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

NAME (LAST) Jones Jr.	(FIRST) Charles	(MIDDLE)		APR 15 PH 408-406-2501
REPORTING PERIOD	and it was	** C , *	7010	AFK 13 FN 4002400-2501
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During the Reporting F Income? (If your answ	eriod, how many hours er is none, please proce	did you spend rendering so eed to Section 2 below.) _	ervices unrelated to yo None	ur duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PE	RIOD*		
☐ LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,0	000 OVER \$100,000
*If aggregate in Report Section 5.	ing Year is more than \$	5500, proceed to Section 2.	If aggregate in Repor	ting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YE	AR		
□ \$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 OVER \$100,000
*If aggregate in Report	ting Year is less than \$5	500, proceed to Section 5.		
If aggregate in Reporti	ng Year is more than \$5	500, proceed to Section 3.		
		NTAL AGENCY & DESCRI	IPTION OF SERVICES	
NAME OF BUSINESS Jones Enterprises	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129	5		,v
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
Proprietorship	☐ Partnership	☐ LLC		Corporation
☐ Trust	Governmer	atal Agency Nonn	rofit Organization	Consulting Services and Real
Trust		Ital Agency Nonpi	Tonit Organization	Other
GENERAL DESCRIPT Consulting Services ar	ION OF BUSINESS EN	ITITY/TRUST/GOVERNME	ENTAL AGENCY ACTIV	/ITY:
POSITION: Co-Owne	<u>r</u>			
GENERAL DESCRIPT	ION OF SERVICES RE	:NDERED: <u>Kelli Jones - (</u>	Consultant - Internal Co	ommunication Service and Support
		CE OF INCOME OF \$5,000 5,000 OR MORE (attach a s		S REPORTING PERIOD AND IF THE sary)
1) CISCO	\supset			
5. VERIFICATION				
I have used all reasona information contained h		ned schedules is true and co		and to the best of my knowledge the er penalty of perjury under the laws of
	X.II			
Signature //File the original	vinally aigned states	t with the City Class.	Date Signed _	4/15/2015
(Line rine out	ginally signed statement	with the Oity Olerk.)		(month, day, year)

	of Fundraisin	g Rep	ort Form			ts may be rou		58	s. RECE an Jose (City Clerk		Pa	ge 1
NAME OF ELECTED Charles "Chappie	O OFFICIAL " Jones					Date of This Filing	4/15/1			PM 4: 2		CITY OF SAI	DFR1
OFFICE HELD City Council			PERIOD COVE 1界界代	3/31/15 TO	•	1 Page	of	1			Cont	For Offic	al Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRES	S, EMPLOYER A	AND OCC	CUPATION O	F CONTR	RIBUTOR	DESC	RIPTION OF E	VENT OR F	PURPOSE OF FUI UTION	NDRAISING
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Signature

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

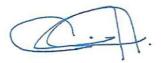
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San Jose City Clerk
(MP) OTC

NAME (LAST) Jones Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TECEPHONE NUMBER 408-406-2501
REPORTING PERIO 04/01/15 - 06/3	D			
		s did you spend rendering s eed to Section 2 below.)		duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING P	ERIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	X \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo Section 5.	orting Year is more than	\$500, proceed to Section 2.	If aggregate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING Y	EAR		
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*If aggregate in Repo	orting Year is less than \$	500, proceed to Section 5.		
If aggregate in Repor	ting Year is more than \$	500, proceed to Section 3.		
3. BUSINESS ENTIT	Y/TRUST/GOVERNME	NTAL AGENCY & DESCR	IPTION OF SERVICES	
NAME OF BUSINES	S ENTITY/TRUST/GOV	ERNMENTAL AGENCY		9
Jones Enterpris	ses			
ADDRESS 1005 Whiteoak	Drive, San Jose, (CA 95129		
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
☑ Proprietorship	Partnership	LLC		Corporation
☐ Trust	Governme	ntal Agency Nonp	rofit Organization	Real Estate Other
GENERAL DESCRIP	TION OF BUSINESS EI	NTITY/TRUST/GOVERNME	ENTAL AGENCY ACTIVIT	Y:
Consulting Serv	ices and Real Est	ate		
POSITION: Co- O	wner			N. V. S. El-Vallado de mestra suas que se monte en apresenta de la Companya del Companya de la Companya de la Companya del Companya de la Com
		ENDERED: <u>Kelli Jones</u> Support.	- Consultant- Intern	al Communication Services &
				EPORTING PERIOD AND IF THE
1. Cisco				
5. VERIFICATION				
information contained		ned schedules is true and co		d to the best of my knowledge the penalty of perjury under the laws of
Signature(File the or	iginally signed statemen	t with the City Clerk.)	Date Signed	07/15/15 (month, day, year)

		ng Report Form	unts may be rounded to whole dollar	RECEIVED	Page 1
NAME OF ELECTED Charles "Chappie			Date of 07/15/15 This Filing	MP Date Stamp	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 04/01/15 06/30/15TO	Page of	IN THE STATE OF	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
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NOTHING TO REPORT

Signature



Date 07/15/15

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

RECEIVED San Jose City Clork

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER 408-406-25013 FIRST)
REPORTING PERIOD
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 □ 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 Dartnership 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 Service 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) 1) Cisco Systems
Ty diece eyeleme
5. VERIFICATION
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Signature (File the originally signed statement with the City Clerk.) Date Signed 1 13 (month, day, year)

RECEIVED

Disclosure of Fundraising Report Form Page 1 San Jose City Clerk NAME OF ELECTED OFFICIAL Date Stamp Date of CITY OF SAN 01/14/16 Chappie Jones This Filing JOSE FORM 2016 JAN 14 PM 3:52 OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Councilmember, Dis 1, City of San Jose 10/01/2015 12/31/2015 TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION 09/10/15 \$50.00 **Happy Donuts** Donation: Assorted donuts and pastries for event participants 1345 S. Winchester Boulevard, San Jose, CA 95117 Event: 4th Annual Shred- A -Thon & E Waste Recycling Event

NOTHING TO REPORT

Signature

Date

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

RECEIVED
San Jose City Clerk

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2016 APR 12 AM 9: 11

NAME (LAST) Jones Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIOD	The second secon			
		s did you spend rendering seed to Section 2 below.)		our duties of office for which you earned
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If aggregate in Report	ing Year is more than \$	500, proceed to Section 3.		
		NTAL AGENCY & DESCR	RIPTION OF SERVICE	S
		ERNMENTAL AGENCY		
Jones Enterpris ADDRESS	es			
1.60 Target and Management	Orive, San Jose, (CA 95129		
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:		
☑ Proprietorship	☐ Partnership	LLC	į.	☐ Corporation
☐ Trust	Governme	ntal Agency Nonp	profit Organization	Other
GENERAL DESCRIPT	ION OF BUSINESS E	NTITY/TRUST/GOVERNMI	ENTAL AGENCY ACT	IVITY:
Consulting Servi	ces and Real Est	ate		
POSITION: Co- O	wner	-		
		Support.		ernal Communication Services &
4. LIST EACH REPOR AGGREGATE IN RI	TABLE SINGLE SOUF EPORTING YEAR IS \$	RCE OF INCOME OF \$5,00 5,000 OR MORE (attach a	00 OR MORE FOR THeep	IS REPORTING PERIOD AND IF THE assary)
1. Cisco				
5. VERIFICATION	Manual Manual Control			
information contained		hed schedules is true and o		nt and to the best of my knowledge the der penalty of perjury under the laws of
Signature (File the original transfer of the original transfer original transfer of the original transfer original tran	ginally signed statemen	it with the City Clerk.)	Date Signed	04/12/16 (month, day, year)

Type or print in ink.

Amounts may be rounded to whole dollars.

San Jose City Clerk

Disclosure	of Fundraisin	ig Re	oort Form	100		San Jose City Clerk	Page 1
NAME OF ELECTE	D OFFICIAL			Date of	04/40/40	Date Stamp	CITY OF SAN DED4
Charles "Chappi	e" Jones			This Filing	04/12/16	2016 APR 12 AM 9: 11	JOSE FORM DFR1
OFFICE HELD	34367.842		PERIOD COVERED BY THIS	1	1		For Official Use Only
City Council		8	REPORT 01/01/16 03/31/16 TO	Page	of	of otc	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND O	CCUPATION O	F CONTRIBUTOR	DESCRIPTION OF EVENT OR I CONTRIE	
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NOTHING TO REPORT

Signature

Date 04/12/16



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.	· · · · · · · · · · · · · · · · · · ·	DAY TIME TELEPHONENUMBER 408-406-2501
REPORTING PERIO		16		100 100 2001
		s did you spend rendering eed to Section 2 below.)		r duties of office for which you earned
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*If aggregate in Rep Section 5.	orting Year is more than	\$500, proceed to Section 2	. If aggregate in Reportir	ng Year is less than \$500, proceed to
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*If aggregate in Rep	orting Year is less than \$	500, proceed to Section 5.		
If aggregate in Repo	orting Year is more than \$	500, proceed to Section 3.		
3. BUSINESS ENT	ITY/TRUST/GOVERNME	NTAL AGENCY & DESCF	RIPTION OF SERVICES	
NAME OF BUSINES	SS ENTITY/TRUST/GOVE	ERNMENTAL AGENCY		
Jones Enterpr	ises		1	
ADDRESS	D: 0 1	24.05400		
	<u>CDrive, San Jose, C</u> SENTITY/TRUST/GOVE			
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X Proprietorship	☐ Partnership	☐ LLC		Corporation
☐ Trust	Governmen	ntal Agency	profit Organization	Other
GENERAL DESCRI	PTION OF BUSINESS EN	NTITY/TRUST/GOVERNM	ENTAL AGENCY ACTIVI	TY:
Consulting Ser	vices and Real Esta	ate		
POSITION: Co- (
			s- Consultant- Inter	nal Communication Services &
4. LIST EACH REPO	DRTABLE SINGLE SOUR	Support. RCE OF INCOME OF \$5,00	00 OR MORE FOR THIS	REPORTING PERIOD AND IF THE
_1. Cisco	KEPUKTING TEAK 15 \$	5,000 OR MORE (attach a	separate sneet if necessi	ary)
5. VERIFICATION	经在基本的	以外,不是一个人的	基金的支持 重要	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
information containe		ned schedules is true and o		and to the best of my knowledge the penalty of perjury under the laws of
Signature(File the o	originally signed statemen	t with the City Clerk.)	Date Signed	07/07/16 (month, day, year)



Disclosure of Fundraising Report Form

Amounts may be rounded to

San Jose City Clork

Page 1

OFFICIAL		Date of 07/07/16	Date Stamp	CITY OF SAN DED4	
Charles "Chappie" Jones OFFICE HELD PERIOD COVERED BY THIS		This Filing	2016 JUL -7 AM 11: 49	JOSE FORM DFR1	
	PERIOD COVERED BY THIS REPORT 04/01/16 06/30/16TO	Page of		For Official Use Only	
AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB		
\$350.00			Donation: 35 cases of water be Event: 11th Annual West Valle		
\$25.00	The Art of Shaving 2855 Stevens Creek Blvd #1047, Sar	nta Clara, CA 95050	Donation: Gift Card Event: 11th Annual West Valley Senior Walk		
\$15.00	Breathe California 1469 Park Avenue, San Jose, CA 95	126	Donation: Fire Alarm & Coffee Event: 11th Annual West Valle		
\$30.00	Campbell Adult Center 1 W. Campbell Ave #C33, Campbell,	CA 95008	Donation: See's Candy, T-Shir Event: 11th Annual West Valle	t, Sparkling Cider & Water Bottley Senior Walk	
\$50.00	CareMore 255 N. White Road #200B, San Jose	e, CA 95127	Donation: Garden Scooter & C Event: 11th Annual West Valle		
\$100.00	Generations Healthcare 797 E. Fremont Avenue, Sunnyvale,	CA 94087	Donation: Fit Bit Zip & Health I Event: 11th Annual West Valle		
	**Jones AMOUNT CONTRIBUTED \$350.00 \$15.00 \$50.00	PERIOD COVERED BY THIS REPORT 04/01/16 06/30/16 TO 06/30/16 AMOUNT CONTRIBUTED \$350.00 Alameda Family Funeral & Cremation 12341 Saratoga-Sunnyvale Rd., Saratoga-Sunnyvale	Period Covered By This Filling	Date of This Filling O7/07/16 TO OFFICIAL PERIOD COVERED BY THIS REPORT O4/01/16 D6/30/16 TO OFFICIAL Page 1 of 4 Page 1 of 4 Description of Event or Econtril AMOUNT CONTRIBUTED S350.00 Alameda Family Funeral & Cremation 12341 Saratoga-Sunnyvale Rd., Saratoga, CA 95070 The Art of Shaving 2855 Stevens Creek Blvd #1047, Santa Clara, CA 95050 Donation: Gift Card Event: 11th Annual West Valle 2855 Stevens Creek Blvd #1047, Santa Clara, CA 95050 Donation: Fire Alarm & Coffee Event: 11th Annual West Valle 2850 Stevens Creek Blvd #1047, Santa Clara, CA 95050 Campbell Adult Center 1 W. Campbell Ave #C33, Campbell, CA 95008 S50.00 CareMore 255 N. White Road #200B, San Jose, CA 95127 Donation: Garden Scooter & Cevent: 11th Annual West Valle 255 N. White Road #200B, San Jose, CA 95127 Donation: Fit Bit Zip & Health State 1 State 1 State 2 S	

NOTHING TO REPORT

Signature



Date 07/07/16

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
02/23/16	\$40.00	Heart of the Valley 1550 El Camino Real, Santa Clara, CA 95050	Donation: Purse Event: 11th Annual West Valley Senior Walk
2/23/16	\$50.00	Humana 1676 N. California Blvd, Suite 600, Walnut Creek, CA 94596	Donation: Health Item Basket Event: 11th Annual West Valley Senior Walk
02/23/16	\$20.00	Jesse Dogillo, CFP 777 North First Street, Suite 615, San Jose, CA 95112	Donation: Orchid Plant Event: 11th Annual West Valley Senior Walk
2/23/16	\$25.00	Kipling at Westfield Valley Fair 2855 Stevens Creek Blvd #1052, Santa Clara, CA 95050	Donation: Small luggage bag Event: 11th Annual West Valley Senior Walk
02/23/16	\$350.00	Law Office of Lisa C. Bryant 1625 The Alameda, Ste 820, San Jose, CA 95126	Donation: Gift Certificate for free power of attorney Event: 11th Annual West Valley Senior Walk
2/23/16	\$40.00	Legal Shield 1849 Bagpipe Way, San Jose, CA 95121	Donation: Gift Basket Event: 11th Annual West Valley Senior Walk

NOTHING TO REPORT

Signature



Date 07/07/16

Disclosure of Fundraising Report Form

Page 🔧

NAME OF ELECTED Charles "Chappie		at.	Date of 07/07/16 This Filing	Date Stamp	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 04/01/16 06/30/16TO	Page 3 of 4		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AN	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
02/23/16	\$50.00	Rebuilding Together Silicon Valley 1701 South 7th Street #10, San Jo		Donation: T-Shirts for Giveawa Event: 11th Annual West Valle	
02/23/16	\$50.00	Regional Medical Ćenter 225 North Jackson Avenue, San J	ose CA 95116	Donation: Gift Bag with water I Event: 11th Annual West Valle	
02/23/16	\$25.00	Right at Home 1290 Strokes Street, Suite 203, Sa	an Jose, CA 95128	Donation: Chocolate Basket Event: 11th Annual West Valle	y Senior Walk
02/23/16	\$30.00	Silicon Valley Healthy Aging One Washington Square, San Jos	e, CA 95129	Donation: Falls prevention fitne Event: 11th Annual West Valle	
02/23/16	\$300.00	Snap Fitness 24-7 60 North Winchester Blvd, Suite #	8, Santa Clara, CA 95050	Donation: Gym membership, n Event: 11th Annual West Valle	
02/23/16	\$100.00	StarOne Credit Union P.O. Box 3643, Sunnyvale, CA 94	089	Donation: Gift Basket Event: 11th Annual West Valle	y Senior Walk

NOTHING TO REPORT

Signature

Date 07/07/16

Disclosure of Fundraising Report Form

Page 24

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
02/23/16	\$250.00	Stoney's Photography Milpitas, CA 95035	Donation: Free Portrait Session Event: 11th Annual West Valley Senior Walk
02/23/16	\$150.00	The Walking Company 2475 Townsgate Road, Suite 200, Westlake Village CA 91361	Donation: Pair of Walking Shoes Event: 11th Annual West Valley Senior Walk
02/23/16	\$70.00	Yellow Checker Cab 1881 South 7th Street, San Jose CA 95112	Donation: Gift Card, Yellow Cab apparel & Bird House Event: 11th Annual West Valley Senior Walk
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NOTHING TO REPORT

Signature



Date 07/07/16

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

RECEIVED San Jose City Clark FR OTC

NAME (LAST) Jones Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIO 07/01/16- 09/30/16	D	New Y		100 100 2001
		s did you spend rendering eed to Section 2 below.)		our duties of office for which you earned
1. INCOME EARNE	ED THIS REPORTING PE	ERIOD*	The state of the s	
☐ LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	X \$.10,001 - \$100,	,000 OVER \$100,000
*If aggregate in Repo Section 5.	orting Year is more than S	\$500, proceed to Section 2	2. If aggregate in Repo	orting Year is less than \$500, proceed to
2. INCOME EARNE	ED THIS REPORTING YE	EAR		
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	S10,001 - \$100,0	000 X OVER \$100,000
*If aggregate in Repo	orting Year is less than \$5	500, proceed to Section 5.		
If aggregate in Repor	ting Year is more than \$	500, proceed to Section 3.	k	
		NTAL AGENCY & DESCR	RIPTION OF SERVICE	S
100000000000000000000000000000000000000	S ENTITY/TRUST/GOVE	ERNMENTAL AGENCY		
Jones Enterpri	ses			
ADDRESS 1005 Whiteoak	Drive, San Jose, C	CA 95129		
	S ENTITY/TRUST/GOVE			
X Proprietorship	☐ Partnership	□ LLC	,	☐ Corporation
☐ Trust	Governmen	ntal Agency Non	profit Organization	Other
GENERAL DESCRIP	TION OF BUSINESS EN	NTITY/TRUST/GOVERNM	ENTAL AGENCY ACT	IVITY:
Consulting Serv	ices and Real Esta	ate		
POSITION: Co- C)wner			
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 or	riginally signed statemen	t with the City Clerk.)	Date Signed	10/13/16 (month, day, year)

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Disclosure of Fundraising Report Form

Page 1

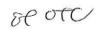
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		Date of 10/13/16	Date Stamp	CITY OF SAN DFR1
e" Jones		This Filing	2016 OCT 13 PM 3:1-5	JOSE FORM DFK1
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	07/01/16 09/30/16 TO	Page of		
AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
\$200	Federal Realty, Santana Row 356 Santana Row, #1005, San Jose	e, CA 95128	Donation: 4 gift cards for Mobi Event: 1st Annual Transportati	lity Challenge Winner Prizes ion Forum
\$50.00	Happy Donuts- Angie Sinh 1345 S. Winchester Blvd. San Jose,	CA 95128	Donation: 5 Dozen Donuts & F Event: 1st Annual Transportati	
	\$200	PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16 TO AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND \$200 Federal Realty, Santana Row 356 Santana Row, #1005, San Jose \$50.00 Happy Donuts- Angie Sinh	PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16 AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR \$200 Federal Realty, Santana Row 356 Santana Row, #1005, San Jose, CA 95128	PERIOD COVERED BY THIS REPORT 07/01/16 09/30/16 Page 1 of 1 AMOUNT CONTRIBUTED Secondary Full NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR Federal Realty, Santana Row 356 Santana Row, #1005, San Jose, CA 95128 Secondary 10/13/16 10/1

NOTHING TO REPORT

Signature



Date 10/13/16



INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)



NAME (LAST Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 408-406-2501		
REPORTING PERI 10/01/16-12/31/1						
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 EARN	IED THIS REPORTING F	PERIOD*				
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	10,001 - \$100,0	000		
*If aggregate in Rep Section 5.	porting Year is more than	\$500, proceed to Section 2	. If aggregate in Repor	ting Year is less than \$500, proceed to		
2. INCOME EARN	IED THIS REPORTING Y	/EAR				
S0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	00 X OVER \$100,000		
*If aggregate in Rep	oorting Year is less than 9	\$500, proceed to Section 5.	,e,			
	_	\$500, proceed to Section 3.				
		ENTAL AGENCY & DESCR	RIPTION OF SERVICES			
Jones Enterprises	SS ENTITY/TRUST/GOV	/ERNMENTAL AGENCY				
ADDRESS 1005 Whiteoak Driv	ve, San Jose, CA 95129					
TYPE OF BUSINES	SS ENTITY/TRUST/GOV	ERNMENTAL AGENCY:	A CONTRACTOR OF THE CONTRACTOR			
X Proprietorship	☐ Partnershi	ip 🗆 LLC		Corporation		
☐ Trust	Governme	ental Agency 🔲 Nonp	profit Organization	Consulting Services and Real		
		ENTITY/TRUST/GOVERNMI	ENTAL AGENCY ACTIV	VITY:		
Consulting Services	and Real Estate					
POSITION: Co-Ow	ner					
GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Consultant - Internal Communication Services & Support						
		RCE OF INCOME OF \$5,00 \$5,000 OR MORE (attach a		S REPORTING PERIOD AND IF THE sary)		
-						
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.						
			ar.			
Signature(File the	originally signed stateme	nt with the City Clerk.)	Date Signed _	(month, day, year)		

	of Fundraisir	ig Rep	port Form		San Jose City Clark	Page 1
NAME OF ELECTED	OFFICIAL			Date of 1/11/17	Date Stamp	CITY OF SAN DED
Charles "Chappie	e" Jones			This Filing	2017 JAN PM 4: !	JOSE FORM DFR
OFFICE HELD	OFFICE HELD PERIOD COVERED BY THIS			1 1		For Official Use Only
City Council		91	REPORT 10/01/16 12/31/16 TO	Page of	El ote	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PU CONTRIBU	
/23/16	\$205.00	Winch Jose,	nester Mystery House, 525 So CA 95128	outh Winchester Blvd, San	Donation: 45 Ornaments and ca Event: Christmas in the Park Tr	
				*		
				*		
NOTHING TO	REPORT		Signature		Date	1/11/17

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	Z	408-406-2501	
REPORTING PERIO 01/01/17 - 3/31/17	D	-			
		rs did you spend rendering sceed to Section 2 below.)	services unrelated to you None	ur duties of office for which you earned	
1. INCOME EARNE	D THIS REPORTING P	PERIOD*			
☐ LESS \$500	S500 - \$1,000	\$1,001 - \$10,000	3 \$10,001 - \$100,00	00 OVER \$100,000	
*If aggregate in Repo Section 5.	orting Year is more than	\$500, proceed to Section 2	. If aggregate in Report	ing Year is less than \$500, proceed to	
2. INCOME EARNE	D THIS REPORTING Y	EAR .			
□ \$0 - \$499*	S500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	0 OVER \$100,000	
*If aggregate in Repo	rting Year is less than \$	5500, proceed to Section 5.			
15050 IS		\$500, proceed to Section 3.			
Account of the control of the contro		NTAL AGENCY & DESCR	IPTION OF SERVICES		
Jones Enterprises	S ENTITY/TRUST/GOV	ERNMENTAL AGENCY			
ADDRESS 1005 Whiteoak Drive	, San Jose, CA 95129				
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	ERNMENTAL AGENCY:			
	Partnershi	p 🗆 LLC	j	Corporation	
Trust	Governme	ental Agency	profit Organization [Consulting Services and Rea Other	
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting Services and Real Estate					
POSITION.					
GENERAL DESCRIP	TION OF SERVICES R	ENDERED: Kelli Jones -	Consultant - Internal Co	mmunication Services & Support	
4. LIST EACH REPOR	RTABLE SINGLE SOUP REPORTING YEAR IS \$	RCE OF INCOME OF \$5,00 5,000 OR MORE (attach a	0 OR MORE FOR THIS separate sheet if necess	REPORTING PERIOD AND IF THE sary)	
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.					
				11 / 0/10	
Signature(File the or	iginally signed statemer	nt with the City Clerk.)	Date Signed _	(month, day, year)	

Disclosure of Fundraising Report Form

RECEIVED San Jose City Rage 1

NAME OF ELECTER Charles "Chappie			Date of 4/12/17 This Filing	Date Stamp 2017 APF	CITY OF SAN DFR1	
OFFICE HELD City Council PERIOD COVERED BY THIS REPORT 1/1/17 3/31/17 TO			Page 1 1		For Official Use Only HOTC	
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND O			OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PI CONTRIBU		
1/19/17	\$250.00	Leon Beauchman, President, Santa Black Educators, P.O. Box 731216,		Sponsorship for African Americ February 4th, 2017	an Flag Raising Ceremony on	
1/23/17	\$500	Rahul Chandhok, Manager of Gover Football, 4949 Marie P. DeBartolo W		Sponsorship for African American Flag Raising Ceremony of February 4th, 2017		
3/2/17	\$100	Stephanie Menzies, African America Association, 6640 Via Del Oro, San		Sponsorship for African Americ February 4th, 2017	can Flag Raising Ceremony on	
1/24/17	\$250	Debra Watkins, California Alliance o Educators, P.O. Box 3134 San Jose		Sponsorship for African Americ February 4th, 2017	an Flag Raising Ceremony on	
1/26/17	\$150	Alpha Kappa Alpha Sorority, Inc. P.O. Box 23302 San Jose, CA 95153		Sponsorship for African American Flag Raising Ceremo February 4th, 2017		
1/31/17	\$500	San Andreas Regional Center, P.O. 95150-0002	Box 50002 San Jose, CA	Sponsorship for African Americ February 4th, 2017	an Flag Raising Ceremony on	
	-					

NOTHING TO REPORT

Signature

Date 4/12/17

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
2/3/17 \$100 Delta Sigma Theta Sorority, Inc. San Jose Alumnae C P.O. Box 6841 San Jose, CA 95150		Delta Sigma Theta Sorority, Inc. San Jose Alumnae Chapter, P.O. Box 6841 San Jose, CA 95150	Sponsorship for African American Flag Raising Ceremony o 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

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	2017 JUL -	DAYTIME TELEPHONE NUMBER 408-406-2501	
REPORTING PERIOD 04/01/17 - 06/30/17					
During the Reporting Period, ho Income? (If your answer is none)			ated to your dution	es of office for which you earned	
1. INCOME EARNED THIS RE	EPORTING PERIOD*				
☐ LESS \$500 ☐ \$5	500 - \$1,000 🔲 \$1,001 -	\$10,000 🗓 \$10,00	1 - \$100,000	OVER \$100,000	
*If aggregate in Reporting Year Section 5.	is more than \$500, proceed	to Section 2. If aggregate	in Reporting Ye	ar is less than \$500, proceed to	
2. INCOME EARNED THIS RE	EPORTING YEAR				
☐ \$0 - \$499* ☐ \$50	00 - \$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 i		V. S. D. S.			
3. BUSINESS ENTITY/TRUST/ NAME OF BUSINESS ENTITY/			ERVICES		
Jones Enterprises	TROST/GOVERNIMENTAL A	IGLINOT			
ADDRESS 1005 Whiteoak Drive, San Jose	, CA 95129				
TYPE OF BUSINESS ENTITY/	RUST/GOVERNMENTAL A	GENCY:			
▼ Proprietorship □	Partnership	LLC	□ C	orporation	
☐ Trust ☐	Governmental Agency	☐ Nonprofit Organiza	tion	Consulting Services and Rea	
GENERAL DESCRIPTION OF I Consulting Services and Real E		GOVERNMENTAL AGEN	CY ACTIVITY:		
POSITION: Co-Owner					
GENERAL DESCRIPTION OF	SERVICES RENDERED:	(elli Jones - Consultant - I	nternal Commun	ication Services & Support	
4. LIST EACH REPORTABLE S AGGREGATE IN REPORTIN				ORTING PERIOD AND IF THE	
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 sig	ined statement with the City (Date	Signed <u>C</u>	(month, day, year)	

Type or print in ink.

RECEIVED

Amounts may be rounded to whole dollars. **Disclosure of Fundraising Report Form** San Jose City Clerk Page 1 NAME OF ELECTED OFFICIAL CITY OF SAN JOSE FORM Date of 06/30/17 Charles "Chappie" Jones This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT 04/01/17 City Council 06/30/17 TO

	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
4/1	4/17	\$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
4/1	0/17	\$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
4/1	1/17	\$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
4/1	4/17	\$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

San Jose City Clerk

Disclosure (of Fundraisin	ng Report Form	n Jose City Clerk	Page 1	
NAME OF ELECTER Charles "Chappie				Date Stamp	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 04/01/17 06/30/17	Page 2 of 2	002 0 111 0 10	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND C	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIE	
06/20/17	\$250	Quality Respite & Home Care, 1171 Santa Clara, CA 95050-5485	Homestead Rd., Suite 220,	10th Annual Disability Awaren	ess Day Vendor
6/27/17	\$65	Abilities United, 525 E. Charleston R	oad, Palo Alto, CA 94306	10th Annual Disability Awaren	ess Day Vendor
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NOTHING TO REPORT

Signature(

Disclosure of Fundraising Report Form

San Jose City Clerk

Page 2

			Alle of C
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENTOR RUPPOSE OF FUNDRAISING CONTRIBUTION
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
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
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
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
25/17	\$500	Lennies Gutierrez, Comcast, 1900 S. 10th Street, San Jose, CA 95112	Sponsorship for African American Flag Raising on February 3 2017
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 REGEIVED

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	14.96	2017 PAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIOD 07/01/17 - 09/30/17)			
	Period, how many hours er is none, please proce		ervices unrelated to your None	duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PE	RIOD*		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repor Section 5.	ting Year is more than \$5	500, proceed to Section 2.	If aggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNE	THIS REPORTING YEA	AR	美國教徒主義	
S0 - \$499*	S500 - \$1,000 [\$1,001 - \$10,000	× \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repor	ting Year is less than \$50	00, proceed to Section 5.		
If aggregate in Report	ing Year is more than \$5	00, proceed to Section 3.		
		TAL AGENCY & DESCRI	PTION OF SERVICES	
NAME OF BUSINESS Jones Enterprises	ENTITY/TRUST/GOVE	RNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129			
TYPE OF BUSINESS	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:		
X Proprietorship	☐ Partnership	. LTC		Corporation
☐ Trust	Government	tal Agency	rofit Organization	Consulting Services and Rea
GENERAL DESCRIPT	TION OF BUSINESS EN	TITY/TRUST/GOVERNME	NTAL AGENCY ACTIVIT	TY:
Consulting Services a	nd Real Estate			
POSITION: Co-Owner	r			
GENERAL DESCRIPT	TION OF SERVICES REI	NDERED: Kelli Jones - C	Consultant - Internal Com	munication Services & Support
4. LIST EACH REPOR AGGREGATE IN R	TABLE SINGLE SOURCEPORTING YEAR IS \$5,	DE OF INCOME OF \$5,000 000 OR MORE (attach a s	OOR MORE FOR THIS F eparate sheet if necessa	REPORTING PERIOD AND IF THE
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.				
(/				10/16/17

Disclosure of	of Fundraisin	g Report Form	,	San Jose City Clork	Page 1
	NAME OF ELECTED OFFICIAL Charles "Chappie" Jones			Date Stamp 2017 OCT 12 PM 2: 31	CITY OF SAN DED1
OFFICE HELD City Council PERIOD COVERED BY THIS REPORT 07/01/17 09/30/17		Page 1 3		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PI CONTRIBL	
7/7/17	\$500	Arcadia Development Company, P. 95150	O. Box 5368, San Jose, CA	10th Annual Disability Awarene	ess Day Sponsor
7/717	\$250	Law Office of Lorna J. Thrope, 1550 San Jose, CA 95126	0 The Alameda, Suite 206,	10th Annual Disability Day Ven	dor
7/20/17	\$250	Sikka Dental Corp, 150 N. Jackson 95116	Avenue, San Jose, CA	10th Annual Disability Day Ven	dor
7/20/17	\$65	Greater Opportunities, 900 Lafayett CA 95050	te Street, #700, Santa Clara,	10th Annual Disability Day Ven	dor
7/20/17	\$65	Housing Choices Coalition, 898 Faulstich Court, Suite B, San Jose, CA 95112		10th Annual Disability Day Ven	dor
7/20/17	\$65	Santa Clara Valley Blind Center, 10 Jose, CA 95128	01 N. Bascom Avenue, San	10th Annual Disability Day Ven	dor

NOTHING TO REPORT

Date 10/12/17

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
7/21/17	\$250	Tucci Learning Solutions, 3180 Imjin Road, Suite 149, Marina, CA 93933	10th Annual Disability Day Vendor
3/15/17	\$500	24Hr HomeCare LLC, 300 N. Sepulveda Blvd., Suite 1065, El Segundo, CA 90245	10th Annual Disability Day Sponsor
B/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

RECEIVED
San Jose City Clerk

Page 1

NAME OF ELECTE	D OFFICIAL			Data Stamp	AND ASSESSMENT OF THE PARTY OF
	Charles "Chappie" Jones			0 Pate Stamp 2017-0CT 12 PM 2: 36	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 07/01/17 09/30/17	Page 2 3		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F	
8/15/17	\$65	Trinity Change, Inc. 1245 S. Winche Jose, CA 95128	ester Blvd., Suite 303, San	10th Annual Disability Day Vendor	
8/15/17	\$65	Via Rehabilitation Services, Inc., 28 Clara, CA 95050-6097	51 Park Avenue, Santa	10th Annual Disability Day Vendor	
8/21/17	\$65	Camping Unlimited, 102 Brook Land	e, Boulder Creek, CA 95006	10th Annual Disability Day Ve	ndor
8/29/17	\$65	Good Shepherd Fund, 1641 N. 1st. CA 95112	Street, Suite 155, San Jose,	10th Annual Disability Day Ve	ndor
8/29/17	\$500	Santa Clara Valley Water District, 5750 Almaden Expwy, San Jose, CA 95118-3686		10th Annual Disability Day Sp	onsor
9/1/17	\$65	Fiesta Educativa, 4689 Camden Av	enue, San Jose, CA 95124	10th Annual Disability Day Ve	ndor

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Signature

Date 10/12/17

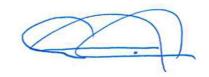
Disclosure of Fundraising Report Form

Page 2

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

Disclosure of	of Fundraisin	ng Report Form	ounts may be rounded to whole dollar	rs. RECEIVED San Jose City Clark	Page 1
NAME OF ELECTER Charles "Chappie		3	Date of 10/12/17 This Filing	0 T Date Stamp 2017 OCT 12 PM 2: 36	CITY OF SAN DFR1
OFFICE HELD City Council		PERIOD COVERED BY THIS REPORT 07/01/17 09/30/17TO	Page 3 of 3	1017001 12 111 2- 30	For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
9/8/17	\$250	North Bay Industries, 649 Martin Ave 94298-2050	enue, Rohnert Park, CA	10th Annual Disability Awarene	ess Day Vendor
9/8/17	\$250	Anthem-Cal MediConnect, 60 S. Mai 95113	rket Street, San Jose, CA	10th Annual Disability Awaren	ess Day Vendor
9/12/17	\$250	Specialized Daycare Services DBA: Center, 7777 Greenback Ln, Ste 208		10th Annual Disability Awaren	ess Day Vendor
9/12/17	\$65	Project Hired, 1401 Parkmoor Avenu 95126-3453	ie, Suite 125, San Jose, CA	10th Annual Disability Awaren	ess Day Vendor
9/28/17	\$65	Life Services Alternatives, 1922 The Jose, CA 95126-1430	Alameda, Suite 400, San	10th Annual Disability Awaren	ess Day Vendor
9/12/17	\$250	Summit Therapeutic Services, Inc, 1 5, San Jose, CA 95124	936 Camden Avenue, Suite	10th Annual Disability Awaren	ess Day Vendor

NOTHING TO REPORT Sig

Signature

Date 10/12/17

Disclosure of Fundraising Report Form

Page 2

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

NOTHING TO REPORT

Signature

Date 10/12/17

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED

(San Jose Municipal Code Chapter 12.19) NAME (MIDDLE) (LAST) (FIRST) YTIME TELEPHONE NUMBER Charles Jones, Jr. 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.) 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 X OVER \$100,000 *If aggregate in Reporting Year is less than \$500, proceed to Section 5. If aggregate in Reporting Year is more than \$500, proceed to Section 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY Jones Enterprises **ADDRESS** 1005 Whiteoak Drive, San Jose, CA 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: X Proprietorship Partnership Corporation Consulting Services and Real Trust **Governmental Agency** Nonprofit Organization Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting Services and Real Estate Co-Owner POSITION: Kelli Jones - Consultant - Internal Communication Services & Support GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature

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

REGI	EIVED
San Jose	Sily Clerk

Page 1

		.gepe.r. e		C+E M	. ago .
NAME OF ELECTE	D OFFICIAL		Date of 1/10/18	Date Stamp	CITY OF SAN DEDA
Charles "Chappi	e" Jones	6	Date of 1/10/18 This Filing	2018 JAN 10 PM 3:55	JOSE FORM DFR1
OFFICE HELD		PERIOD COVERED BY THIS	7 1		For Official Use Only
City Council		REPORT 10/01/17 12/31/17 TO	Page of		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR F CONTRIB	
10/2/17	\$65	Santa Clara Valley Transportation A San Jose, CA 95134-1927	authority, 3331 N. 1st Street,	10th Annual Disability Awaren	ess Day Vendor
10/5/17	\$75	College of Adaptive Arts, 1401 Park San Jose, CA 95126	moor Avenue, Suite 260,	10th Annual Disability Day Ver	ndor
10/5/17	\$305	Karen Strasilla, 360 Hull Avenue, Sa	an Jose, CA 95125	10th Annual Disability Day Spo	onsor
10/7/17	\$60	Chutney Mary's, 656 Los Padres Bl	vd., Santa Clara, CA 95050	10th Annual Disability Day Spo	onsor
10/25/17	\$65	Parents Helping Parents, 1400 Park Jose, CA 95126-3429	kmoor Avenue, Ste 100, San	10th Annual Disability Day Ver	ndor
12/19/17 \$250 Alpha Kappa Alpha Sorority, Inc Eta Rho Omega Chapter, Box 23302, San Jose, CA 95153			Eta Rho Omega Chapter, PO	2018 African American History	Month Flag Raising Sponso

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Signature

Date 1/10/18

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION					
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 Sponso		
12/19/17	\$500	San Andreas Regional Center, PO Box 50002, San Jose, CA 95150	2018 African American History Month Flag Raising Sponso		
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 Sponso		

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) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		20 DAYTIME TELEPHONE NUMBER 408-406-2501
REPORTING PERIOR 01/01/18 - 3/31/18	D			
		s did you spend rendering se eed to Section 2 below.)	ervices unrelated to your None	duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING P	ERIOD*		
☐ LESS \$500	\$500 - \$1,000	S1,001 - \$10,000	× \$10,001 - \$100,000	0 OVER \$100,000
*If aggregate in Repo Section 5.	rting Year is more than s	\$500, proceed to Section 2.	If aggregate in Reportin	ng Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING Y	EAR		
□ \$0 - \$499*	S500 - \$1,000	S1,001 - \$10,000 [x \$10,001 - \$100,000	OVER \$100,000
*If aggregate in Repo	rting Year is less than \$	500, proceed to Section 5.		
If aggregate in Report	ting Year is more than \$	500, proceed to Section 3.		
		NTAL AGENCY & DESCRIF	TION OF SERVICES	
Jones Enterprises	S ENTITY/TRUST/GOVI	ERNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive,	San Jose, CA 95129			
TYPE OF BUSINESS	ENTITY/TRUST/GOVE	RNMENTAL AGENCY:		
	☐ Partnership	☐ LLC		Corporation
☐ Trust	Governme	ntal Agency Nonpro	ofit Organization	Consulting Services and Rea
GENERAL DESCRIP Consulting Services a		NTITY/TRUST/GOVERNMEN	NTAL AGENCY ACTIVI	TY:
POSITION: Co-Owne	er			
	TION OF SERVICES RE	ENDERED: Kelli Jones - Co	onsultant - Internal Com	nmunication Services & Support
		CE OF INCOME OF \$5,000 5,000 OR MORE (attach a se		REPORTING PERIOD AND IF THE ary)

5. VERIFICATION				
I have used all reason information contained		ned schedules is true and con		nd to the best of my knowledge the penalty of perjury under the laws of
Signature(File the or	ginally signed statemen	with the City Clerk.)	Date Signed	(month, day year)

Disclosure of Fundraising Report Form

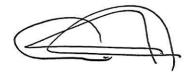
RECEIVEL San Jose City Clark

Page 1

NAME OF ELECTED Charles "Chappie			Date of 04/11/18 This Filing	Date Stamp 2018 APR 12 PM 3: 33	CITY OF SAN DFR1
OFFICE HELD PERIOD COVERED BY THIS REPORT 01/01/18 03/31/18TO		Page of		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AN	D OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION	
1/4/18	\$250	California Alliance of African Amer 3134, San Jose, CA 95156	ican Educators, PO Box	2018 African American History Month Flag Raising	
1/17/18	\$250	SEIU Local 521, 2302 Zanker Roa	d, San Jose, CA 95131	2018 African American History	Month Flag Raising
2/7/18	\$500	Santa Clara Valley Water District, San Jose, CA 95118-3686	5750 Almaden Expressway,	2018 African American History	Month Flag Raising
3/2/18	\$250	Comcast Financial Agency Corpor Philadelphia, PA 19103-2838	ration, 1701 JFK Boulevard,	2018 African American History	Month Flag Raising
3/29/18	\$25	Denise Hankes, LegalShield, 1849 95121	Bagpipe Way, San Jose, CA	13th Annual West Valley Senio	r Walk Raffle
				4	

NOTHING TO REPORT

Signature



Date 4/11/18

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

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.		2018 DANTIME TELEPHONIONUMBER 408-406-2501		
REPORTING PERIO 04/01/18 - 06/30/1		*	1			
		s did you spend rendering seed to Section 2 below.)	services unrelated to you None	r duties of office for which you earned		
1. INCOME EARN	ED THIS REPORTING F	ERIOD*		The second secon		
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100,00	00 OVER \$100,000		
*If aggregate in Rep Section 5.	orting Year is more than	\$500, proceed to Section 2	. If aggregate in Reportin	ng Year is less than \$500, proceed to		
2. INCOME EARN	ED THIS REPORTING Y	EAR				
□ \$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100,000	OVER \$100,000		
*If aggregate in Rep	orting Year is less than \$	500, proceed to Section 5.				
If aggregate in Repo	orting Year is more than S	5500, proceed to Section 3.				
3. BUSINESS ENT	TY/TRUST/GOVERNME	NTAL AGENCY & DESCR	RIPTION OF SERVICES			
NAME OF BUSINES Jones Enterprises	SS ENTITY/TRUST/GOV	ERNMENTAL AGENCY				
ADDRESS 1005 Whiteoak Drive	e, San Jose, CA 95129					
TYPE OF BUSINES	S ENTITY/TRUST/GOVI	ERNMENTAL AGENCY:				
	☐ Partnershi	LLC		Corporation		
☐ Trust	Governme	ental Agency	profit Organization	Consulting Services and Rea		
OENEDAL DECODI	DTION OF BUILDINGO F	NITITY/TOLIOT/OOV/FDAIM	CALTAL A OCALOV A OTIV			
Consulting Services		NTITY/TRUST/GOVERNM	ENTAL AGENCY ACTIVI	HY:		
POSITION: Co-Owi	ner					
GENERAL DESCRI	PTION OF SERVICES R	ENDERED: Kelli Jones -	Consultant - Internal Con	nmunication Services & Support		
		RCE OF INCOME OF \$5,00 5,000 OR MORE (attach a		REPORTING PERIOD AND IF THE ary)		
5. VERIFICATION	A					
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.						
		77.74		7 7		
Signature (File the c	originally signed statement	nt with the City Clerk.)	Date Signed	7/5/18 (month, day, year)		

San Jose City Clerk

Page 1

Disclosure of Fundraising Report Form NAME OF ELECTED OFFICIAL Date of CITY OF SAN 2018 JUL 16 PM 1: 11 Charles "Chappie" Jones This Filing JOSE FORM OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT City Council 04/01/18 06/30/18 TO DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION 4/9/18 \$100 Family Matters In-Home Care, 2155 S. Bascom Avenue, Suite 13th Annual West Valley Senior Walk Raffle 116, Campbell, CA 95008 Anthem Blue Cross / Caremore, 255 N. White Road, #200, San 13th Annual West Valley Senior Walk Raffle 4/10/18 \$50 Jose, CA 95121 4/13/18 \$32 Heart of the Valley, Services for Seniors.org, PO Box 418, 13th Annual West Valley Senior Walk Raffle Santa Clara, CA 95052 4/13/18 \$38 Right at Home San Jose, 2190 Stokes Street, Suite 203, San 13th Annual West Valley Senior Walk Raffle Jose, CA 95128 Star One CU, PO Box 3643, Sunnyvale, CA 94088 13th Annual West Valley Senior Walk Raffle 4/13/18 \$150 \$50 Timpany Center, 730 Empey Way, San Jose, CA 95128 13th Annual West Valley Senior Walk Raffle 4/13/18

NOTHING TO REPORT

Signature

Date

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
/13/18	\$80	Visiting Angels, 922 West Fremont Avenue, Sunnyvale, CA 94087	13th Annual West Valley Senior Walk Raffle
/13/18	\$125	Kipling, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
/13/18	\$50	Crabtree & Evelyn, Westfield Valley Fair Mall, 2855 Stevens Creek Blvd., Santa Clara, CA 95050	13th Annual West Valley Senior Walk Raffle
/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 Spons
Barrier Commission of the Comm			
_			

NOTHING TO REPORT

Date

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

NAME (LAST) Jones, Jr	(FIRST) Charles	(MIDDLE) E.	X	2018 DAYTIME 408.406.2	TELEPHONE NUMBER 051
REPORTING PERIOD Jan 1-March 31		April 1-June 30	V	July 1-Sept 30	Oct 1-Dec 31
During the Reporting Peri Income? (If your answer is		did you spend rendering served to Section 2 below.)	ices unrelated to	o your duties of office	for which you earned
1. INCOME EARNED TH		AC 1840-1940.	Allegan de la companya de la company		
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$1	00,000 OVE	R \$100,000
*If aggregate in Reporting Section 5.	Year is more than \$	500, proceed to Section 2. If	aggregate in Re	eporting Year is less th	nan \$500, proceed to
2. INCOME EARNED TH	HIS REPORTING YE	AR			VEDERAL DESIGNATION OF THE PERSON OF THE PER
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$10	0,000 O VER	\$100,000
*If aggregate in Reporting	Year is less than \$5	00, proceed to Section 5.			
If aggregate in Reporting	Year is more than \$5	00, proceed to Section 3.			
		ITAL AGENCY & DESCRIPT	ION OF SERVI	CES	E E E E E E E E E E E E E E E E E E E
NAME OF BUSINESS EN Jones Enterprises	IIIIY/IRUSI/GOVE	RNMENTAL AGENCY			
ADDRESS 1005 Whiteoak Drive, Sar	Jose, CA 95129				
TYPE OF BUSINESS EN	TITY/TRUST/GOVEF	RNMENTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	
Trust	Governmen	tal Agency Nonprofi	t Organization		
		\$1000000000000000000000000000000000000			her
GENERAL DESCRIPTION Consulting Services and F		TITY/TRUST/GOVERNMENT	TAL AGENCY A	CTIVITY:	
POSITION:		THAIR STATE OF THE			
GENERAL DESCRIPTION	N OF SERVICES RE	NDERED:Kelli Jones - Inte	rnal Communica	ation Services and Su	pport
		CE OF INCOME OF \$5,000 C ,000 OR MORE (attach a sep			ERIOD AND IF THE
AGGREGATE IN KER	DITTING TEAR 10 40	,000 OK WOKE (attach a sep	diale sheet ii iit	ecessary)	
5. VERIFICATION					
	dilinon - in	andhia atata and 11		and and the first of	form hours I to 0
information contained here	ein and in any attache	ng this statement. I have revie ed schedules is true <u>and com</u>			
the State of California th	at the foregoing is t	true and correct.	NT SL	RES	SET
Signature	-	W # 01 C: ::	Date Sign	ed 10 15	18
(File the original	ally signed statement	with the City Clerk.)		(mont	n, day, year)

Type or print in ink.

Amounts may be rounded to whole dollars.

Disclosure	of Fundraisir	ng Re	port Form	•	San Jose City Clerk	Page 1
NAME OF ELECTER Charles E. Jones			NV	Date of 10/15/18 This Filing	2018 OCT 15 PM 4: 2	CITY OF SAN DED
OFFICE HELD Councilmember District 1 PERIOD COVERED BY THIS OFFICE HELD OFFICE HELD PERIOD COVERED BY THIS OFFICE HELD TO			PEPOPT	Page of _5		For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P	
7/3/18	500	San J 95196	ose Water Company, 110 W Ta S	aylor Street, San Jose, CA	11th Disability Awareness Day	
7/13/18	65		y Roland, 3398 Thompson Ave Buddies	, San Jose, CA 95118,	11th Disability Awareness Day	
7/24/18	250	Mobili	ity Works, 810 Moe Drive, Akro	n, OH 44310	11th Disability Awareness Day	1000
7/25/18	65	Via R CA 95	ehabilitation Services INc. 285 ²	Park Avenue Santa Cara,	11th Disability Awareness Day	
7/31/18	65		ervices Alternative, 1922 The A CA 95126	Nameda STE 400, San	11th Disability Awareness Day	
8/3/18	65		n Valley Independent Living Ce 1000, San Jose, CA 95112	nter, 25 N. 14th Street,	11th Disability Awareness Day	
		93			A	

NOTHING TO REPORT

Disclosure of Fundraising Report Form

pg 20+5

Page 2

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

NOTHING TO REPORT

Signature

Date 10 15/18

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL Date Stamp CITY OF SAN This Filing 0/18/18 JOSE FORM PERIOD COVERED BY THIS For Official Use Only REPORT ancilmenter 07/01/18 TO 9/30/18 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION CONTRIBUTED CONTRIBUTION 8/31/18 65 Hope Services, 30 Los Colinas Lane, San Jose, CA 95119 11th Disability Awareness Day North Bay Industries, 649 Martin Ave. Rohnert Park, CA 94928 11th Disability Awareness Day 8/30/18 65 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, 11th Disability Awareness Day Columbia, MD, 21046 Greater Opportunities, 900 Lafayette Street, Suite 700, Santa 11th Disability Awareness Day 9/13/18 65 Clara, CA 95050 Santa Clara Valley Transportation Authority, 3331 North First 65 11th Disability Awareness Day 9/19/18

NOTHING TO REPORT ☐ Signature

Street, San Jsoe ,CA 95134

Date 10/15/18

Disclosure of Fundraising Report Form

P94 0F5

Page 2

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

NOTHING TO REPORT

Signature

Date 10 15 18

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

NOTHING TO REPORT

Signature

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

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME (LAST) Jones, Jr.	(FIRST) Charles	(MIDDLE) E.	2019 JAN4984	TIME TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31	April 1-	June 30		Oct 1-Dec 31
During the Reporting Period Income? (If your answer is re			s unrelated to your duties of c	ffice for which you earned
1. INCOME EARNED THIS	REPORTING PERIOD*		全国的第三人称单位	And a few order of the Andrews
LESS \$500	\$500 - \$1,000 \$1,	001 - \$10,000	610,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting You Section 5.	ear is more than \$500, pro	ceed to Section 2. If agg	regate in Reporting Year is le	ess than \$500, proceed to
2. INCOME EARNED THIS	REPORTING YEAR			
\$0 - \$499*	\$500 - \$1,000 \$1,0	01 - \$10,000 \$	10,001 - \$100,000	VER \$100,000
*If aggregate in Reporting Y	ear is less than \$500, proc	eed to Section 5.		
If aggregate in Reporting Ye	ar is more than \$500, proc	eed to Section 3.		*
3. BUSINESS ENTITY/TRU			N OF SERVICES	
NAME OF BUSINESS ENTI Jones Enterprises	TY/TRUST/GOVERNMEN	TAL AGENCY		
ADDRESS 1005 Whiteoak Drive, San Je	ose, CA 95129			
TYPE OF BUSINESS ENTIT	TY/TRUST/GOVERNMEN	TAL AGENCY:		
Proprietorship	Partnership	LLC	Corpora	tion
Trust	Governmental Agen	ncy Nonprofit Or	ganization	
				Other
GENERAL DESCRIPTION (Consulting Services and Rea		RUST/GOVERNMENTAL	AGENCY ACTIVITY:	
Co- Owner POSITION:				
GENERAL DESCRIPTION (OF SERVICES RENDERE	Kelli Jones- Consult D;	ant - Internal Communication	Services and Support
4. LIST EACH REPORTABL	LE SINGLE SOURCE OF II			IG PERIOD AND IF THE
AGGINE MINE ON	11110 12/11 13 40,000 31	TWO NE (attaoli a separa	to shoot if hoodsally)	
5. VERIFICATION			图 12 图 图 图 图 2 图 2	
I have used all reasonable d			ed this statement and to the b	est of my knowledge the f perjury under the laws of
the State of California that				RESET
Signature /File the originally	y signed statement with the	City Clork	Date Signed 15	month, day, year)
(i ile tile oliginali)	, organica oraconnonic with the	only olona,	• • • • • • • • • • • • • • • • • • • •	nonin, day, your

Disclosure (of Fundraisin	g Report Form	•	RECEIVED	Page 1
OFFICE HELD	es escalation establishment	PERIOD COVERED BY THIS REPORT TO 12/31/19	This Filing 15/19	Jose Citydate Stamp ot C EX JAN 15 AM II: 53	CITY OF SAN DFR1 For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR		PURPOSE OF FUNDRAISING
10/3/18	\$250	Summit therapeutic 6840 Vin Del On Suit San Jos, CA 95/19	c Services Inc. 2017	Disability Awa	nens Day
10/4/18	\$ 250	Sikka Dental Cong 150 N. Jackson St Son Jose CA 9511	f. Suk 203	11th Annual Awareness Dan	Disability
10/4/18	865	New Hope Band 384 Surpork Place, San	n 266, CA 95136	11th Annual 7	Disability Awarens
10/7/18	\$65	Angels on Stage 8853rd St. #22	6, San Jose, CA 9713	11th Annual -	Disability Awaren
					v
NOTHING TO	REPORT	Signature:		DATE:	1/15/19

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

REPORTING PERIOD 1/01/19 - 3/31/19 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 INCOME EARNED THIS REPORTING PERIOD \$10,001 \$10,000 \$10,001 \$10,001 \$10,000 \$10,001 \$10,000 \$1	NAME	(LAST) Jones Jr.	(FIRST) Charles	(MIDDLE) E.	2019	APR 15 PAYTIME	TELEPHONE NUMBER
Income I							
LESS \$500	income? (if your answer	is none, please proce	ed to Section 2 below.)	services unrelated to None	your duties of office fo	or which you earned
*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. *Income Earned THIS reporting Year \$0 - \$499* \$500 - \$1,000 \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 \$10,	1. INCOM	IE EARNED TI	HIS REPORTING PE	RIOD*			
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 1006 Whiteoak Drive, San Jose, CA. 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship	LES	S \$500 [\$500 - \$1,000	\$1,001 - \$10,000	□ \$10,001 - \$10	0,000 OVER	\$100,000
Soo - \$499*	*If aggregation 5.	ate in Reporting	Year is more than \$5	500, proceed to Section 2	. If aggregate in Rep	porting Year is less that	n \$500, proceed to
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 1006 Whiteoak Drive, San Jose, CA. 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship	2. INCOM	IE EARNED TH	HIS REPORTING YEA	AR .			
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	\$0 -	\$499*	\$500 - \$1,000	\$1,001 - \$10,000	☒ \$10,001 - \$100	,000 OVER \$	100,000
3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY Jones Enterprises ADDRESS 1005 Whitecak Drive, San Jose, CA. 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship	*If aggrega	ate in Reporting	Year is less than \$50	00, proceed to Section 5.			
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	If aggregat	te in Reporting	Year is more than \$50	00, proceed to Section 3.			
ADDRESS 1005 Whiteoak Drive, San Jose, CA. 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship					IPTION OF SERVIC	ES	
ADDRESS 1005 Whiteoak Drive, San Jose, CA. 95129 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship							
Proprietorship	ADDRESS		Jose, CA. 95129				0
Trust Governmental Agency Nonprofit Organization Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting & Real Estate POSITION: Co-Owner GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Co-Owner - Internal Communications & 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 sized states are in the City of	TYPE OF I	BUSINESS EN	TITY/TRUST/GOVER	NMENTAL AGENCY:			
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: Consulting & Real Estate POSITION: Co-Owner GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Co-Owner - Internal Communications & 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 Elle the original value and correct. Date Signed	X Proprie	etorship	☐ Partnership	☐ LLC		Corporation	
Consulting & Real Estate POSITION: Co-Owner GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Co-Owner - Internal Communications & 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 between the laws of the Signed Date S	☐ Trust		Government	al Agency Nonp	rofit Organization		
Consulting & Real Estate POSITION: Co-Owner GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Co-Owner - Internal Communications & 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 between the laws of the Signed Date S	GENERAL	DESCRIPTION	OF BUSINESS ENT	TTY/TRUST/GOVERNME	ENTAL AGENCY AC		
GENERAL DESCRIPTION OF SERVICES RENDERED: Kelli Jones - Co-Owner - Internal Communications & 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 sized at the read with the O'll Old Line) Date Signed 15. Description of the State of California that the foregoing is true and correct.	Consulting	& Real Estate		TTTTT TOO TO VERY NIVIE	INTAL AGENCT AC	TIVIII.	
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 sized statement with the Cit	POSITION:	Co-Owner					
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	GENERAL	DESCRIPTION	OF SERVICES REN	IDERED:Kelli Jones - (Co-Owner - Internal (Communications & Sup	pport +
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 at the mark with the Oil Old House and Correct).	4. LIST EAG AGGREG	CH REPORTAE GATE IN REPO	BLE SINGLE SOURC PRTING YEAR IS \$5,0	E OF INCOME OF \$5,000 000 OR MORE (attach a s	OOR MORE FOR THE Separate sheet if nec	HIS REPORTING PER essarv)	IOD AND IF THE
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							
the State of California that the foregoing is true and correct. Signature Date Signed Visit the originally signed determined 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.	5. VERIFIC	CATION					
Signature (File the originally signed statement with the O'l Olds) Date Signed 4 15 19	illioillation	contained here	in and in any attached	d schedules is true and co	eviewed this stateme omplete. I certify un	nt and to the best of m	y knowledge the y under the laws of
(File the originally signed statement with the O'L OLL)	tile State 0	California tha	it the toregoing is tr	ue and correct.			
ting the chiality signed state in the tiny time t	Signature _	File the original	ly signed statement w	vith the City Clerk	Date Signed		av. vear)

RECEIVED San Jose City Clerk OTC CA 2019 APR 15 PM 4: 32

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

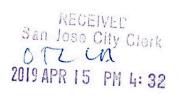
Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED OFFICIAL				Date of 4/15/19	Date Stamp	CITY OF SAN DEE
Charles "Cha	ppie" Jones			This Filing 4/15/19		JOSE FORM DFF
OFFICE HELD City Council PERIOD COVERED BY THIS REPORT 01/01/19 70 3/31/19			Page 1 of 2		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR		OR PURPOSE OF FUNDRAISING TRIBUTION
1/14/19	\$250.00	Santa E. Be (Treas	n Clara County Alliance of auchman (President), Jose surer)	Black Educators, Leon ephine C. Miles	2019 African America Raising	n History Month Flag
1/16/19	\$250.00	Hope 9511	Services, 30 Las Colinas 9	Lane, San Jose, CA	2019 African America Raising	n History Month Flag
1/12/19	\$250.00	Alpha Chap	Alpha Kappa Alpha Sorority, Inc. Eta Rho Omega Chapters, PO Box 23302 San Jose, CA 95153		2019 African America Raising	n History Month Flag
1/28/29	\$250.00	Delta Chapt	Delta Sigma Theta Sorority Inc. San Jose Alumnae Chapter PO Box 6841, San Jose CA 95150		2019 African America Raising	n History Month Flag
1/23/19	\$500.00	San A Jose (San Andreas Regional Center PO Box 50002 PH. San Jose CA 95159-0002		2019 African American Raising	n History Month Flag
/31/19	1/19 \$500.00 San Jose Water Company, 110 Jose CA 95196			W. Taylor Street, San	2019 African American Raising	n History Month Flag

NOTHING TO REPORT Signature:

DATE: 4 15 19



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
1/31/19	\$250.00	Forty Niners Football Company, LLC. 4949 Marie P DeBartolo Way, Santa Clara, CA 95054-1229	2019 African American History Month Flag Rai
2/1/19	\$500.00	Silicon Valley Community Foundation, 2440 West El Camino Real Suite 300, Mountain View, CA 94040	2019 African American History Month Flag Rai

NOTHING TO REPORT [
	City of San	José Form DFR-1 (Nov/2010)

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

NAME (LAST) (FIRST) Jones Jr., Charles "Chappie" E.	(MIDDLE)	DAYTIME TELEPHONE NUMBER 408.406.2501
REPORTING PERIOD Jan 1-March 31	April 1-June 30	July 1-Sept 30 Oct 1-Dec 31
During the Reporting Period, how many hours of Income? (If your answer is none, please proceed)		lated to your duties of office for which you earned
1. INCOME EARNED THIS REPORTING PER	RIOD*	Language Company of the Company of t
LESS \$500 \$500 - \$1,000 [\$1,001 - \$10,000 🗸 \$10,00	11 - \$100,000 OVER \$100,000
*If aggregate in Reporting Year is more than \$5 Section 5.	00, proceed to Section 2. If aggregate	e in Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING YEA	R	
\$0 - \$499* \$500 - \$1,000	\$1,001 - \$10,000 \$10,001	- \$100,000 OVER \$100,000
*If aggregate in Reporting Year is less than \$50	0, proceed to Section 5.	
If aggregate in Reporting Year is more than \$50	0, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVERNMENT	TAL AGENCY & DESCRIPTION OF S	SERVICES
NAME OF BUSINESS ENTITY/TRUST/GOVEF Jones Enterprises	V/// M/11/2011	
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95129		
TYPE OF BUSINESS ENTITY/TRUST/GOVER	NMENTAL AGENCY:	
✓ Proprietorship Partnership	Lrc	Corporation
Trust Government	al Agency Nonprofit Organiza	Consulting and Real Estate Other
GENERAL DESCRIPTION OF BUSINESS ENT Consulting and Real Estate	TTY/TRUST/GOVERNMENTAL AGEN	NCY ACTIVITY:
Co Owner POSITION:	74	
GENERAL DESCRIPTION OF SERVICES REM	IDERED:Internal communications a	nd support by Kelli Jones (co owner)
4. LIST EACH REPORTABLE SINGLE SOURC AGGREGATE IN REPORTING YEAR IS \$5,		FOR THIS REPORTING PERIOD AND IF THE et if necessary)
5 VEDIBIOATION		
5. VERIFICATION		
I have used all reasonable diligence in preparing		
information contained berein and in any attache the State of California that the foregoing is to		ertify under penalty of perjury under the laws of
		NESE!
Signature (File the originally signed statement)	Mith the City Clerk.)	Signed(month, day, year)

Disclosure of Fundraising Report Form									Page
NAME OF ELECTED OFFICIAL					Date of	07	Date Stamp		CITY OF SAN DED4
Charles "Cha	ppie" Jones				This Filing		JUL 15 Fii 2: 3"		CITY OF SAN DFR1
OFFICE HELD Vice Mayor/C	ouncilmember	D1	PERIOD COVERED BY REPORT 4.1.19	7 THIS 5.30.19	Page	of			For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL	NAME, ADDRESS, EMP	LOYER AND O	CCUPATION OI	F CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
4/26/19	50	Anther 95121	n Blue Cross/ CareMo	ore, 225 N. Wh	ite Road #200	, San Jose CA	14th Annual Senior W	/alk Raffle	
4/26/19	25	Conne	ect Hearing, 840 Willo	w Street #300,	San Jose, CA	A 95125	14th Annual Senior V	Valk Raffle	
4/26/19	50	Family CA 95	r Matters In-Home Car 008	scom Ave. Ste	14th Annual Senior V	Valk Raffle			
4/26/19	100	Timpa	Timpany Center, 730 Empey Way, San Jose Ca 95128				14th Annual Senior V	√alk Raffle	
4/26/19	20	2020 (2020 Census, 2 N 1st St #500, San Jose, CA 95113				14th Annual Senior V	√alk Raffle	
4/26/19	25	Clear Captions, (669) 207-6917, omie.shong@clearcaptions.com				14th Annual Senior V	Valk Raffle		
FRIS				RES			And the second s	- A.M. FA. 977-07-1	A CONTRACTOR OF THE CONTRACTOR
NOTHING TO	O REPORT	Sig	nature:			\ -		DATE:	07/15/19
								City of f	San José Form DER-1 (Nov/2010)

Disclosure of Fundraising Report Form

Page 2

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

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

NAME (LAST) (FIRST Jones Jr. Charles E.	(MIDDLE)	DAYTIM 2019 OCT 10 408,406:	IE TELEPHONE NUMBER 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 Income? (If your answer is none, please		ices unrelated to your duties of office /a	e for which you earned
1. INCOME EARNED THIS REPORTI	NG PERIOD*		
LESS \$500 \$500 - \$1,	000 \$1,001 - \$10,000	\$10,001 - \$100,000 OVE	ER \$100,000
*If aggregate in Reporting Year is more Section 5.	than \$500, proceed to Section 2. If	aggregate in Reporting Year is less	than \$500, proceed to
2. INCOME EARNED THIS REPORTI	NG YEAR		
\$0 - \$499* \$500 - \$1,0	00	\$10,001 - \$100,000 OVE	₹ \$100,000
*If aggregate in Reporting Year is less t	nan \$500, proceed to Section 5.		
If aggregate in Reporting Year is more t	han \$500, proceed to Section 3.		
3. BUSINESS ENTITY/TRUST/GOVER	NMENTAL AGENCY & DESCRIPT	ION OF SERVICES	
NAME OF BUSINESS ENTITY/TRUST/ Jones Enterprises	GOVERNMENTAL AGENCY		
ADDRESS 1005 Whiteoak Drive, San Jose, CA 95	129		
TYPE OF BUSINESS ENTITY/TRUST/	GOVERNMENTAL AGENCY:		
✓ Proprietorship Partn	ership	Corporation	Ī
Trust Gove	ernmental Agency Nonprofi	t Organization	Other
GENERAL DESCRIPTION OF BUSINE Consulting and Real=Estate	SS ENTITY/TRUST/GOVERNMENT	TAL AGENCY ACTIVITY:	
POSITION: Co-Owner			
GENERAL DESCRIPTION OF SERVIC	ES RENDERED:		
4. LIST EACH REPORTABLE SINGLE AGGREGATE IN REPORTING YEAR			PERIOD AND IF THE
,			
5. VERIFICATION			
I have used all reasonable diligence in prinformation contained herein and in any the State of California that the forego	attached schedules is true and com	plete. I certify under penalty of pe	
Signature (File the originally signed sta	tement with the City Clerk.)	Date Signed (mor	th, day, year)

Type or print in ink.

Amounts may be rounded to whole dollars. TECEIVES

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

NOTHING TO REPORT

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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
9/12/19	\$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

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				Type or pri	int in ink.		
Disclosure of	of Fundraisir	ng Rep	oort Form	ınts may be rou	nded to whole dolla ا	irs. RECEIVES	Page 1
NAME OF ELECTED	OFFICIAL			Doto of		Dista Otamai	CITY OF SAN DEDA
Charles "Char	opie" Jones			Date of This Filing	10/15/19	OCT 10 PH 1:46	JOSE FORM DFR1
OFFICE HELD			PERIOD COVERED BY THIS	0		111 1. 40	For Official Use Only
City Council			7/1/19 _{TO} 9/30/19	Page <u></u>	of <u>3</u>		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND O	CCUPATION O	F CONTRIBUTOR		ENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
9/17/19	\$ 65.00	2300 Pe	of Children with Special Needs eralta Blvd t, CA 94536-3968			12th Annual Disability Aw	vareness Day
9/17/19	\$65.00	2500 E	enter for the Blind & Visually Impair I Camino Real, Suite 100 to, CA 94306-1723	red	12th Annual Disability Awareness Day		
9/12/19	\$65.00	1150 S	anta Clara County . Bascom Ave., Suite 24 se, CA 95128			12th Annual Disability Av	vareness Day
PRINT		SU	RES	ET			
NOTHING TO	REPORT	Sign	ature:	;)			DATE: 20/9/19 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 TELI	EPHONE NUMBER
REPORTING PERIO		3154			
	Period, how many hours di wer is none, please proceed		ervices unrelated to	your duties of office for wh	nich you earned
1. INCOME EARNE	D THIS REPORTING PERI	OD*			多数大型工作的
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$10	00,000 OVER \$100	0,000
*If aggregate in Repo	orting Year is more than \$50	0, proceed to Section 2.	If aggregate in Re	porting Year is less than \$5	500, proceed to
2. INCOME EARNE	D THIS REPORTING YEAR	R			
\$0 - \$499*	S500 - \$1,000 E	\$1,001 - \$10,000	\$10,001 - \$100	0,000	,000
*If aggregate in Repo	orting Year is less than \$500), proceed to Section 5.			
If aggregate in Repor	rting Year is more than \$500), proceed to Section 3.			
N-2 2 A	TY/TRUST/GOVERNMENT/	5	IPTION OF SERVI	CES	
	S ENTITY/TRUST/GOVERI				
Jones E	nturprises				
ADDRESS Wh	SENTITY/TRUST/GOVERN	San Tose	OP 951	29	orch
I THE OF BUSINESS	S ENTITYTRUST/GOVERN	IMENTAL AGENCY.			20 c
✓ Proprietorship	☐ Partnership	☐ LLC		☐ Corporation	TOS RE
│	☐ Governmenta	I Agency Nonp	rofit Organization		(A) (B) (C)
Mit Ordinal Consults			an and an article for the first of the control of t	Other	City
GENERAL DESCRIF	PTION OF BUSINESS ENTI	TY/TRUST/GOVERNME	ENTAL AGENCY A	CTIVITY:	Clerk
CONSULTIC	ng and Real	Estate			5
POSITION: (()	Sulp (V	Corque			V
	PTION OF SERVICES REN	DERED: TALLY OX	il-COMMUN	nications and s	SUPPORT by
		Kelli Tones	(CO-OW	ner)	
	ORTABLE SINGLE SOURCE REPORTING YEAR IS \$5,0				D AND IF THE
5. VERIFICATION					
information contained	nable diligence in preparing d herein and in any attached	d schedules is true and c			
the State of Californ	nia that the foregoing is tri	ue and correct.			
			The construction of the construction	1/13/20	
Signature (File the o	originally signed statement w	vith the City Clerk.)	Date Signe	(month, day	/, year)

					Amour	nts may be re	ounded to	o whole dolla	irs.	RECE	WED		
	of Fundraisir	ng Rep	ort For	m					8 a	n Jose (City Clark	Pag	je 1
NAME OF ELECTE	O OFFICIAL					Date of				Date Starr		CITY OF SAN	MASS STATE
Charles Jones						This Filin	g <u>1/1</u>	7/20	2020	JAN 17	AM 11: 10		DFR1
OFFICE HELD				VERED BY THIS				_	2020	OH: 17	with 10	For Officia	Use Only
City Cou	ncil	,	Oct 1	_{то} Dec 31		Page 1	of	f <u>2</u>		bTC (-		-
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	IAME, ADDRI	ESS, EMPLOYER	AND OC	CUPATION	OF CON	TRIBUTOR	DESC	CRIPTION OF	EVENT OR F	PURPOSE OF FUNI SUTION	DRAISING
10/1/19	\$65.00	City of Santa Clara 1500 Warburton Avenue, Santa Clara, CA 95050					Disability /	Awareness	Day				
10/1/19	\$65.00	3331 No	Santa Clara Valley Transportation Authority 3331 North First Street San Jose, CA 95134					Disability A	Awareness	Day			
10/1/19	\$250.00	Specialized Daycare Services, Inc. 7777 Greenback Lane, Suite 208 Citrus Heights, CA 95610					Disability A	Awareness	Day				
10/1/19	\$65.00	1401 Pa	lege of Adap arkmoor Ave e, CA 95126	, Suite 260					Disability /	Awareness	Day		
10/1/19	\$65.00	Management Common	ability orth 7th Stree e, CA 95112						Disability /	Awareness	Day		
10/1/19	\$500.00	CEFCU P.O. Bo		ria, IL 61656					Disability A	Awareness	Day		
Behested payment made. NOTHING TO			r more per	calendar yea	ar may	also nee		reported	on a form	n 803 with		of the date th	ey are

City of San José Form DFR-1 (Jan 2020)

Disclosure of Fundraising Report Form

Page 2

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
10/1/19	\$65.00	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 '	ТО	REPORT	
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INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
REPORTING PERIOD					
	Period, how many hours did yer is none, please proceed to		elated to your duties of office for which you earned		
1. INCOME EARNED	THIS REPORTING PERIO	D*			
☐ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	01 - \$100,000		
*If aggregate in Report Section 5.	ing Year is more than \$500,	proceed to Section 2. If aggregat	e in Reporting Year is less than \$500, proceed to		
2. INCOME EARNED	THIS REPORTING YEAR				
S0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	1 - \$100,000		
*If aggregate in Report	ing Year is less than \$500, լ	proceed to Section 5.			
If aggregate in Reporti	ng Year is more than \$500,	proceed to Section 3.			
		AGENCY & DESCRIPTION OF	SERVICES		
NAME OF BUSINESS	ENTITY/TRUST/GOVERNM	MENTAL AGENCY			
ADDRESS					
TYPE OF BUSINESS	ENTITY/TRUST/GOVERNM	IENTAL AGENCY:			
Proprietorship	☐ Partnership	☐ LLC	☐ Corporation		
☐ Trust	Governmental A	Agency Nonprofit Organiz	cationOther		
GENERAL DESCRIPT	ION OF BUSINESS ENTITY	Y/TRUST/GOVERNMENTAL AGE	NCY ACTIVITY:		
POSITION:					
GENERAL DESCRIPT	TION OF SERVICES RENDE	ERED:			
		OF INCOME OF \$5,000 OR MOR OOR MORE (attach a separate sh	E FOR THIS REPORTING PERIOD AND IF THE eet 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 orion	ginally signed statement with	Dat	e Signed(month, day, year)		

Disclosure	Ωf	Fund	draid	ina	Report	Form
Disclosure	OI	Fulle	urais	mu	Report	COLL

Page 1

NAME OF ELECTED OFFICIAL Charles (Chappie) Jones				Date of This Filing	April 1	April 13, 20	Date Stamp	CITY OF SAN JOSE FORM	DFR1
OFFICE HELD V ice Mayor/Councilmember D1 PERIOD COVERED BY THIS REPORT Jan 1 TO March 31			Page 1	of <u>1</u>	1		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			
2/3/20	\$500	Ujima Adult & Family Services 1898 The Alameda, San Jose, CA 95126				African American Flag Raising			
2/3/20	\$200	District 9 Councilmember Pam Foley Grant				African American Flag Raising			
2/3/20	\$200	Distric Counc Grant	cilmember Raul Peralez			_	African American Flag Ra	aising	
Behested paym	ents that total \$	5,000 o	r more per calendar year m	ay also need	d to be re	eported	d on a form 803 within 30 day	rs of the date the	ey are
NOTHING TO	D REPORT	Sigr	ature:				DATE:		

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

NAME (LAST Jones.) (FIRST) Charles (Chappie)	(MIDDLE)	DAYTIME TELEPHONE NUMBER 408-535-4901			
REPORTING PERI April 1 - June 30	OD					
•	ng Period, how many hours did you spe Iswer is none, please proceed to Section	J	elated to your duties of office for which you earned			
1. INCOME EARN	IED THIS REPORTING PERIOD*					
☐ LESS \$500	☐ \$500 - \$1,000 ½ \$1,001	- \$10,000	001 - \$100,000			
*If aggregate in Rep Section 5.	porting Year is more than \$500, procee	ed to Section 2. If aggrega	ate in Reporting Year is less than \$500, proceed to			
2. INCOME EARN	IED THIS REPORTING YEAR					
S0 - \$499*	□ \$500 - \$1,000	- \$10,000	01 - \$100,000			
*If aggregate in Rep	porting Year is less than \$500, proceed	I to Section 5.				
If aggregate in Rep	orting Year is more than \$500, proceed	d to Section 3.				
	TTY/TRUST/GOVERNMENTAL AGEN		SERVICES			
NAME OF BUSINE Jones Enterprises	SS ENTITY/TRUST/GOVERNMENTA	L AGENCY				
ADDRESS 1005 Whiteoak Driv	e, San Jose, CA 95129					
TYPE OF BUSINES	SS ENTITY/TRUST/GOVERNMENTAL	AGENCY:				
x☐ Proprietorship	☐ Partnership	LLC	☐ Corporation			
☐ Trust	Governmental Agency	☐ Nonprofit Organi	zation Real Estate Other			
GENERAL DESCR Real Estate	IPTION OF BUSINESS ENTITY/TRUS	ST/GOVERNMENTAL AGE	ENCY ACTIVITY:			
POSITION: Co-Ow	ner					
	IPTION OF SERVICES RENDERED:	Rental Property				
	ORTABLE SINGLE SOURCE OF INC I REPORTING YEAR IS \$5,000 OR M		RE FOR THIS REPORTING PERIOD AND IF THE			
AGGNEGATE IN	TICLE OICHNO TEAIC 13 \$3,000 OICHN	ONE (allacii a separale si	ieet ii riecessary)			
5 VEDICIOATION						
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 Ci	Da ty Clerk.)	te Signed (month, day, year)			

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

NAME (LAST) (FIRST) Jones Chappie	(MIDDLE) E.		DAYTIME TELEPHONE NUMBER 4408-535-4901		
REPORTING PERIOD 7/1/22 - 9/30/22					
During the Reporting Period, how many had Income? (If your answer is none, please	, ,	vices unrelated to your dut N/A	ies of office for which you earned		
1. INCOME EARNED THIS REPORTIN	G PERIOD*				
☐ LESS \$500 ☐ \$500 - \$1,00	00 🖈 \$1,001 - \$10,000 [\$10,001 - \$100,000	OVER \$100,000		
*If aggregate in Reporting Year is more to Section 5.	nan \$500, proceed to Section 2. If	f aggregate in Reporting Y	ear is less than \$500, proceed to		
2. INCOME EARNED THIS REPORTIN	G YEAR				
☐ \$0 - \$499* ☐ \$500 - \$1,00	0 \$1,001 - \$10,000 X	5 \$10,001 - \$100,000	OVER \$100,000		
*If aggregate in Reporting Year is less that	an \$500, proceed to Section 5.				
If aggregate in Reporting Year is more th	an \$500, proceed to Section 3.				
3. BUSINESS ENTITY/TRUST/GOVERN		TION OF SERVICES			
NAME OF BUSINESS ENTITY/TRUST/0 Jones Enterprises	GOVERNMENTAL AGENCY				
ADDRESS 1005 Whiteoak Drive, San Jose, CA 9512	9				
TYPE OF BUSINESS ENTITY/TRUST/G	OVERNMENTAL AGENCY:				
Proprietorship Partne	rship LLC		Corporation		
☐ Trust ☐ Gover	nmental Agency Nonpro	fit Organization	Real Estate Other		
GENERAL DESCRIPTION OF BUSINES Real Estate	S ENTITY/TRUST/GOVERNMEN	ITAL AGENCY ACTIVITY:			
Co-Owner POSITION:					
GENERAL DESCRIPTION OF SERVICE	S RENDERED:				
4. LIST EACH REPORTABLE SINGLE S AGGREGATE IN REPORTING YEAR			PORTING PERIOD AND IF THE		
		,			
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 state	ement with the City Clerk.)	Date Signed	(month, day, year)		

Disclosure of Fundraising Report Form

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NAME OF ELECTED OFFICIAL				Date of	Date Stamp	CITY OF SAN DFR1	
OFFICE HELD			PERIOD COVERED BY THIS	This Filing		JOSE FORM DFK1 For Official Use Only	
OFFICE HELD			REPORT TOTO	Page of		For Official Use Offiy	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONT			DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
Behested paymer made.	ents that total \$5	5,000 o	r more per calendar year m	ay also need to be reported	on a form 803 within 30 days	of the date they are	
		Sign	ature:		DATE:		
NOTHING TO	REPORT						