	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	AF	Public Document
-	Agency Name				RECEIVEU	California 802
	City of San José			Sa	n Jose City Clerk	Form OUZ
	Division, Department, or Reg	ion (if applicable)		V.	OTC W	For Official Use Only
	Council District 2			202	FEB 22 PM 4:01	
	Designated Agency Contact	Name, Title)		6.V4		
	Kimberly Hernandez				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				nanokon kanana inakan makan na na manana ka
	(408) 535-4902	District2@sanjosec	ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			140	
	Does the agency have a tic	ket policy? Yes [	No 🗆 F	ace Value of	Each Ticket/Pass \$	j
	Event Description: Los Tigr	es concert		Date(s)	, 19 , 22	//
		Provide Title/ Explai	nation		e Arena Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 🖾 丨	f no: <u>Can boot</u>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [	] No 🛛 📕	f yes:	Official's Name (Last, First)	
	Use Section A to identify the agen     A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	
	District 2 Council office		4	Host of reco	gnition event	
	B. Name of Ind (Last, Fig		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role C Other C Other King "Ceremonial Role" or "Other" dese	Income
					nonial Role Other Char Nonial Role" Other Char desc	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Close Reid-Hillview Now!		12	recognition	event	

Salat	Sergio Jimenez	Councilmember	2/22/22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A Public Docume	ənt
1.	Agency Name				California	2
	City of San José				San Jose City Cler Form 80	4
	Division, Department, or Regi	on (if applicable)			For Official Use Only	
	Council District 2				TATINGA - 2 NULL DI	
	Designated Agency Contact (	Name, Title)				
	Kimberly Hernandez				Amendment (Must Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	(408) 535-4902	District2@sanjosec	a.gov		Date of Original Filing:	
2.	Function or Event Inform	mation			118/ \$81	
	Does the agency have a tick	<pre> vet policy? Yes </pre>	No 🗆 🛛	Face Value of	Each Ticket/Pass \$ <u>418/ \$84</u>	
	Event Description: Sharks v	Jets		Date(s) <u>10</u>	<u>, 30 , 21</u> <u> </u>	-
		Provide Title/ Explan		It no. San Jos	é Arena Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes L	] No⊠	II NO. <u>Cuir Coo</u>	Name of Source	-
	Was ticket distribution made	e at the behest Yes [	] No 🛛	If yes:	Official's Name (Last, First)	-
	of agency official?					
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		dual. • Use Section C to identify an outside organization he public purpose made pursuant to the agency's poli	The state
	Public Works - City Securi	ty	20	Recognition	n event	
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of the following:	
	D. (Last, Fir		Passes		identity one of the following:	ne Onk
	Sergio Jimenez		1	If chec	monial Role 🛛 Other 🗌 Incor cking "Ceremonial Role" or "Other" describe below: ognition event	me 🗌
					monial Role Other I Incom cking "Ceremonial Role" or "Other" describe below:	me 🗌
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pursuant to the agency's pol	icy
	District 2 Volunteers		3	Recognition	n event	

Soulat	Sergio Jimenez	Councilmember	11/3/21
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
100 IS			

# Agency Report of: nto and Ticket/Deep Distributions

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVED A	<b>Public Document</b>
1.	Agency Name			5.8T		California 802
	City of San José				An Drc	I OIIII
	Division, Department, or Region (if applicable) 2021				SEP 30 PM 1:52	For Official Use Only
	Council District 2					
	Designated Agency Contact	Name, Title)	1			
	Kimberly Hernandez			rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				ovue Explanation in Fan 3.)
	(408) 535-4902	District2@sanjosec	ca.gov		Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor	mation			10	) <i>E</i>
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of B				Each Ticket/Pass \$	
	Event Description: Los Ange	eles Azules		Date(s) <u>9</u>	<u>, 10 , 21</u>	//
	Provide Title/Explanation			é Arena Authority		
	nokel(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: San Jose			Name of Source	
	Was ticket distribution made	at the behest Yes	Official's Name (Last, First)			
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	D2 Council office		6	recognition e	event	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other King "Ceremonial Role" or "Other" des	North Contraction of the Contrac
				575-27 ASID	nonial Role Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy
	Roundtable Neighborhood	Association	10	recognition	event	

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Jergio fint	Sergio Jimenez	Councilmember	9/29/21
Signature of Agenoy Head or Designee	Print Name	Title	(month, day, year)

Comment:

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp E San Jose City Cle Form City of San José For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 20 P 4: 50 **Council District 2** Designated Agency Contact (Name, Title) TO C CC Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.)

## 2. Function or Event Information

Area Code/Phone Number

(408) 535-4902

E-mail

District2@sanjoseca.gov

Function or Event information		A 1 1 -
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$
Event Description: <u>Sharks v Maple Leafs</u>	and the second	Date(s) <u>3 / 3 / 20</u> //
Provide Tit	le/ Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾	If no: <u>San José Arena Authority</u> Name of Source
Was ticket distribution made at the behest of agency official?	Yes 🗌 No 🖾	If yes:

Date of Original Filing:

(month, day, year)

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Open Space Authority	8	recognition event

### 4. Verification

21- (	Sergio Jimenez	Councilmember	2/20/20
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RDate Stamp California 1. Agency Name Form an Jose City Clerk City of San José For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 20 P 4: 50 **Council District 2** Designated Agency Contact (Name, Title) OTC Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: District2@sanjoseca.gov (408) 535-4902 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$69 Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description: Disney on Ice 2 / 23 / 20 Date(s) \_ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest Yes I No X If yes: \_ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes District 2 Office participant host 2 Number Identify one of the following: В. Name of Individual of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Christopher Elementary Home and School recognition event 18 Club

### 4. Verification

7/	Sergio Jimenez	Councilmember	2/20/20
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Even	ts and Ticket/P	ass Dist	ibutions	A	Public Document
1. Agency Name			Another Texas Including to Souther States	ALC Date Stamp	California
City of San José			San	Jose City Clark	Form 802
Division, Department, or Reg	ion (if applicable)		COLO A		For Official Use Only
Council District 2			20191	OV-4 PM 3: 17	
Designated Agency Contact	Name, Title)			TL	
Kimberly Hernandez				Amendment (Must Pro	ovide Explanation in Part 3 )
Area Code/Phone Number	E-mail				Shoe Explanation in r art 5.7
(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a ticl	ket policy? Yes [	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	7
Event Description: Sharks v			Date(s)11		, ,
	Provide Title/ Expla	nation			/
Ticket(s)/Pass(es) provided	by agency? Yes [	🗆 No 🖾	lf no: <u>San José</u>	Arena Authority	
<b>147</b>			If year	Name of Source	
Was ticket distribution made of agency official?	at the benest Yes	🗌 No 🛛	If yes:	Official's Name (Last, First)	
Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of Indi     (Last, Fin	artment or Unit	Use Section B to Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	Iual.       • Use Section C to identify         ie public purpose made purs         Identify one of the for         Identify one of the for         nonial Role       Other         king "Ceremonial Role" or "Other" desc         nonial Role       Other         honial Role       Other         diagonal Role       Other         diagonal Role       Other	uant to the agency's policy Ilowing: Income
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
D2 Neighborhood Leaders	Committee	8	recognition	event	
A Varification					

m	Sergio Jimenez	Councilmember	11-4-19
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			······

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A F	Public Document
1.	Agency Name				Date Stamp	California 802
	City of San José				San Jose City C	
	Division, Department, or Reg	ion (if applicable)			Line of the second second	For Official Use Only
	Council District 2				2019 NOV -4 PM 3	: 17
	Designated Agency Contact	Name, Title)			T	
	Kimberly Hernandez				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(408) 535-4902	District2@sanjose	ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			447	
	Does the agency have a tick	ket policy? Yes	⊠ No□ I	Face Value of	Each Ticket/Pass \$	
	Event Description: Sharks v	Jets		Date(s) 11	<u></u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛	If no: San Jose	é Arena Authority Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes		lf yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the ager         • Use Section A to identify the ager         A.         Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to identif	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fol	
					nonial Role Other king "Ceremonial Role" or "Other" desc	Income
		2			nonial Role Cother king "Ceremonial Role" or "Other" descri	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursu	ant to the agency's policy
	Magic Sands Mobile Hom	e Residents	8	recognition	event	
4.	Verification					

Signature of Agency Head or Designee	Sergio Jimenez Print Name	Councilmember <sub>Title</sub>	(month, day, year)
Comment:			

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form City of San José OUC CT For Official Use Only Division, Department, or Region (if applicable) 2019 OCT -1 PM 4: 19 Council District 2 Designated Agency Contact (Name, Title) **Kimberly Hernandez** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number È-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 249.50 Does the agency have a ticket policy? Yes X No T Event Description: Mana Date(s) 9 / 28 / 19 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No K Name of Source Was ticket distribution made at the behest Yes D No X If yes: \_ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes **District 2 Council Office** Host of recognition event 6 PRNS Project Hope Program City staff recognition for role in neighborhood association 2 formation Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other 🗌 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition event Project Hope/ Roundtable Neighborhood 8 Association

### 4. Verification

51	Sergio Jimenez	Councilmember	-9/23/19-
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

. Agend	cy Name				Date Stam	pHY UI	California 🛛 🔿 🦳
-	f San José						California Form <b>80</b>
	on, Department, or Regi	on (if applicable)			2019 MAY 10	PH 4	54 For Official Use Only
Counc	cil District 2						
Design	nated Agency Contact (	Name, Title)		<u></u>			
Kimbe	erly Hernandez				Amondmont	(Must Dravid	e Explanation in Part 3.)
Area Co	ode/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	_		, .
(408) క	535-4902	District2@sanjosed	ca.gov		Date of Original I	Filing:	month, day, year)
. Funct	tion or Event Inforr	nation					
Does t	the agency have a tick	et policy? Yes	🛛 No 🗋 🛛	Face Value of I	Each Ticket/Pas	s \$ <u>252</u>	
Event I	Description: <u>Sharks v</u>	Blues	[	Date(s) <u>5</u>	<u>13   19</u>		/
		Provide Title/ Expla	nation			,	
Ticket(	(s)/Pass(es) provided I	by agency? Yes [	🗆 No 🖾 🛛	f no: <u>San Jose</u>	Arena Authority Name of Source		
Was tic	cket distribution made	at the behest Yes		f yes:	Official's Name (Las		
		1001			Official's Name (Las	f First)	
Reci	ency official? ipients ection A to identify the agenc Name of Agency, Depar		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C t	to identify ar	n outside organization. t to the agency's polic
Reci • Use Se A.	ipients ection A to identify the agenc		Number of Ticket(s)/		ual. • Use Section C f	to identify ar	
Reci • Use Se A.	ipients ection A to identify the agenc Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	Describe the	ual. • Use Section C f	to identify ar de pursuan	t to the agency's polic
Reci • Use So A. Distri	ipients lection A to identify the agenc Name of Agency, Depar ict 2 Council Office Name of Indiv	tment or Unit	Number of Ticket(s)/ Passes 1 Number	Describe the Host of recog	ual. • Use Section C f e public purpose ma gnition event Identify one c	to identify ar de pursuant of the follow	t to the agency's polic ing:
Reci • Use So A. Distri	ipients lection A to identify the agenc Name of Agency, Depar ict 2 Council Office Name of Indiv	tment or Unit	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	Describe the Host of recog	ual. • Use Section C ( public purpose ma gnition event Identify one c onial Role 0 ong "Ceremonial Role" or "C	to identify ar de pursuan of the follow ther <i>Dther" describe t</i>	t to the agency's policy ing: ncome income
Reci • Use So A. Distri	ipients lection A to identify the agenc Name of Agency, Depar ict 2 Council Office Name of Indiv	tment or Unit idual )	Number of Ticket(s)/ Passes 1 Number of Ticket(s)/	Describe the Host of recog	ual. • Use Section C f e public purpose ma gnition event identify one c onial Role 0 ong "Ceremonial Role" or "C	to identify ar de pursuan of the follow ther D ther describe b	t to the agency's policy ing: ncome income

2/1	Sergio Jimenez	Councilmember	5/10/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

-	Agency Name	ts and Ticket/P			RECEIVED USO Coppe Stamp <sub>K</sub>	California
	City of San José			07	C SIGIK	Form <b>80</b> 2
	Division, Department, or Regi	on (if applicable)			-8 PM 2.10	For Official Use Only
	Council District 2					
	Designated Agency Contact (	Name, Title)			1	
	Kimberly Hernandez				Amondmont (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				FIOVUE Explanation in Fait 3.)
	(408) 535-4902	District2@sanjosec	ca.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes [	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ _	79
	Event Description: Gabriel "	-luffy" Iglesias		Date(s)	<u>, 17 , 19</u>	//
	Ticket(s)/Pass(es) provided I	Provide Title/ Explain by agency? Yes [		lf no: <u>San José</u>	Arena Authority	
	Was ticket distribution made of agency official?	at the behest Yes [	No⊠	lf yes:	Official's Name (Last, First)	)
3.	• Use Section A to identify the agence • A. Name of Agency, Depar	n an	Use Section B to Number of Ticket(s)/			ntify an outside organization. rsuant to the agency's policy
			Passes	i the head of	사람 소리는 것은 것 것은 것은 	
	District 2 Council Office		2	Host of reco	gnition event	
	San Jose Police Departme	nt	4	recognition		
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the	following:
					onial Role D Other C	
					onial Role D Other [ ing "Ceremonial Role" or "Other" de	
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	• public purpose made pu	rsuant to the agency's policy
	Puerto Rican Civic Club		10	recognition		
			10			

	Sergio Jimenez	Councilmember	2/8/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** Vàn 1. Agency Name California City Date Stamp Form 6a City of San José For Official Use Only Division, Department, or Region (if applicable) 71119 AM 11: 58 Council District 2 Designated Agency Contact (Name, Title) **Kimberly Hernandez Amendment** (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 115 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Sharks vs. Penguins Date(s) \_\_1 \_\_ 15 \_/ 19 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest Yes D No X If yes: \_ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. Passes **District 2 Council Office** Host of recognition event 1 Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes South Bay Tenants Union recognition 7

## 4. Verification

	Sergio Jimenez	Councilmember	1/15/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document** San JBaestandy Cler California 1. Agency Name 17 -(n Form City of San José 2018 OCT 15 PM 2: 41 For Official Use Only Division, Department, or Region (if applicable) **Council District 2**

Designated Agency Contact (Name, Title) **Kimberly Hernandez** 

(408) 535-4902

E-mail Area Code/Phone Number District2@sanjoseca.gov

#### Eunction or Event Information 2.

runction of Event monitation		
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ <u>16@\$179, 8@\$229</u>
Event Description: Marco Antonio Solis co	oncert	Date(s) <u>10 / 13 / 18</u> //
Provide Til	lle/ Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾	If no: <u>San José Arena Authority</u>
		Name of Source
Was ticket distribution made at the behest of agency official?	Yes 🗌 No 🛛	If yes:
or agency officials		

#### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Office	2	Host of recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Jorge Garcia Celina Carrasco	2 2	Ceremonial Role Other I Income Income Ceremonial Role or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: City support staff - recognition
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Havens Neighborhood Association	16	recognition
Project Hope	2	recognition

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

50	Sergio Jimenez	Councilmember	10/15/18
Signature of Agency Head Designee	Print Name	Title	(month, day, year)
Comment:			

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

	eremonial Role Even				RECEIVED	Public Document
1.	Agency Name			San	ose City Clerk	California Form 802
	City of San José	Ion (Konstinctio)			NTP CT	For Official Use Only
	Division, Department, or Reg	ion (if applicable)		2018 SI	P-6 PM 3: 11	· · · · · · · · · · · · · · · · · · ·
	Council District 2	(1)		2010 0		
	Designated Agency Contact	(Name, Hile)				
	Kimberly Hernandez	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
					Date of Original Filing: .	
	(408) 535-4902	District2@sanjose	ca.gov			(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌 F	ace Value of l	Each Ticket/Pass \$	5.50
	Event Description: Old Sch	ool Funk Fest conce	rt r	Date(s)	, 15 , 18	1 1
		Provide Title/ Expla	nation			<b> </b>
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🖾 🛛 li	f no: <u>San José</u>	Arena Authority	
			— — I <sup>i</sup>	VOC	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes		f yes:	Official's Name (Last, First)	<u> </u>
	of agency official?					
3.	Recipients         • Use Section A to identify the agen         A.         Name of Agency, Department		Use Section B to S Number of Ticket(s)/ Passes		ual. • Use Section C to identi e public purpose made purs	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	1	Identify one of the fo	Income
				Ceremo	onial Role D Other D ng "Ceremonial Role" or "Other" desc	Income
	Name of Outside O				그 생활 방법이 있는 것 같은 것 같은 것 같이 했다.	그는 가슴에 집에서 물건을 다 가지 않는 것 같아요.
	C. (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy

Sent (	Sergio Jimenez	Councilmember	9/6/18
Signature of Agency Head of Brisignee	Print Name	Title	(month, day, year)

### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document San Jogos 1. Agency Name Sterry Cler California Form City of San José For Official Use Only 2018 SEP -6 PM 3: 11 Division, Department, or Region (if applicable) **Council District 2** Designated Agency Contact (Name, Title) **Kimberly Hernandez Amendment** (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Camila Sin Banderas concert Date(s) <u>9 / 7</u> / 18 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest Yes D No X If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes **District 2 Office** Host of recognition event 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition Serenade Neighborhood Association 22

### 4. Verification

Serl -	Sergio Jimenez	Councilmember	9/6/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	· · · · · · · · · · · · · · · · · · ·		·····

# Agency Report of:

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	(ECEIVEL)	A Public Document
1.	Agency Name			10	Date Otamp	California 802
	City of San José				DICM	Form OUZ
	Division, Department, or Reg	ion (if applicable)			1-8 AM 10:42	For Official Use Only
	Council District 2					
	Designated Agency Contact	(Name,Title)		-	]	
	Kimberly Hernandez				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				······································
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation			· · · · · · · · · · · · · · · · · · ·	170
	Does the agency have a tic	ket policy? Yes [	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	170
	Event Description: Da-Bang	g concert Provide Title/ Explai	nation	Date(s) <u>6</u>	<u>, 30 , 18</u>	//
	Ticket(s)/Pass(es) provided			lf no: <u>San José</u>	Arena Authority	
				<b>r</b>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [	No ⊠	f yes:	Official's Name (Last, First	)
3.	• Use Section A to identify the agen         • Use Section A to identify the agen         • A.		Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. Irsuant to the agency's policy
	B. Name of India (Last, First		Number of Ticket(s)/ Passes		Identify one of the	following:
		· · · ·			onial Role DOther [ ing "Ceremonial Role" or "Other" d	
					onial Role D Other [ ing "Ceremonial Role" or "Other" do	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	Federation of Indo-America California	ins of Northern	24	recognition -	Indian Flag Raising	partners

### 4. Verification

ŧ,

January Contraction of the second sec	Sergio Jimenez	Councilmember	6/6/18
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

## Agency Report of: nto and Tickot/Doop Distributions

С	eremonial Role Events ar	nd Ticket/Pass	Distr	ibutions	RECEAPUDI	ic Document
1.	Agency Name					lifornia 802
	City of San José					and the second
	Division, Department, or Region (if a	applicable)			2018 JUN - 8 AM 10: 1	For Official Use Only
	Council District 2				and east of Utility.	** f
	Designated Agency Contact (Name, 7	Fitle)				
	Kimberly Hernandez				Amendment (Must Provide Ex)	planation in Part 3.)
	Area Code/Phone Number E-mai					
	(408) 535-4902 Distr	ict2@sanjoseca.go	v		Date of Original Filing:	h, day, year)
2.	Function or Event Informatio	n	· · ·			
	Does the agency have a ticket pol	icy? Yes 🛛 N	o 🗌 🛛	ace Value of	Each Ticket/Pass \$ <u>369</u>	
	Event Description: Andrea Bocelli	Provide Title/ Explanation	[	Date(s) <u>6</u>	, 15 , 18	II
	Ticket(s)/Pass(es) provided by age	ency? Yes 🗌 N	o⊠∣	f no: <u>San José</u>	Arena Authority	
	Meeticlet distribution mede at the	hohoot yr 🗔 🗤		f yes:	Name of Source	
	Was ticket distribution made at the of agency official?	benest Yes 🗌 N	o 🛛 🛛	1 yes	Official's Name (Last, First)	
	• Use Section A to identify the agency's department of Agency, Dep	or Unit of T	ction B to umber Tcket(s)/ asses		ual. • Use Section C to identify an out	
	B. Name of Individual (Last, First)	of T	umber icket(s)/ asses		Identify one of the following:	
	Sergio Jimenez Patty Jimenez (wife)		1 1	lf checki	onial Role 🛛 Other 🗖 Ing "Ceremonial Role" or "Other" describe below. gnition event	income
	<u> </u>				onial Role Conternation Other Conternation of the Conternation of	Income
	C. Name of Outside Organizati (include address and descript	on of T	ımber icket(s)/ asses	Describe the	public purpose made pursuant to t	he agency's policy
	Los Paseos Neighborhood Assoc	iation	14	recognition		

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. and the second s

n	Sergio Jimenez	Councilmember	6/7/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

# Agency Report of:

	eremonial Role Even			Stars.	Lana Data Stamp	Califo	rnia 🔿 🔿 🔿
Ί.	Agency Name			$\left(\frac{\beta^{1}}{\beta^{2}},\frac{\beta^{2}}{\beta^{2}}\right)$	lose Date Stamp	For	
	City of San José	an life and line blad			OTCH	- E	fficial Use Only
	Division, Department, or Regi	on (if applicable)		2018 A	PRIO PH 2:3	55	
	Council District 2						
	Designated Agency Contact (	Name, Title)					
	Kimberly Hernandez				Amendment (M	lust Provide Explana	tion in Part 3.)
	Area Code/Phone Number	E-mail					
	(408) 535-4902	district2@sanjosed	a.gov		Date of Original Fili	ing:(month, da	y, year)
2.	Function or Event Inform	nation				160	
	Does the agency have a tick			Face Value of I	Each Ticket/Pass \$	\$	
	Event Description: Gloria Tre	evi Vs. Alejandra Gu Provide Title/ Expla	Izman	Date(s) <u>4</u>	<u>, 8 , 18</u>	/	/
	Ticket(s)/Pass(es) provided I			lf no: <u>Arena A</u>	uthority		
					Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ <sup> </sup>	f yes:	Official's Name (Last, F	irst)	
	of agency official?						
3.	Recipients • Use Section A to identify the agence	y's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to i	identify an outside	organization.
3.	Recipients         • Use Section A to identify the agence         • A.         Name of Agency, Depart	There is the state of the second state of the second state of the state of the second state of the second state	Use Section B to Number of Ticket(s)/ Passes	Describe the	e public purpose made		
3.	Recipients • Use Section A to identify the agence	There is the state of the second state of the second state of the state of the second state of the second state	Number of Ticket(s)/		e public purpose made		
3.	Recipients         • Use Section A to identify the agence         • A.         Name of Agency, Depart	tment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to the a	
3.	Recipients         • Use Section A to identify the agence         A.       Name of Agency, Depared         Council District 2         B.       Name of Indiv	tment or Unit	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe the Host particip	e public purpose made ants Identify one of t	pursuant to the a	
3.	Recipients         • Use Section A to identify the agence         A.       Name of Agency, Depared         Council District 2         B.       Name of Indiv	tment or Unit	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe the Host particip	e public purpose made ants Identify one of t	he following:	igency's policy
3.	Recipients         • Use Section A to identify the agence         A.       Name of Agency, Depared         Council District 2         B.       Name of Indiv	tment or Unit	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe the Host particip	e public purpose made ants Identify one of t onial Role D Othe ing "Ceremonial Role" or "Othe	he following:	igency's policy
3.	Recipients         • Use Section A to identify the agence         A.       Name of Agency, Depart         Council District 2         B.       Name of Indiv (Last, First)         Name of Outside Org	tment or Unit idual ) ganization tescription)	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	Describe the Host particip	e public purpose made ants Identify one of t onial Role D Othe ng "Ceremonial Role" or "Othe onial Role O Othe	he following:	igency's policy

# 4. Verification

Cert	Sergio Jimenez	Councilmember	
Signature of Agéncy Head or Designee	Print Name	Title	(month, day, year)

gency Name ity of San José vision, Department, or Region (if applicable) ouncil District 2		San Date Stamp Cler California QO2
		ATCM Form OUZ
Suppli District 2		JOIRMAR - 6 AM II: 26 For Official Use Only
Junon District Z		201011111 0 10111
signated Agency Contact (Name, Title)		
mberly Hernandez		Amendment (Must Provide Explanation in Part 3.)
ea Code/Phone Number E-mail		
08) 535-4902 District2@sanjos	eca.gov	Date of Original Filing:
unction or Event Information		470
bes the agency have a ticket policy? Yes	No 🗆	Face Value of Each Ticket/Pass \$
vent Description: Sharks vs. Stars		Date(s) 18 /18//
Provide Title/ Exp	lanation	
cket(s)/Pass(es) provided by agency? Yes	No 🛛	f no: San José Arena Authority Name of Source
as ticket distribution made at the behest Yes		fves
f agency official?	S No 🛛	Official's Name (Last, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
8. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income
		Ceremonial Role Ceremonial Role" or "Other" describe below:
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	

Del-1	Sergio Jimenez	Councilmember	3/2/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1. Agency Name		1 × 1	Date Stampel Californ	<sup>nia</sup> 802
City of San José		Sal	Form Form	CALLER STATE OF THE STATE
Division, Department, or Region (if applicable)		6010	Jose Date Stamper K Jose Date Stamper K Jose Date Stamper K For Office L For Office L For Office L	icial Use Only
Council District 2		2018	FUAR C	
Designated Agency Contact (Name, Title)				
Kimberly Hernandez			Amendment (Must Provide Explanation	on in Part 3.)
Area Code/Phone Number E-mail		÷	•	
(408) 535-4902 District2@sanjo	seca.gov		Date of Original Filing: (month, day,	year)
2. Function or Event Information				
Does the agency have a ticket policy? Ye	s 🛛 No 🗆	Face Value of I	Each Ticket/Pass \$ _ <del></del>	
Event Description: <u>Sharks vs. Canucks</u>	11 (11) (11) (11) (11) (11) (11) (11) (	Date(s)	15, 18 ,	7
Provide Title/ Ex	planation			
Ticket(s)/Pass(es) provided by agency? Ye	s 🗆 No 🖾	If no: <u>San José</u>	Arena Authority	
Maa ticket distribution made at the behast w		lf yes:	Name of Source	
Was ticket distribution made at the behest Ye of agency official?	s∐ No⊠		Official's Name (Last, First)	
or agoney emolar.	¥.			
Use Section A to identify the agency's department or unit     A. Name of Agency, Department or Unit	• Use Section B to Number of Ticket(s)/	The Art Art	the management of the second states and	rganization.
	Passes	Describe the	e public purpose made pursuant to the ag	jency's policy
B. Name of Individual	Number of Ticket(s)/	Describe the	e public purpose made pursuant to the ag Identify one of the following:	ency's policy
B. Name of Individual (Last, First)	Number	Cerem		iency's policy
	Number of Ticket(s)/	Cerem	Identify one of the following:	
	Number of Ticket(s)/	Ceremu If checki If checki	Identify one of the following:         onial Role       Other         ng "Ceremonial Role" or "Other" describe below:         onial Role       Other	Income

Del C	Sergio Jimenez	Councilmember	3/2/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

# Agency Report of:

С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	perenten	A Publ	ic Document
1.	Agency Name			Sai	JoseDate Stamp	erk Ca	lifornia <b>202</b>
	City of San José			100 C.7 7	OTL M		orm OUZ
	Division, Department, or Reg	ion (if applicable)		2017	SEP 18 PM 2	: 52	For Official Use Only
	Council District 2			2011		- C 144	
	Designated Agency Contact (	Name, Title)					
	Kimberly Hernandez				Amondmont	(Must Dravida Ev	planation in Part 3.)
	Area Code/Phone Number	E-mail				(iniust Provide Ex	olanation in Part 5.)
	4085354902	district2@sanjosec	a.gov		Date of Original F	filing:(mon	h, day, year)
2.	Function or Event Infor	mation				00.50	
	Does the agency have a tick	<pre>cet policy? Yes []</pre>	🛛 No 🗌 📕	<sup>-</sup> ace Value of	Each Ticket/Pase	s\$ <u>99.50</u>	
	Event Description: Pepe Ag	uilar concert Provide Title/ Explan	[ nation	Date(s)9	<u>9 17 17 </u>		//
	Ticket(s)/Pass(es) provided			f no: <u>San Jose</u>	e Arena Authority		······································
				- limono	Name of Source		
	Was ticket distribution made	at the behest Yes	No 🗆 🛛	f yes: <u>Jimene</u> z	Official's Name (Last	, First)	
	of agency official?						
	Use Section A to identify the agen     A. Name of Agency, Depa     Councilmember Sergio Jimenez, Council     Vanessa Sandoval, Chief of Staff, District	nrtment or Unit	Number of Ticket(s)/ Passes 1		e public purpose ma		
	Maribel Villarreal, Council Policy and Leg		1 Number	Host of recognition			
	B. Name of Indiv (Last, First		of Ticket(s)/ Passes		Identify one o	f the following:	
					onial Role Di ing "Ceremonial Role" or "O	ther ther" describe below	income
	· · · · · · · · · · · · · · · · · · ·		·······		onial Role Density Official Role Official Role Official Role or "Official Role" of "Official Role" or "Official Role" of "Offic	ther  ther" describe below	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose mac	le pursuant to t	he agency's policy
	Edenvale Great Oaks Plan Impler Great Oaks Neighborhood Associ		10 3	Recognition even Recognition even			
					·		

## 4. Verification

Salm	Sergio Jimenez	Councilmember	9/18/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RECEIVED 1. Agency Name JOS Date Stamp lerk California Form City of San José For Official Use Only 2017 AUG 22 PM 1:40 Division, Department, or Region (if applicable) **Council Districy 2** Designated Agency Contact (Name, Title) **Kimberly Hernandez** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$115 and \$50 Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description: Marvel Universe Live! Date(s) <u>8 / 19</u> / 17 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source

Was ticket distribution made at the behest Yes □ No ⊠ of agency official?

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

If yes:

Official's Name (Last, First)

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Somos Mayfair	24	recognition event

### 4. Verification

Serantin	Sergio Jimenez	Councilmember	8/19/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		·····	

	gency Report of: eremonial Role Event <mark>s a</mark> nd Tick	(et/Pass Dist	ributions RECEIVED A Public Document
1.	Agency Name		Date Stamp Cleir California 802
	City of San José		
	Division, Department, or Region (if applicable)		2017 JUL 20 AM 11: 25 For Official Use Only
	Council Districy 2		DTC
	Designated Agency Contact (Name, Title)		NV =
	Kimberly Hernandez		
	Area Code/Phone Number E-mail		Amendment (Must Provide Explanation in Part 3.)
	(408) 535-4902 District2@sar	njoseca.gov	Date of Original Filing:
2.	Function or Event Information		
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ 219
	Event Description: G-Dragon concert	e/ Explanation	Date(s)// 17////
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾	If no: San José Arena Authority
			Name of Source
	Was ticket distribution made at the behest of agency official?	Yes 🗌 No 🖾	If yes:
3.	Recipients • Use Section A to identify the agency's department or u		o identify an individual. • Use Section C to identify an outside organization.
3.	-	init. • Use Section B to Number of Ticket(s)/ Passes	) identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
3.	• Use Section A to identify the agency's department or u	Number of Ticket(s)/	
3.	Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
3.	Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy         Identify one of the following:         Ceremonial Role       Other
3.	Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy         Identify one of the following:         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         Ceremonial Role       Other         Income       Income         Income       Income
3.	Use Section A to identify the agency's department or unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy         Identify one of the following:         Identify one of the following:         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         Income       Income         If checking "Ceremonial Role" or "Other" describe below:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sprink P	Sergio Jimenez	Councilmember	7/19/2017
Signature of Agency Head or Usionee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

### Agency Report of: **A Public Document** Ceremonial Role Events and Ticket/Pass Distributions RECEIVED 1. Agency Name San Jose Cibatestamo California Form OTC City of San José For Official Use Only Division, Department, or Region (if applicable) AM 11: 13 **Council Districy 2** Designated Agency Contact (Name, Title) **Kimberly Hernandez** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\_\_\_\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: <u>Sharks vs. Predators</u> \_11 , Date(s) <u>3</u> 17 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest Yes D No X If yes: \_\_\_\_ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role X Other Income Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below. 1 Host of recognition event Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition event Hellyer/ Christopher Neighborhood 7 Association 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements?

Cerae	Sergio Jimenez	Councilmember	3/8/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Comment: \_

	gency Report of: eremonial Role Events	and Ticket/P	ass Dist	ributions	DEAE		Public Document
1.	Agency Name			Se	in JosBat	estamelerk	California 802
	City of San José				The	DAN	Form OUL
	Division, Department, or Region	(if applicable)		2011	MAR -9	AM 11: 13	For Official Use Only
	Council Districy 2			2010	innu 2	MILLE	
	Designated Agency Contact (Nar	ne, Title)					
	Kimberly Hernandez					dment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number E-	mail					ndo Explanation in Fait oly
	(408) 535-4902 D	vistrict2@sanjosec	ca.gov		Date of O	riginal Filing:	(month, day, year)
2.	Function or Event Informa	ition					
	Does the agency have a ticket	policy? Yes [	🛛 No 🗌	Face Value of	Each Ticke	et/Pass \$	)
	Event Description: Sharks vs. (			Date(s) <u>3</u>			, ,
	Event Description:	Provide Title/ Explai	nation				/
	Ticket(s)/Pass(es) provided by	agency? Yes [	□ No 🖾	If no: San José	Arena Au	uthority	
					Name of S	Source	
	Was ticket distribution made at	the behest Yes [	] No 🛛	If yes:	Official's Na	ame (Last, First)	
	of agency official?						
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Passes	Describe th	e public purr	oose made pursu	ant to the agency's policy
	B. Name of Individu (Last, First)	ial	Number of Ticket(s)/ Passes		Identi	ify one of the foll	owing:
	Sergio Jimenez				onial Role 🔲 ing "Ceremonial I	Other 🔲 Role" or "Other" descri	Income
					onial Role 🔲 ing "Ceremonial I	Other  Other Role" or "Other" descri	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Passes	Describe the	e public purp	ose made pursu	ant to the agency's policy
	Oak Grove Neighborhood Ass	ociation	6	recognition e	vent		
						, , , , , , , , , , , , , , , , , , ,	

Jernie T	Sergio Jimenez	Councilmember	3/8/17
Signature of Agency Head & Designee	Print Name	Title	(month, day, year)
Comment:			

# Agency Report of:

Ceremonial Role Events . Agency Name	=		Sá	1 JOSEDate Sta	amn OTK	Californ	
City of San José			1 Post 14"		amporte	Form	<sup>na</sup> 802
Division, Department, or Region	n (if applicable)			NOV 30 PM			cial Use Only
Council District 2	(in applicable)		2010	1692 777 11	10.11		
Designated Agency Contact (Na	ame Title)	<u> </u>					
Kimberly Hernandez	2110, 1100						
· · · · · · · · · · · · · · · · · · ·	-mail			Amendme	ent (Must Pro	ovide Explanatio	n in Part 3.)
	district2@sanjoseca	a.gov		Date of Origin	al Filing: _	(month, day,	year)
. Function or Event Informa	ation						<u></u>
Does the agency have a ticket	t policy? Yes F		Face Value of	Each Ticket/P	ass \$	2 and 86	
<b>•</b> •							
Event Description: <u>Sharks vs.</u>	Provide Title/ Explan	ation	Date(s) <u>12</u>		• -		
Ticket(s)/Pass(es) provided by			lf no: <u>Arena Au</u>	thority			
	0, , , , , , , , , , , , , , , , , , ,			Name of Source	0		
Was ticket distribution made at of agency official?	t the behest Yes	] No⊠ <sup> </sup>	If yes:	Official's Name (I	Last, First)		
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's</li> <li>A. Name of Agency, Departm</li> </ul> </li> </ul>		Number of Ticket(s)/		ual. • Use Section	Petro speciel		
• Use Section A to identify the agency's		Number		an a	Petro speciel		
• Use Section A to identify the agency's	nent or Unit	Number of Ticket(s)/		e public purpose	Petro speciel	uant to the ag	
• Use Section A to identify the agency's           A.         Name of Agency, Departm           B.         Name of Individu	nent or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	e public purpose	made pursi ne of the fol Other 🔲	uant to the ag	ency's policy
• Use Section A to identify the agency's           A.         Name of Agency, Departm           B.         Name of Individu	nent or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	e public purpose	made pursu	uant to the ag	ency's policy Income [
• Use Section A to identify the agency's           A.         Name of Agency, Departm           B.         Name of Individu	nent or Unit ual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	e public purpose	made pursi	uant to the ag Ilowing: ribe below: ribe below:	ency's policy
• Use Section A to identify the agency's     A. Name of Agency, Departm     B. Name of Individu     (Last, First)	nent or Unit ual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the	P public purpose Identify or Identify or Onial Role  Onial Role	made pursi	uant to the ag Ilowing: ribe below: ribe below:	ency's policy

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

mp	Ash Kalra	Councilmember	11/30/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

# Agency Report of:

. Agency Name				an Jobate Stamp	Californ	ia 000
City of San José			12	an Juse City C	Form	<sup>a</sup> 802
Division, Department, or Regio	on (if applicable)		201	CHOUDD	For Offic	ial Use Only
Council District 2			LU (	6 NOV 23 AMI	1:40	
Designated Agency Contact (A	Name, Title)			SPOTU		
Kimberly Hernandez						
Area Code/Phone Number	E-mail			Amendment (M	lust Provide Explanatio	n in Part 3.)
(408) 535-4902	district2@sanjosec	a.gov		Date of Original Fili	ing:(month, day,	/ear)
. Function or Event Inform	nation				440	
Does the agency have a ticke	et policy? Yes	🛛 No 🗖 🛛 F	ace Value of E	Each Ticket/Pass \$	\$ <u>149</u>	
Event Description: <u>Sharks vs</u>	s. Devils	г	Date(s)/	21 / 16	1	1
	Provide Title/ Explar	nation			/	
Ticket(s)/Pass(es) provided b	oy agency? Yes [	]No⊠ If	no: <u>San José</u>	Arena Authority		
		14		Name of Source		
Was ticket distribution made of agency official?	at the benest Yes [	_ No⊠ "	yes:	Official's Name (Last, F	irst)	<u></u>
. Recipients						
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agence</li> </ul> </li> <li>A. Name of Agency, Depart</li> </ul>		Use Section B to i Number of Ticket(s)/ Passes		al. • Use Section C to i public purpose made		
• Use Section A to identify the agenc		Number of Ticket(s)/		public purpose made		
• Use Section A to identify the agence A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the age	
• Use Section A to identify the agence     A. Name of Agency, Depart     San José Fire Department     B. Name of Indivi	tment or Unit	Number of Ticket(s)/ Passes 7 7 Number of Ticket(s)/	Describe the Recognition e	public purpose made event Identify one of t	pursuant to the age	
• Use Section A to identify the agence     A. Name of Agency, Depart     San José Fire Department     B. Name of Indivi	tment or Unit	Number of Ticket(s)/ Passes 7 7 Number of Ticket(s)/	Describe the Recognition of Ceremo If checkli	public purpose made	pursuant to the age	ncy's policy
• Use Section A to identify the agence     A. Name of Agency, Depart     San José Fire Department     B. Name of Indivi	tment or Unit idual	Number of Ticket(s)/ Passes 7 7 Number of Ticket(s)/	Describe the Recognition of Ceremo If checkin	public purpose made	pursuant to the age	Income
• Use Section A to identify the agency A. Name of Agency, Depart San José Fire Department B. Name of Indivi (Last, First,	tment or Unit idual	Number of Ticket(s)/ Passes 7 Number of Ticket(s)/ Passes	Describe the Recognition of Ceremo If checkin	public purpose made	pursuant to the age	Income

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

MAK	Ash Kalra	Councilmember	11/21/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dist	ributions	RECEIVLD	A Public	Document
in the second se	Agency Name				Date Stamp		
	City of San José			2011	007 1 54 6	For	
	Division, Department, or Reg	ion (if applicable)		<u></u>	OCT-4 PM 3:	8 For C	Official Use Only
	District 2 Council Office						
	Designated Agency Contact (	Name, Title)					
	Kimberly Hernandez				Amendment (M	ust Provide Explan	ation in Part 3.)
	Area Code/Phone Number	E-mail					ŕ
_	(408) 535-4902	district2@sanjosec	a.gov		Date of Original Fili	ng:(month, d	ay, year)
2.	Function or Event Inform	nation				4.0.0	
	Does the agency have a tick	tet policy? Yes	🛛 No 🗆	Face Value of I	Each Ticket/Pass \$	3	
	Event Description: Marco So	olis concert		Date(s) <u>10</u>	<u>, 1 , 16</u>	/	/
		Provide Title/ Expla	nation		Arena Authority		
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🖾	If no: <u>San Juse</u>	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠	If yes:	Official's Name (Last, Fi	irst)	
	• Use Section A to identify the agend         • Use Section A to identify the agend         • A.		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to i		
	B. Name of Indiv (Last, Firs	그 같은 것 같아요. 것 같아요. 김 씨는 것에서 생활을 가지 않는 것 같아.	Number of Ticket(s)/ Passes		Identify one of t		
					onial Role Donial Role" Othe		Income
				1	onial Role D Othe ng "Ceremonial Role" or "Othe		Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the a	agency's policy
	Edenvale Great Oaks Impleme	ntation Plan Coalition	9	recognition e	vent		
	·Sacred Heart Community Se		8	recognition ev	vont		
		rvices	- 8 -		/ent		

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

an 1cm	Ash Kalra	Councilmember	9/30/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

	gency Report of: eremonial Role Event	ts and Ticket/P	ass Distr	ributions	AI	Public Document
1.	Agency Name				Date Stamp	California Form 802
	City of San José				San Jose City Cle	
	Division, Department, or Regi	on (if applicable)			SP OTC	For Official Use Only <sup>,</sup>
	Council District 2				2016 JUN 10 PM 2:	
	Designated Agency Contact (	Name, Title)				
	Kimberly Hernandez				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(408) 535-4902	district2@sanjosec	a.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes	🛛 No 🗖 🗏	Face Value of	Each Ticket/Pass \$	3
	Event Description: Andrea B	ocelli		Date(s) 06	<u>/ 03 / 16 _</u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🛛	If no: San Jose	e Arena Authority Name of Source	
	Was ticket distribution made	at the behast . Yes I		f yes:		-
	of agency official?	at the benest Yes		, , , , , , , , , , , , , , , , , , ,	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agend	y's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursu	ant to the agency's policy →
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	lowing:
					nonial Role D Other C Other King "Ceremonial Role" or "Other" descri	ibe below:
					nonial Role D Other C	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	Italian American Herita	ge Foundation	8	recognition	n event	•
	Sabor del Valle		8	recognition	n event	

MA	Ash Kalra	Councilmember	6/10/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Comment.			

	gency Report of: eremonial Role Events and Ticket	/Pass Disti	ributions	A	Public Document
	Agency Name			Date Stamp	California Form 802
	City of San José			Jose City Clerk	
	Division, Department, or Region (if applicable)	<u> </u>	20161	MR-7 PM 12: 15	For Official Use Only
	Council District 2		20101		
	Designated Agency Contact (Name, Title)				
	Kimberly Hernandez			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(408) 535-4902 district2@sanjos	eca.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Ye	s 🖾 No 🗖 🗏	Face Value of	Each Ticket/Pass \$ 22	2/ 113
	Event Description: Sharks vs. Canadiens			<u>, 29 , 1</u> 6 _	1 1
	Provide Title/ Ex,	planation			
	Ticket(s)/Pass(es) provided by agency? Ye	s 🔲 No 🖾	If no: <u>San Jose</u>	e Arena Authority Name of Source	•
	Was ticket distribution made at the behest $\gamma_e$		lf yes:		
	of agency official?	SLI NOKI '	<u></u>	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
				nonial Role Dother Charge Contract Cont	Income 🗌
	·····			nonial Role D Other D Other desc	Income 🗖
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	ant to the agency's policy
	Community Seva 3113 Pinot Grigio PI., San José, CA 95135 Vietnamese Voluntary Foundation (ViVo) 2296 Quimby Road. San Jose, CA 95122 Friends of Hue P.O. Box 1823, San Jose, CA 95109	4 4 4	recognitior	n event	
	Sabor del Valle 3282 Cuesta Dr., San Jose, CA 95148 Office of Women's Policy - 70 W. Hedding, San Jose, CA 95110 Stand Up for Kids 25 E. Hedding St. San Jose, CA 95112	4 3 4	recognitior	n event	

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

let the	Ash Kalra	Councilmember	5716
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	۰. 		

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City of San José       2015 AUG       24         Division, Department, or Region (If Applicable)       Council District 2	For Official Use Only         Amendment (Must provide explanation in Part 3.)         e of Original Filing:
Division, Department, or Region (If Applicable)         Council District 2         Designated Agency Contact (Name, Title)         Kimberly Hernandez, Executive Assistant         Area Code/Phone Number         [408) 535-4902         E-mail         district2@sanjoseca.gov         Function or Event Information         Does the agency have a ticket policy?         Yes ID       No         Face Value of Eac         Event Description         Circus       Date(s)         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes ID       No ID         Vas ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.         A, Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B.       Name of Individual (Last, Fielt)         If checking "Ceremonial Role       If checking "Ceremonial Role"         If checking "Ceremonial Role       Ceremonial Role	Arrise 3.5       For Official Use Only         For Official Use Only         Amendment (Must provide explanation in Part 3.)         e of Original Filing:
Council District 2         Designated Agency Contact (Name, Title)         Kimberly Hernandez, Executive Assistant         Area Code/Phone Number (408) 535-4902       E-mail district2@sanjoseca.gov         Dest the agency have a ticket policy? Event Description Circus       Face Value of Eac Date(s)	Amendment (Must provide explanation in Part 3.)         e of Original Filing:
Designated Agency Contact (Name, Title)         Kimberly Hernandez, Executive Assistant         Area Code/Phone Number         (408) 535-4902         district2@sanjoseca.gov <b>Function or Event Information</b> Does the agency have a ticket policy?         Yes I       No I         Face Value of Eac         Event Description       Circus         Provide Title/Explanation       Date(s)/         Ticket(s)/Pass(es) provided by agency?       Yes I       No I         Was ticket distribution made at the behest of agency official?       If no: San Jose A         Was ticket distribution made at the behest of agency official?       If yes: Kalra, Ash         • Use Section A to Identify the agency's department or unit.       • Use Section B to identify an individual.         • Use Section A to Identify the agency's department or unit.       • Use Section B to identify an individual.         • Mame of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Identify Pass(es)         B.       Name of Individual       Number of Ticket(s)/ Pass(es)       Identify Ceremonial Role         If checking "Ceremonial Role"       Identify Ceremonial Role"       Identify Ceremonial Role"	e of Original Filing:
Kimberly Hernandez, Executive Assistant       Image: constraint of the system of the sys	e of Original Filing:
Area Code/Phone Number (408) 535-4902       E-mail district2@sanjoseca.gov       Dat         Function or Event Information Does the agency have a ticket policy? Yes INO I Face Value of Eac Event Description Circus Event Description Circus Frovide Title/Explanation       Date(s)/         Ticket(s)/Pass(es) provided by agency? Yes I No I fino: San Jose A of agency official?       If no: San Jose A If yes: Kalra, Ash of agency official?         Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Number of Ticket(s)/ Pass(es)         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Describe the public pur Pass(es)         Ceremonial Role       If checking "Ceremonial Role"       Ident	e of Original Filing:
Area Code/Phone Number (408) 535-4902       E-mail district2@sanjoseca.gov       Date         Function or Event Information Does the agency have a ticket policy? Yes INO I Face Value of Eac Event Description Circus Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes I No I face San Jose A Was ticket distribution made at the behest of agency official?       Date(s)          Was ticket distribution made at the behest of agency official?       No I Yes I fyes: Kalra, Ash of agency official?       If yes: Kalra, Ash of agency, Department or unit.       • Use Section B to identify an individual.       • Mumber of Ticket(s)/ Pass(es)         B.       Name of Individual (Least First)       Number of Ticket(s)/ Pass(es)       Ceremonial Role I If checking "Ceremonial Role"	e of Original Filing:82 ch Ticket/Pass \$82 2215
Function or Event Information         Does the agency have a ticket policy?       Yes INO       Face Value of Eac         Event Description       Circus       Date(s)	(Month, Day, Year) 82 22 _ 15
Does the agency have a ticket policy?       Yes INo I       Face Value of Each         Event Description       Circus       Date(s)         Provide Title/Explanation       Date(s)          Ticket(s)/Pass(es) provided by agency?       Yes I       No IX       If no: San Jose A         Was ticket distribution made at the behest of agency official?       No IYes IX       If yes: Kalra, Ash         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       •         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public pur Pass(es)         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify coremonial Role II (creating "Ceremonial Role"         Ictertion II Role       Ictertion II Role       Ictertion II Role       Ictertion II Role	22 _ 15 rena Authority Name of Source Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
Event Description       Circus       Date(s)       8       /	22 _ 15 rena Authority Name of Source Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes I No I If no: San Jose A         Was ticket distribution made at the behest of agency official?       No Yes I If yes: Kalra, Ash         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.         • A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B. Name of Individual (Last, First)       Ceremonial Role I I checking "Ceremonial Role"         If checking "Ceremonial Role       Ceremonial Role	rena Authority Name of Source Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
Provide Title/Explanation   Ticket(s)/Pass(es) provided by agency? Yes No X If no: San Jose A Was ticket distribution made at the behest of agency official? No Yes X If yes: Kalra, Ash of agency official? <b>Recipients</b> • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Mame of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Ceremonial Role I ceremonial Role I ceremonial Role Ceremonial Role Ceremonial Role	rena Authority Name of Source Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Kalra, Ash of agency official?         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       •         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public pur Pass(es)         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify a log Ceremonial Role         If yes:       Ceremonial Role       If yes:       Ceremonial Role	Name of Source Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
Was ticket distribution made at the behest of agency official?       No I Yes I If yes: Kalra, Ash         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       •         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public pur Pass(es)         B.       Name of Individual (Last, First)       Identify the agency Role in the remonial Role in the remonin the remonial Role in the remonial Role in	Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
of agency official?         Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       •         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public pur Pass(es)         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify an individual (Last, First)         Identify the agency of the public pur Pass(es)       Ceremonial Role       Identify an individual (Last, First)         Identify the agency of the public pur Pass(es)       Ceremonial Role       Identify an individual (Last, First)	Official's Name (Last, First) Use Section C to identify an outside organization. pose made pursuant to the agency's policy
Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)         Identify the agency of the public purpose       Identify the agency of the public purpose         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)         Identify the agency of the public purpose       Identify the agency of the public purpose         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose         Identify the agency of the public purpose       Identify the agency of the public purpose	Use Section C to identify an outside organization. pose made pursuant to the agency's policy
• Use Section A to identify the agency's department or unit.     • Use Section B to identify an individual.     •     A. Name of Agency, Department or Unit	pose made pursuant to the agency's policy
	Other Income
C.     Name of Outside Organization (include address and description)     Number of Ticket(s)/ Pass(es)     Describe the public purp Describe the public purp recognition event       Asian Americans for Community Involvement     24     recognition event	pose made pursuant to the agency's policy
Verification         I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth abor         Mathematical Mathematical Signature of Agency Head or Designee       Ash Kalra       Co	ve, is in accordance with the requirements.

d ar

	Agency Name				Date Stamp	California QO
•	City of San José			DAIF		Eorm (•) ·
	Division, Department, or Reg	ion (If Applicable	)	2010	AUG -5 AM 10: 29	For Official Use Only
		<b>,</b> ,				
	Council District 2 Designated Agency Contact	(Nome Title)	•			
	Kimberly Hernandez, Execu Area Code/Phone Number				Amendment (Must pr	ovide explanation in Part 3.)
	(408) 535-4902	E-mail district2@sa	njoseca.gov	v	Date of Original Filing: _	(Month, Day, Year)
	Function or Event Infor	mation			L	
	Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	149
	Event Description Comedy v	vith Kapil		Date(s) 8	<u>, 1 , 15</u>	1 1
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗖 No	If no: San Jo	se Arena Authority Name of Sou	rce
	Nas ticket distribution made a of agency official?	at the behest	No 🗖 Yes	If yes: Kalra,		
	Recipients	· · · · · · · · · · · · · · · · · · ·			······	
	<ul> <li>Use Section A to identify the agenc</li> </ul>	y's department or u	nit. • Use Se Number of			
	<b>A.</b> Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
•	4. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	<ul> <li>Name of Agency, Departme</li> <li>Name of Individua</li> <li>(Last, First)</li> </ul>		Ticket(s)/	Ceremonial Role	Identify one of the followin	
	Name of Individua		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	g:
	Name of Individua		Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [	Identify one of the followin	g:
	Name of Individua		Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [	Identify one of the followin Other In Other In Role" or "Other" describe below: Other	ig: Income
	Name of Individua	al	Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia	Identify one of the followin Other In Other In Role" or "Other" describe below: Other	ig: Income
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia	Identify one of the followin         Other         It Role" or "Other" describe below:         It Role" or "Other" describe below:	ig: Income
- ()	<ul> <li>Name of Individua (Last, First)</li> <li>Name of Outside Organ (include address and des</li> </ul>	al	Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia Describe the public	Identify one of the followin         Other         It Role" or "Other" describe below:         It Role" or "Other" describe below:	ig: Income
	3. Name of Individua (Last, First) Name of Outside Organ (include address and des ndia Community Center South Asian Behavioral Hea Fraining Foundation	al nization scription)	Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia Describe the publi Recognition event Recognition event	Identify one of the followin         Other         I Role" or "Other" describe below:         Other         I Role" or "Other" describe below:         c purpose made pursuant to	Income
	3. Name of Individua (Last, First) Name of Outside Organ (include address and des ndia Community Center South Asian Behavioral Hea Fraining Foundation	al nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) A 4 12 8942. I have ve	Ceremonial Role [ // // // // // // // // // // // // //	Identify one of the followin         Other         I Role" or "Other" describe below:         Other         I Role" or "Other" describe below:         c purpose made pursuant to	Income
	3. Name of Individua (Last, First) Name of Outside Organ (include address and des ndia Community Center South Asian Behavioral Hea Fraining Foundation	al nization cription) alth and lations 18944.1 and 1	Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia Describe the publi Recognition event Recognition event rified that the distribution set for Ira	Identify one of the followin         Other         I Role" or "Other" describe below:         Other         I Role" or "Other" describe below:         c purpose made pursuant to	Income

. Agency Name					Stamp	A Public Docume California 80
City of San José				2015 JUN 1	8 P科 2:2	Form
Division, Department, or Region	(If Applicable)	)		10,000.		For Official Use Only
Council District 2						
Designated Agency Contact (Nam	ne, Title).					
Kimberly Hernandez, Executive	Assistant					l
Area Code/Phone Number E-r	mail					vide explanation in Part 3.)
(408) 535-4902 dis	strict2 <u>@</u> sar	njoseca.gov	v	Date of Ori	ginal Filing:	(Month, Day, Year)
Function or Event Informat	tion					
Does the agency have a ticket po	licy?	Yes 🛛 No	Face Valu	e of Each Ticke	et/Pass \$	160
Event Description Mana concert			Date(s)	<u> </u>	15	1 1
, Pro	vide Title/Expla	nation				
Ticket(s)/Pass(es) provided by ag	jency?	Yes 🔲 No	If no: San	Jose Arena A	uthority Name of Source	
Was ticket distribution made at the	a hahast		If yes: Ka	ra Ash	Marine or Sourc	
of agency official?	e benesi	No 🔲 Yes	IX If yes: <u>Har</u>	Of	ficial's Name (Las	st, First)
• Use Section A to identify the agency's de	epartment or u	nit. • Use Se	ction B to identify an indi	idual. • Use Sec	tion C to identify	/ an outside organization.
A. Name of Agency, Department or	r Unit	Number of Ticket(s)/	Describe the p	ublic purpose ma	ide pursuant to	the agency's policy
		Pass(es)				
Great Oaks Neighborhood Associat	tion	Pass(es) 6	recognition even			
Great Oaks Neighborhood Associat Latina Coalition of Silicon Valley	tion		recognition even			
_		6	-			
Latina Coalition of Silicon Valley	tion Network	6 2	recognition even			
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat	tion Network	6 2 3	recognition even recognition event		of the following	
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network	6 2 3 4 Number of Ticket(s)/	recognition even recognition even recognition even	Identify one		
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network	6 2 3 4 Number of Ticket(s)/	recognition even recognition even recognition even	Identify one		1 
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network	6 2 3 4 Number of Ticket(s)/	recognition even recognition even recognition even	Identify one		1 
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network	6 2 3 4 Number of Ticket(s)/	recognition even recognition even recognition even	Identify one	lescribe below:	1 
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network	6 2 3 4 Number of Ticket(s)/	recognition event recognition event recognition event Ceremonial Rol If checking "Cerer Ceremonial Rol	Identify one	describe below:	i Income
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network	6 2 3 4 Number of Ticket(s)/	recognition event recognition event recognition event Ceremonial Rol If checking "Cerer Ceremonial Rol	Identify one of the second sec	describe below:	i Income
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i <b>B.</b> Name of Individual (Last, First)	tion Network in San Jose	6 2 3 4 Number of Ticket(s)/ Pass(es)	recognition event recognition event recognition event Ceremonial Rol If checking "Cerer Ceremonial Rol	Identify one of the second sec	describe below:	i Income
Latina Coalition of Silicon Valley Services, Immigrant Rights, and Educat Office of the Mexican Consul General i B. Name of Individual	tion Network in San Jose	6 2 3 4 Number of Ticket(s)/ Pass(es)	recognition even recognition event recognition event Ceremonial Rol If checking "Ceren	Identify one of the other other of the other other of the other o	lescribe below:	i Income
Latina Coalition of Silicon Valley         Services, Immigrant Rights, and Educat         Office of the Mexican Consul General i         B.       Name of Individual         (Last, First)	tion Network in San Jose	6 2 3 4 Number of Ticket(s)/ Pass(es)	recognition even recognition event recognition event Ceremonial Rol If checking "Ceren	Identify one of the other other of the other other of the other o	lescribe below:	Income
Latina Coalition of Silicon Valley         Services, Immigrant Rights, and Educat         Office of the Mexican Consul General i         B.       Name of Individual         (Last, First)	tion Network in San Jose	6 2 3 4 Number of Ticket(s)/ Pass(es)	recognition even recognition event recognition event Ceremonial Rol If checking "Ceren	Identify one of the other other of the other other of the other o	lescribe below:	Income
Latina Coalition of Silicon Valley         Services, Immigrant Rights, and Educat         Office of the Mexican Consul General i         B.       Name of Individual         (Last, First)	tion Network in San Jose	6 2 3 4 Number of Ticket(s)/ Pass(es)	recognition even recognition event recognition event Ceremonial Rol If checking "Ceren	Identify one of the other other of the other other of the other o	lescribe below:	Income

at the distribution set forth above, is in accordance w I nav A 1

Al K	Ash Kalra	Councilmember	6/18/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

_	eremonial Role Event			San Josa I		A Public Documen
1.	Agency Name				Date Stamp	California 802
	City of San José			- 2015 JAN - 8	AM 10: 36	For Official Use Only
	Division, Department, or Regi	on (If Applicable	)			f of official case officy
	Council District 2					
	Designated Agency Contact (/	Vame, Title)	· · ·			
	Kimberly Hernandez, Execut	tive Assistant				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(408) 535-4902	district2@sa	njoseca.gov	v	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	160
	Event Description Sharks v. A	naheim Duck	s	Data(a) 11		
	Event Description	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: San Jo	se Arena Authority	
					Name of Se	ource
	Was ticket distribution made at of agency official?	the behest	No 🔀 Yes	If yes:	Official's Name	(Last, First)
3.	• Use Section A to Identify the agency A. Name of Agency, Departmen		nit. • Use Se Number of Ticket(s)/ Pass(es)		al. • Use Section C to ider ic purpose made pursuan	网络美国美国的 使命感到的复数形式
<b>3.</b>	• Use Section A to identify the agency		Number of Ticket(s)/			
	• Use Section A to identify the agency	nt or Unit	Number of Ticket(s)/			t to the agency's policy
	Use Section A to Identify the agency     A. Name of Agency, Departmen     B. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es) 'Number of Ticket(s)/	Describe the publ	ic purpose made pursuan	t to the agency's policy
	Use Section A to Identify the agency     A. Name of Agency, Departmen     B. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es) 'Number of Ticket(s)/	Describe the public ceremonial Role Ceremonial Role Ceremonial Role	ic purpose made pursuan	t to the agency's policy ving:
	Use Section A to Identify the agency     A. Name of Agency, Departmen     B. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es) 'Number of Ticket(s)/	Describe the public Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia	ic purpose made pursuan	t to the agency's policy ing: Income
	Use Section A to Identify the agency     A. Name of Agency, Departmen     B. Name of Individual     (Last, First)     C Name of Outside Organiz	nt or Unit ration ription) CA a501(c)(3) non ding life-saving and	Number of Ticket(s)/ Pass(es)	Describe the public Ceremonial Role [ If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia	ic purpose made pursuan	t to the agency's policy ing: Income

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

\$0 Print Name

 $\mathcal{O}$ 

(Month, Day, Year)

Comment:

Title

С	eremonial Role Even	its and Tic	Sity Clerk	A Public Document						
1.	Agency Name		Date Stamp	California 802						
	City of San José			2014 OCT 24	PM 2:35	Form OUZ				
	Division, Department, or Reg	ion (If Applicabl	9)		CUKC	For Official Use Only				
	Council District 2									
	<b>Designated Agency Contact</b>	(Name, Title)								
	Kimberly Hernandez, Execu	utive Assistan								
	Area Code/Phone Number E-mail				Amendment (Must pr					
	(408) 535-4902	district2@sa	anjoseca.go\	/	Date of Original Filing: .	(Month, Day, Year)				
2.	Function or Event Infor Does the agency have a ticke	et policy?	f Each Ticket/Pass \$							
	Event Description Disney on	Provide Title/Exp		///						
	Ticket(s)/Pass(es) provided b		Jose Arena Authority Name of Sou	rce						
	Was ticket distribution made a of agency official?	at the behest	n, Ash Official's Name (L	ast, First)						
3.	Recipients • Use Section A to identify the agence	e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy							
	SOMOS Mayfair, Community Partner		8	Recognition event						
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	g:				
	· ·	,	1 435(03)	Ceremonial Role	Other describe below:	Income				
	·			Ceremonial Role	Other describe below:	income				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		o the agency's policy				
				· · ·						
	Verification									
L	I have read and understand FPPC Regu	lations 18944.1 and	rth above, is in accordance with	the requirements.						
	Ash Kaira									
	July Kh		Ash Kal	ra	Councilmember	10/17/14				
	Signature of Agency Head or Designee		Ash Kal		Councilmember Title	(Month, Day, Year)				

Agency Name				Date Stamp	California 802				
City of San José		24 PM 2:35	Form <b>OU2</b>						
Division, Department, or Reg	ion (If Applicable	COL	For Official Use Only						
Council District 2									
Designated Agency Contact	(Name, Title)								
Kimberly Hernandez, Execu	utive Assistant								
Area Code/Phone Number	E-mail		······································	Amendment (Must pro	vide explanation in Part 3.)				
(408) 535-4902	district2@sa	njoseca.gov	/	Date of Original Filing:	(Month, Day, Year)				
Function or Event Infor			.82						
Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$					
Event Description Disney on	ICE Provide Title/Expla	anation	Date(s)10	<u>, 18 , 14 </u>	//				
Ticket(s)/Pass(es) provided b			Is If no. San	Jose Arena Authority					
noveriesh assies hinninga p	y agency (	Yes 🔲 No		Name of Source	ce				
Was ticket distribution made a of agency official?	at the behest	No 🗖 Yes	If yes: Kalra	, Ash Official's Name (La	st First)				
				Cincial S Name (Ea					
-	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to					
ERCA, EGOPIC, GONA neighborhood associations 24			Recognition event						
				-					
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	<b>j:</b>				
			Ceremonial Role	Other Control of "Other" describe below:	Income				
			Ceremonial Role	Other	Income				
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy				
·	••••• <u>•</u> ••								
Verification	ations 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with ti	ne requirements.				
A I si									
al K	$\underline{\boldsymbol{\varsigma}}$	Ash Kal	ra		10/17/14 (Month, Day, Year)				

	gency Report of: eremonial Role Even	ts and Ticket/	RECEIVED San Jose Cit <b>A Public Documen</b>			
1.	Agency Name City of San José Division, Department, or Regi	on (If Applicable)	Date Stamp 2014 JUN - 2 A	California <b>Q12</b>		
	Council District 2 Designated Agency Contact (	Name, Title)				
	Kimberly Hernandez, Execu Area Code/Phone Number (408) 535-4902	tive Assistant E-mail district2@sanjose	eca.gov		☐ Amendment <i>(Must pro</i> Date of Original Filing:	
2.	Function or Event Inform Does the agency have a ticke Event Description Indian cult Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official?	t policy? Yes ural concert Provide Title/Explanation y agency? Yes	of Each Ticket/Pass \$ 179 5			
3.	<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or u</li> </ul> </li> <li>A. Name of Agency, Department or Unit</li> </ul>		• Use Sect mber of cket(s)/ ass(es)		ual. • Use Section C to identify	
	B. Name of Individua (Last, First)	al Ti	mber of cket(s)/ ass(es)		Identify one of the followin Other In Other In Other In I Role" or "Other" describe below:	g: Income
					Other Die Other Die Delow:	Income
	C. Name of Outside Organ (include address and des	Ti	mber of cket(s)/ ass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	City Sponsored Indian Flag Partners	Raising	24	Recognition event		

MAR PL

Signature of Agency Head or Designee

Print Name

(Month, Dəy, Year)

Title

Agency Report of: Ceremonial Role Events	s and Tick	et/Pass	R Distributions J <sub>C</sub>	ECEIVED So City Clork	A Public Document		
1. Agency Name		Date Stamp	California 802				
City of San José			2014 FEB	18 PM 12: 34	TOTIL		
Division, Department, or Regio	n (If Applicable)				For Official Use Only		
Council District 2, Office of As	sh Kalra						
Designated Agency Contact (N							
			•				
Kimberly Hernandez, Executi	E-mail	Amendment (Must provide explanation in Part 3.)					
	njoseca.gov		Date of Orlginal Filing: .	(Month, Day, Year)			
. Function or Event Inform		(Month, Day, Year)					
Does the agency have a ticket		f Each Ticket/Pass \$ _	82				
• •	Yes 🛛 No						
Event Description Disney on Ice Date(s					//		
		Authority					
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	X II NO	Name of So	urce		
Was ticket distribution made at of agency official?	the behest	No 🛛 Yes	If yes:	Official's Name (I	Last, First)		
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
City of San José, District 2 Council office Steven Aponte		2	Ceremonial; Host c	of recognition event			
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:		
(Ecol, 1997		Pass(es)	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income		
			Ceremonial Role If checking "Ceremon	Other Inter Inter Delaw:	Income		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy			
Silverleaf Neighborhood Association		14	Recognition event				
. Verification I have read and ynderstand FPPC Regula	ations 18944.1 and	forth above, is in accordance w	ith the requirements.				
then Kn	Which Kin		Ira	Councilmember	2/18/14		
Signature of Agency Head or Designee		Print Nan	1e	Title	(Month, Dəý, Yəər)		
Comment:				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772		

-	gency Report of: eremonial Role Events	and Tic	ket/Pass	Distributions	RECEIVED	A Public Document	
1.	Agency Name		Date Stamp	California <b>Q12</b>			
	City of San José		OTIJAN 31 PM 2:	Form 002			
	Division, Department, or Regio	n (If Applicable	MIN MM CI III -	For Official Use Only			
	Council District 2			, <b>4</b> , , , , , , , , , , , , , , , , , , ,			
	Designated Agency Contact (N	ame, Title)	1				
	Kimberly Hernandez, Executi						
		E-mail	Amendment (Must prov.	ide explanation in Part 3.)			
			njoseca.gov		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform						
	Does the agency have a ticket		of Each Ticket/Pass \$	82.00/192.00			
	Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of the second					, ,	
		Provide Title/Expl		Date(s)		//	
	Ticket(s)/Pass(es) provided by	agency?		If no: San J	osé Arena Authority		
	Ticket(s)/Pass(es) provided by agency? Yes No X If no:				Name of Sourc	e	
	Was ticket distribution made at of agency official?	the behest	Official's Name (Las	t, First)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	:		
				Ceremonial Role If checking "Ceremon	Other Difference of the selow:	Income	
				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pul	plic purpose made pursuant to	the agency's policy	
	Canadian Flag Raising Partners/ District 2 supporters		23	Recognition event	•		
		. <u>.</u>					
4.	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
	A.I.K		Ash Kal	ra	Councilmember	1/30/14	
	Signature of Agency Head or Designee	, <u> </u>	Print Name		Title	(Month, Dəy, Yeər)	
	Comment:						
					FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12 6/ASK-FPPC (866/275-7772	

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