed 1/14/19
(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 Sergio Jimenez		Date of This Filing 1/15/19	Date Stamp 2019 JAN 14 AM 11:35	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 10/1/18 TO 12/31/18	Page 1 of 1		

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

NOTHING TO REPORT

Signature 

Date 1/14/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
January 1, 2019 - March 31, 2019

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

ADDRESS

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:

POSITION: _____

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 6/10/19
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 6/10/19	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 1/1/19 TO 3/31/19	Page 1 of 1		

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

NOTHING TO REPORT

Signature 

Date 6/10/19
City of San José Form DFR-1 (Nov/2010)

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
April 1, 2019 - June 30, 2019

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

ADDRESS

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:

POSITION: _____

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 6/27/19
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing <u>7/15/19</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 4/1/18 TO 6/30/18	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
4/20/19	\$450 in-kind sandwiches	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118	4/20/19 City sponsored Great American Litter Pick up
4/20/19	\$200 in-kind breakfast items	Astrid Tromp - Coldwell Banker 450 Curie Dr, San Jose, CA 95123	4/20/19 City sponsored Great American Litter Pick up
4/20/19	\$700 in-kind hot dogs/ water	Plumbers, Steamfitters & Refrigeration Fitters 6150 Cottle Road San Jose, CA 95123	4/20/19 City sponsored Great American Litter Pick up

NOTHING TO REPORT

Signature



Date 6/27/19

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
7/1/19 through 9/30/19

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

Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

ADDRESS

375 Beale Street Suite 700, San Francisco Ca 94105, and 777 North First Street, Suite 410, San Jose, CA 95112

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:

Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

POSITION: Board member, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: stipend

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

5. VERIFICATION

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

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

Date Signed 10/11/19
(month, day, year)

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

Disclosure of Fundraising Report Form

RECEIVED

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 10/15/19	Date Stamp 2019 OCT 11 PM 3:04	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	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
7/26/19	\$1,000	The Schoennauer Company 90 Hawthorne Way San Jose, CA 95110	9/7/19 City sponsored Village Fest
9/4/19	\$2,000	Angie Cocke 3150 Almaden Expy #100 San Jose, CA 95118	9/7/19 City sponsored Village Fest
7/25/19	\$1,000	Premiere One Credit Union 6840 Via del Oro San Jose, CA 95119	9/7/19 City sponsored Village Fest
8/15/19	\$100	Oak Grove Neighborhood Association 5387 Pecan Blossom Dr. San Jose, CA 95123	9/7/19 City sponsored Village Fest
8/6/19	\$500	San Jose Fire Fighters, Local 230 425 E. Santa Clara St. Ste.300 San Jose, CA 95113	9/7/19 City sponsored Village Fest
8/14/19	\$500	Santa Clara & San Benito Counties Trades Council 2102 Almaden Rd. #101 San Jose, CA 95125	9/7/19 City sponsored Village Fest

NOTHING TO REPORT

Signature



Date 10/11/19

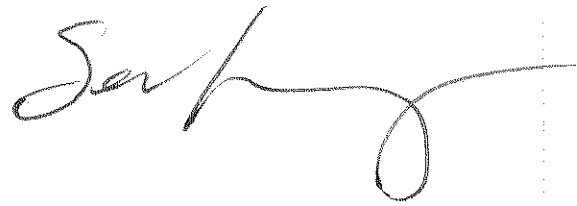
Type or print in ink.
Amounts may be rounded to whole dollars.

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
7/25/19	\$100	Pedron's Storage P.O. Box 53223 San Jose, CA 95153	9/7/19 City sponsored Village Fest
8/15/19	\$100	Meriwest Credit Union P.O. Box 530953 San Jose, CA 95153	9/7/19 City sponsored Village Fest
8/16/19	\$100	Scarnecchia Real Estate Inc. 6273 Mountford Dr. San Jose, CA 95123	9/7/19 City sponsored Village Fest
8/14/19	\$1,000	Laborers' International Union - Local 270 2195 Fortune Dr. San Jose, CA 95131	9/7/19 City sponsored Village Fest
7/30/19	\$100	Carole Holcomb 5755 Cohasset Wy. San Jose, CA 95123	9/7/19 City sponsored Village Fest
8/30/19	\$2,000	California Waste Solutions, Inc. 1120 Berryessa Rd. San Jose, CA 95133	9/7/19 City sponsored Village Fest
8/21/19	\$100	Bernal Partners dba Supercuts 1475 Saratoga Ave. Ste. 250 San Jose, CA 95129	9/7/19 City sponsored Village Fest

NOTHING TO REPORT

Signature



Date 10/11/19

Disclosure of Fundraising Report Form

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

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/27/19	\$250	Astrid Tromp-Koerse 450 Curie Dr. San Jose, CA 95123	9/7/19 City sponsored Village Fest
9/3/19	\$2,500	L&L Franchise 931 University Ave. Ste. 202 Honolulu, HI 96826	9/7/19 City Sponsored Village Fest

NOTHING TO REPORT

Signature



Date 10/11/19



**Healthier Kids
Foundation**

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

Invoice

Invoice Date: 10.11.19

Bill To: Council Member Jimenez

Description	Amount
Safe from the Start! Sponsorship	\$1,000.00

Total \$1,000.00

Signature: _____

Please make checks payable to:
Healthier Kids Foundation
4040 Moorpark Ave., Suite 100
San Jose, CA 95117

Thank You!

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

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

RECEIVED
San Jose City Clerk
07c 16

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) 2020 JAN 14 DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
10/1/19 through 12/31/19

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

Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

ADDRESS

375 Beale Street Suite 700, San Francisco Ca 94105, and 777 North First Street, Suite 410, San Jose, CA 95112

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:

Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

POSITION: General Assembly representative, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: stipend

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 1/14/2020
(month, day, year)

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


Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 1/15/20	Date Stamp 2020 JAN 14 AM 10:51 OTC 66	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 10-1-19 TO 12-31-19	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/16/19 (rec'd)	\$1,000	Kaiser Permanente 75 N. Fair Oaks Ave. 4th fl Pasadena, CA 91103	9/7/19 City sponsored Village Fest
10/16/19 (rec'd)	\$1,000	Republic Services 1601 Dixon Landing Rd, Milpitas, CA 95035	9/7/19 City sponsored Village Fest

NOTHING TO REPORT

Signature



Date

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
January 1, 2020 - March 31, 2020

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

Association of Bay Area Governments (ABAG), and Local Agency Formation Commission (LAFCO)

ADDRESS

777 North First Street, Suite 410, San Jose, CA 95112

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:

Local Agency Formation Commission (LAFCO)

POSITION: General Assembly representative, Commissioner

GENERAL DESCRIPTION OF SERVICES RENDERED: stipend

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 4/14/20
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 4/15/20	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 1/1/20 TO 3/31/20	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

NOTHING TO REPORT

Signature



Date

4/14/20

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
4/1/20 - 6/30/20

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

ADDRESS

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:

POSITION: _____

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

Date Signed 7/15/20
(month, day, year)

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


Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing <u>7/15/20</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT <u>4/1/20</u> TO <u>6/30/20</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

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: 7/15/20

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
7/1/20 - 9/30/20

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

ADDRESS

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:

POSITION: _____

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

Date Signed 10/16/20
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing <u>10/16/20</u>	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT <u>7/1/20</u> TO <u>9/30/20</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

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: Sergio Jimenez

DATE: 10/16/20

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
10/1/21 - 12/31/21

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.) 40

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

Valley Transportation Agency/ Local Agency Formation Commission/ Abitano Group -Compass

ADDRESS

3331 North First Street, Building B-1 San Jose, CA 95134-1927/ 777 North First St., San Jose, CA 95112/ 5353 Almaden Expy. 150A, San Jose, CA 95118

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:

Regional transportation board/ Federal regulatory commission/ Real Estate agency

POSITION: Director/ Commissioner/ Realtor

GENERAL DESCRIPTION OF SERVICES RENDERED: Director/ Commissioner/ Real Estate Services

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

5. VERIFICATION

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

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

Date Signed 1/14/22
(month, day, year)

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

Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Sergio Jimenez		Date of This Filing 1/14/22	Date Stamp	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 10-1-21 TO 12-31-21	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

NOTHING TO REPORT

Signature



Date 1/14/22

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

AW OTC
2022 APR 20 PM 2:59

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
Jimenez Sergio (408) 535-4902

REPORTING PERIOD
1/1/22 - 3/31/22

During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you 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
VALLEY TRANSPORTATION AGENCY/ LOCAL AGENCY FORMATION COMMISSION

ADDRESS
3331 North First Street, Building B-1 San Jose, CA 95134-1927/ 777 North First Street, Suite 410 San Jose, CA 95112

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

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


POSITION: DIRECTOR/ COMMISSIONER

GENERAL DESCRIPTION OF SERVICES RENDERED: PER DIEM PAYMENTS

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF 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 4/20/22
(File the originally signed statement with the City Clerk.) (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 Sergio Jimenez		Date of This Filing 4/20/22	Date Stamp 2022 APR 20 PM 2:59 <i>AW MC</i>	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 1/1/22 TO 3/31/22	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

NOTHING TO REPORT

Signature



Date 4/20/22

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

RECEIVED
San Jose City Clerk
OTC MK
2022 JUL 21 PM 3:25
DAYTIME TELEPHONE NUMBER
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE)
Jimenez Sergio

REPORTING PERIOD
4/1/22 to 6/30/22

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.) _____

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
VALLEY TRANSPORTATION AGENCY/ LOCAL AGENCY FORMATION COMISSION

ADDRESS
3331 North First Street, Building B-1 San Jose, CA 95134-1927/ 777 North First Street, Suite 410 San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization _____
Other

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

POSITION: DIRECTOR/ COMMISSIONER

GENERAL DESCRIPTION OF SERVICES RENDERED: PER DIEM PAYMENTS

4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF 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 7/21/22
(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
Sergio Jimenez

OFFICE HELD
Councilmember

PERIOD COVERED BY THIS REPORT
4/1/22 TO 6/30/22

Date of This Filing 7/21/22

Page 1 **of** 1

Date Stamp
2022 JUL 21 PM 3:25
OTC WR

CITY OF SAN JOSE FORM DFR1
For Official Use Only

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

NOTHING TO REPORT

Signature



Date 7/21/22

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

RECEIVED
San Jose City Clerk
2022 OCT 14 AM 11:13
DAYTIME TELEPHONE NUMBER
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE) _____
Jimenez Sergio _____

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.) _____ 10+

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
VALLEY TRANSPORTATION AGENCY/ LOCAL AGENCY FORMATION COMISSION

ADDRESS
3331 North First Street, Building B-1 San Jose, CA 95134-1927/ 777 North First Street, Suite 410 San Jose, CA 95112

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship Partnership LLC Corporation
 Trust Governmental Agency Nonprofit Organization _____
Other

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

POSITION: DIRECTOR/ COMMISSIONER

GENERAL DESCRIPTION OF SERVICES RENDERED: Stipends

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 10/14/22
(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 Sergio Jimenez		Date of This Filing <u>10/13/22</u>	Date Stamp 2022 OCT 14 AM 11:13	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember, City of San José	PERIOD COVERED BY THIS REPORT 7/1/22 TO 9/30/22	Page <u>1</u> of <u>3</u>		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/31/22	\$2,500	Voler Strategic Advisors 2066 The Alameda, San Jose, CA 95126	Sister Cities International
9/20/22	\$2,500	Rotten Robbie 3090 Monterey Rd, San Jose, CA 95111	Sister Cities International
9/15/22	\$2,500	GTL Enterprises LLC 300 E Gish RdSan JoseCA95112	Sister Cities International
9/22/22	\$500	Robson Homes 2185 The Alameda San Jose, CA 95126	Sister Cities International
9/2/22	\$2,500	Kaiser Permanente 19000 Homestead Rd. Cupertino, CA 95014	Sister Cities International
9/15/22	\$1,000	Gary Kremen San Jose, CA 95125	Sister Cities International

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: _____

0/14/22

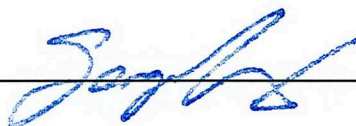
Disclosure of Fundraising Report Form

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/16/22	\$5,000	LiUNA Laborers Local 270 2195 Fortune Dr, San Jose, CA 95131	Sister Cities International
9/20/22	\$5,000	AECOM 100 W San Fernando St #200 San Jose, CA 95113	Sister Cities International
9/20/22	\$2,500	Westfield Shopping Centers 2049 Century Park East Los Angeles, CA 90067	Sister Cities International
9/20/22	\$1,000	City of San Jose, District 3 Office 200 E Santa Clara St San Jose, CA 95113	Sister Cities International
9/26/22	\$500	Green Team 1333 Old Oakland Rd, San Jose, CA 95112	Sister Cities International
9/20/22	\$2,500	Santa Clara Valley Water 5750 Almaden Expy San Jose, CA 95118	Sister Cities International
9/20/22	\$1,000	Republic Services 1601 Dixon Landing Rd Milpitas, CA 95035	Sister Cities International

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: _____

10/14/22

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
9/22/22	\$250	City of San José District 9 Office 200 E Santa Clara St San Jose, CA 95113	Sister Cities International

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:

9/14/22

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk
OTZ MR
2023 JAN 15 10 20 AM
TELEPHONE NUMBER
(408) 535-4902

NAME (LAST) (FIRST) (MIDDLE) Jimenez Sergio

REPORTING PERIOD
10/1/22 - 12/31/22

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.) 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
VALLEY TRANSPORTATION AGENCY

ADDRESS
3331 North First Street, Building B-1 San Jose, CA 95134-1927

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:
MANDATED AGENCY

POSITION: DIRECTOR

GENERAL DESCRIPTION OF SERVICES RENDERED: Stipend

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

5. VERIFICATION

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

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

Date Signed 1/13/23
(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 Sergio Jimenez		Date of This Filing 1/13/23	Date Stamp 2023 JAN 13 PM 2: 27	CITY OF SAN JOSE FORM DFR1 For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT 10/1/22 TO 12/31/22	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

NOTHING TO REPORT

Signature 

Date 1/13/23