



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jones, Jr., Charles

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF SAN JOSE  
Division, Board, Department, District, if applicable  
40-Council Offices  
Your Position  
Councilmember D1

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of San Jose  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- Multi-County: The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed 01 / 01 / 2015 See attached
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

Date Signed 01/30/2015  
(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Charles Jones, Jr.

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SAN JOSE	40-Council Offices	Councilmember D1	Assuming Office 1/1/2015
CITY OF SAN JOSE	99 - San Jose-Santa Clara Clean Water Financing Authority	Member - SJSC CW JPA	Assuming Office 1/1/2015

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

Jones, Jr., Charles

▶ NAME OF BUSINESS ENTITY  
Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Technology Company

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS  
Diversified stock portfolio

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Tesla Motors

GENERAL DESCRIPTION OF THIS BUSINESS  
Manufacturing

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Jones, Jr., Charles

**▶ 1. BUSINESS ENTITY OR TRUST**

Cornerstone Concilium Inc.  
Name  
55 Montgomery Street Suite 3360  
San Francisco, CA 94104  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Consulting Services

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  10% Shareholder  
Other \_\_\_\_\_

YOUR BUSINESS POSITION Boardmember

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

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

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None or  Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	____/____/____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Jones Enterprises  
Name  
1005 Whiteoak Drive  
San Jose, CA 95129  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Consulting Services

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$0 - \$1,999	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  \_\_\_\_\_  
Other \_\_\_\_\_

YOUR BUSINESS POSITION Co-Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

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

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None or  Names listed below  
Cisco Systems  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property  
\_\_\_\_\_  
\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	____/____/____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED      DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Jones, Jr., Charles

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1005 Whiteoak Drive  
CITY  
San Jose

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
7570 Mountain Blvd. #4  
CITY  
Oakland

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
Emily Morrison

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_



# CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk  
200 East Santa Clara Street, Wing  
San José, California 95113  
Telephone 1 (408) 535-1261  
FAX 1 (408) 292-6207

## FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Redevelopment Agency must file this form with the City or Agency, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer Charles Jones Jr. Phone (408) 535-4901

Name of Agency City of San Jose

### CHECK APPROPRIATE ITEM

- I do not have a spouse, domestic partner or any dependent children.
- I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.
- My spouse, domestic partner or dependent children have, to my knowledge, received the following gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT (Spouse/Domestic Partner/Child)	GIFT	DONOR	VALUE

### VERIFICATION

I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein 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.

Executed on 01/30/2015, at San Jose, CA  
(Date) (City, State)