

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San José Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Area Code/Phone Number      E-mail (408) 535-4902                  District2@sanjoseca.gov		Date Stamp <b>RECEIVED</b> San Jose City Clerk OTC LW <b>2022 FEB 22 PM 4:01</b>	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 149

Event Description: Los Tigres concert                  Date(s) 2 / 19 / 22  
Provide Title/ Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Council office	4	Host of recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Close Reid-Hillview Now!	12	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.*

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San José		<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">RECEIVED Date Stamp San Jose City Clerk <i>An OTC</i> 2021 NOV -3 AM 11:57</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: large; margin: 0;"><b>California Form 802</b></p> <p style="font-size: x-small; margin: 0;">For Official Use Only</p> </div>
Division, Department, or Region (if applicable)			
Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: x-small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 418/ \$84

Event Description: Sharks v Jets    Date(s) 10 / 30 / 21    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Public Works - City Security	20	Recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sergio Jimenez	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Host of recognition event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
District 2 Volunteers	3	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.*

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

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

**1. Agency Name**

City of San José

Division, Department, or Region (if applicable)

Council District 2

Designated Agency Contact (Name, Title)

Kimberly Hernandez

Area Code/Phone Number

(408) 535-4902

E-mail

District2@sanjoseca.gov

San Jose City Clerk  
Date Stamp  
An DTC  
2021 SEP 30 PM 1:52

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 105

Event Description: Los Angeles Azules Date(s) 9 / 10 / 21  
*Provide Title/Explanation*

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: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
D2 Council office	6	recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
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.

Sergio Jimenez      Sergio Jimenez      Councilmember      9/29/21  
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**

<b>1. Agency Name</b> City of San José <hr/> Division, Department, or Region <i>(if applicable)</i> Council District 2 <hr/> Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez <hr/> Area Code/Phone Number      E-mail (408) 535-4902                      District2@sanjoseca.gov		DATE STAMP RECEIVED San Jose City Cl 2020 FEB 20 P 4:50 OTC LA <hr/> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> <hr/> Date of Original Filing: _____ <i>(month, day, year)</i>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 117

Event Description: Sharks v Maple Leafs    Date(s) 3 / 3 / 20  
*Provide Title/Explanation*

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: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Open Space Authority	8	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.*

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b> San Jose City Clerk 2020 FEB 20 P 4: 50 <i>OTC U</i>	<b>California Form 802</b> For Official Use Only
City of San José			
Division, Department, or Region (if applicable)			
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(408) 535-4902	District2@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$69

Event Description: Disney on Ice Date(s) 2 / 23 / 20  
*Provide Title/ Explanation*

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: \_\_\_\_\_  
*Official's Name (Last, First)*

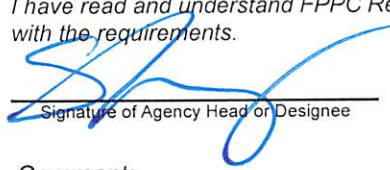
**3. Recipients**

*• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Office	2	participant host
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Christopher Elementary Home and School Club	18	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.*

 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**

<b>1. Agency Name</b> City of San José		Date Stamp San Jose City Clerk 2019 NOV -4 PM 3:17 TL	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 117

Event Description: Sharks v Canucks Date(s) 11 / 2 / 19  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
D2 Neighborhood Leaders Committee	8	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.

Sergio Jimenez
Councilmember
11-4-19  
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

<b>1. Agency Name</b>		Date Stamp <i>San Jose City C</i>	<b>California Form 802</b>
City of San José		2019 NOV -4 PM 3:17 <i>TL</i>	For Official Use Only
Division, Department, or Region (if applicable) Council District 2			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 117

Event Description: Sharks v Jets Date(s) 11 / 1 / 19  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Magic Sands Mobile Home Residents	8	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.

\_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_ 11-4-19  
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**

<b>1. Agency Name</b>		Date Stamp RECEIVED 2019 OCT -1 PM 4:19 ODC CT	<b>California Form 802</b> For Official Use Only
City of San José			
Division, Department, or Region (if applicable)			
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(408) 535-4902	District2@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 249.50

Event Description: Mana Date(s) 9 / 28 / 19  
Provide Title/ Explanation

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: \_\_\_\_\_  
Official's Name (Last, First)

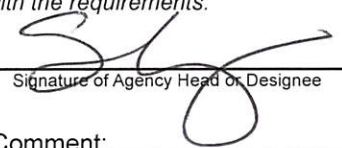
**3. Recipients**

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Council Office	6	Host of recognition event
PRNS Project Hope Program	2	City staff recognition for role in neighborhood association formation
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Project Hope/ Roundtable Neighborhood Association	8	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.


 \_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title 10-01-2019  
(month, day, year)

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



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> City of San José Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Area Code/Phone Number (408) 535-4902 E-mail District2@sanjoseca.gov		Date Stamp 2019 MAY 10 PM 4:54 San José City Of	California Form <b>802</b> For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 252

Event Description: Sharks v Blues Date(s) 5 / 13 / 19  
Provide Title/Explanation

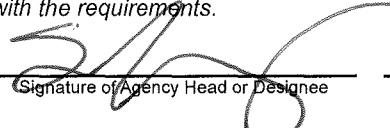
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San José Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Council Office	1	Host of recognition event
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<b>C. Name of Outside Organization (include address and description)</b>		
Santa Clara County Public Defenders Office - Investigators unit	7	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.


 \_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_ 5/10/19  
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**

<b>1. Agency Name</b> City of San José Division, Department, or Region <i>(if applicable)</i> Council District 2 Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez Area Code/Phone Number      E-mail (408) 535-4902                  District2@sanjoseca.gov		<div style="text-align: center;"> </div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">                 California Form <b>802</b> </div> <p style="text-align: center; font-size: 0.8em;">For Official Use Only</p> <p><input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i></p> <p>Date of Original Filing: _____ <i>(month, day, year)</i></p>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 79

Event Description: Gabriel "Fluffy" Iglesias    Date(s) 2 / 17 / 19  
*Provide Title/ Explanation*

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: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Council Office	2	Host of recognition event
San Jose Police Department	4	recognition
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Puerto Rican Civic Club	10	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.*

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

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

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Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> City of San José Division, Department, or Region <i>(if applicable)</i> Council District 2 Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez Area Code/Phone Number      E-mail (408) 535-4902                  District2@sanjoseca.gov		RECEIVED San Jose City Date Stamp OTR Ea 2019 JAN 15 AM 11:58 California Form <b>802</b> For Official Use Only <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ 115

Event Description: Sharks vs. Penguins      Date(s) 1 / 15 / 19  
*Provide Title/Explanation*

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: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Council Office	1	Host of recognition event
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
South Bay Tenants Union	7	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.*

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> City of San José		San José City Clerk <i>[Signature]</i> Date Stamp <b>2018 OCT 15 PM 2:41</b>	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i> Council District 2			
Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 16@\$179, 8@\$229

Event Description: Marco Antonio Solis concert    Date(s) 10 / 13 / 18  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, First)

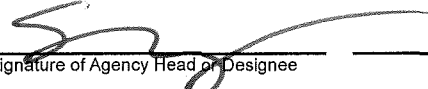
**3. Recipients**

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Office	2	Host of recognition event
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Jorge Garcia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/>
Celina Carrasco	2	<small>If checking "Ceremonial Role" or "Other" describe below:</small> City support staff - recognition
Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>		
C. Name of Outside Organization <small>(include address and description)</small>	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.*

	Sergio Jimenez	Councilmember	10/15/18
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**

<b>1. Agency Name</b> City of San José Division, Department, or Region <i>(if applicable)</i> Council District 2 Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez Area Code/Phone Number      E-mail (408) 535-4902                  District2@sanjoseca.gov		RECEIVED Date Stamp San Jose City Clerk 2018 SEP -6 PM 3:11 CTC CT	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ 73.50

Event Description: Old School Funk Fest concert      Date(s) 9 / 15 / 18  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Shop With A Cop Foundation	8	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.*

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

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

**1. Agency Name**

City of San José  
 Division, Department, or Region (if applicable)  
 Council District 2  
 Designated Agency Contact (Name, Title)  
 Kimberly Hernandez  
 Area Code/Phone Number (408) 535-4902  
 E-mail District2@sanjoseca.gov

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 City Clerk  
 OTC CT  
 2018 SEP -6 PM 3:11

**California Form 802**  
 For Official Use Only

Amendment (Must Provide Explanation in Part 3.)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 149  
 Event Description: Camila Sin Banderas concert Date(s) 9 / 7 / 18  
Provide Title/Explanation  
 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: \_\_\_\_\_  
Official's Name (Last, First)

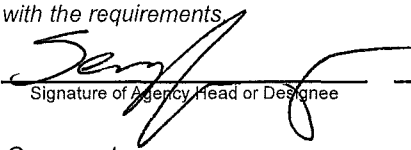
**3. Recipients**

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
District 2 Office	2	Host of recognition event
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>		
Serenade Neighborhood Association	22	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

 \_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_ 9/6/18  
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

<b>1. Agency Name</b> City of San José Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Area Code/Phone Number (408) 535-4902		Date Stamp 2018 JUN -8 AM 10:42 DTC M	<b>California Form 802</b> For Official Use Only
E-mail District2@sanjoseca.gov		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 170

Event Description: Da-Bangg concert    Date(s) 6 / 30 / 18  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Federation of Indo-Americans of Northern California	24	recognition - Indian Flag Raising partners

**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.*

	Sergio Jimenez	Councilmember	6/6/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San José Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Area Code/Phone Number (408) 535-4902		Date Stamp OTC 2018 JUN -8 AM 10:42	<b>California Form 802</b> For Official Use Only AM 10:42 <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
E-mail District2@sanjoseca.gov			

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 369

Event Description: Andrea Bocelli Date(s) 6 / 15 / 18  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, First)

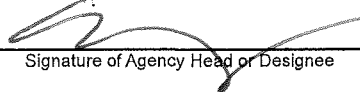
**3. Recipients**

• 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)/ 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:
Sergio Jimenez	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
Patty Jimenez (wife)	1	Host of recognition event <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Los Paseos Neighborhood Association	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.


 \_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_ 6/7/18  
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**

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<b>1. Agency Name</b> City of San José		<b>Date Stamp</b> 2018 APR 10 PM 2:38	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 169

Event Description: Gloria Trevi Vs. Alejandra Guzman    Date(s) 4 / 8 / 18

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: Arena Authority

Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: \_\_\_\_\_

Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Council District 2	4	Host participants
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Walnut Mobile Home Residents Group	16	Recognition
District 2 Volunteers	4	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.

\_\_\_\_\_    Sergio Jimenez    \_\_\_\_\_    Councilmember    \_\_\_\_\_  
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**

<b>1. Agency Name</b> City of San José		Date Stamp <i>OTC</i> 2018 MAR -6 AM 11:26	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i> Council District 2			
Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 170

Event Description: Sharks vs. Stars    Date(s) 2 / 18 / 18  
*Provide Title/ Explanation*

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: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
South Bay Labor Council	8	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.*

	Sergio Jimenez	Councilmember	3/2/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San José		 Date Stamp 2018 MAR -6 AM 11:26	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 170

Event Description: Sharks vs. Canucks Date(s) 2 / 15 / 18  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Hayes Neighborhood Association	8	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.

Signature of Agency Head or Designee

Sergio Jimenez  
 Print Name

Councilmember  
 Title

3/2/18  
 (month, day, year)

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San José		RECEIVED San Jose City Clerk Date Stamp OTL <i>[Signature]</i> 2017 SEP 18 PM 2:52	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number 4085354902	E-mail district2@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 99.50

Event Description: Pepe Aguilar concert    Date(s) 9 / 9 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Jimenez, Sergio  
Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Councilmember Sergio Jimenez, Council District 2	1	Host of recognition event
Vanessa Sandoval, Chief of Staff, District 2 office	1	Host of recognition event
Maribel Villarreal, Council Policy and Legislative Analyst, District 2 office	1	Host of recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Edenvale Great Oaks Plan Implementation Coalition	10	Recognition event
Great Oaks Neighborhood Association	3	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.

\_\_\_\_\_ Sergio Jimenez    Councilmember    9/18/17  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name City of San José		San José Date Stamp 2017 AUG 22 PM 1:40 of OC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council Districty 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$115 and \$50

Event Description: Marvel Universe Live! Date(s) 8 / 19 / 17  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, First)

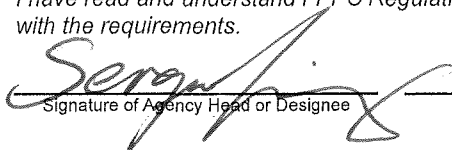
**3. Recipients**

• 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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**

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.

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

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk

Date Stamp: 2017 JUL 20 AM 11:25  
OTC  
[Signature]

**California Form 802**  
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Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**1. Agency Name**  
City of San José  
Division, Department, or Region (if applicable)  
Council District 2  
Designated Agency Contact (Name, Title)  
Kimberly Hernandez  
Area Code/Phone Number: (408) 535-4902  
E-mail: District2@sanjoseca.gov

**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 Date(s) 7 / 14 / 17  
Provide Title/Explanation

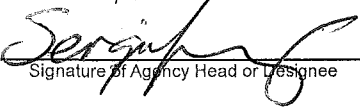
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San José Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Asian Americans for Community Involvement	10	recognition event
Asian Law Alliance	6	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.

 \_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_ 7/19/2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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<b>1. Agency Name</b> City of San José		San Jose City Clerk JHW OTC 2017 MAR -9 AM 11:18	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Council Districty 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 149

Event Description: Sharks vs. Predators Date(s) 3 / 11 / 17  
Provide Title/ Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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:
Sergio Jimenez	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Host of recognition event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Hellyer/ Christopher Neighborhood Association	7	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.


 \_\_\_\_\_ Sergio Jimenez \_\_\_\_\_ Councilmember \_\_\_\_\_ 3/8/17  
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**

**1. Agency Name**

City of San José  
 Division, Department, or Region *(if applicable)*  
 Council District 2  
 Designated Agency Contact *(Name, Title)*  
 Kimberly Hernandez  
 Area Code/Phone Number      E-mail  
 (408) 535-4902                  District2@sanjoseca.gov

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 San Jose City Clerk  
 Date Stamp  
*Jew OR*  
 2017 MAR -9 AM 11: 13

**California Form 802**  
 For Official Use Only  
 Amendment *(Must Provide Explanation in Part 3.)*  
 Date of Original Filing: \_\_\_\_\_  
*(month, day, year)*

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 149  
 Event Description: Sharks vs. Capitals                  Date(s) 3 / 9 / 17  
*Provide Title/ Explanation*  
 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: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	Sergio Jimenez		
C.	Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Oak Grove Neighborhood Association	6	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.*

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

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



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

<b>1. Agency Name</b> City of San José		San José Date Stamp 2016 NOV 30 PM 3:43	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 222 and 86

Event Description: Sharks vs. Canadiens Date(s) 12 / 2 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
SCC Office of Women's Policy	8	Recognition event
Working Partnerships	6	Recognition event
Canadian Consulate	4	Recognition event
Hayes Neighborhood Association	6	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.

 \_\_\_\_\_ Ash Kalra \_\_\_\_\_ Councilmember \_\_\_\_\_ 11/30/16  
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**

<b>1. Agency Name</b> City of San José		RECEIVED San José City Clerk Date Stamp 2016 NOV 23 AM 11:40 [Signature]	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 2			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)
Designated Agency Contact (Name, Title) Kimberly Hernandez			
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 149

Event Description: Sharks vs. Devils Date(s) 11 / 21 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
San José Fire Department	7	Recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

**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.*

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

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

**1. Agency Name**

City of San José

Division, Department, or Region (if applicable)

District 2 Council Office

Designated Agency Contact (Name, Title)

Kimberly Hernandez

Area Code/Phone Number

(408) 535-4902

E-mail

district2@sanjoseca.gov

Date Stamp

2016 OCT -4 PM 3: 18

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 189

Event Description: Marco Solis concert Date(s) 10 / 1 / 16  
Provide Title/Explanation

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: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Edenvale Great Oaks Implementation Plan Coalition	9	recognition event
Sacred Heart Community Services	8	recognition event
Services, Immigrant Rights & Education Network	7	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.

 Ash Kalra Councilmember 9/30/16  
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**

<b>1. Agency Name</b> City of San José		Date Stamp: San Jose City Cl SP OTC 2016 JUN 10 PM 2:11	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Council District 2			
Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 368

Event Description: Andrea Bocelli    Date(s) 06 / 03 / 16  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: San Jose Arena Authority  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
*Official's Name (Last, 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Italian American Heritage Foundation	8	recognition event
Sabor del Valle	8	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.*

 _____ <small>Signature of Agency Head or Designee</small>	Ash Kalra _____ <small>Print Name</small>	Councilmember _____ <small>Title</small>	6/10/16 _____ <small><i>(month, day, year)</i></small>
--	---	--	--

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

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San José		RECEIVED Date Stamp San Jose City Clerk MS OR 2016 MAR -7 PM 12:15	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Council District 2			<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)
<b>Designated Agency Contact</b> (Name, Title) Kimberly Hernandez			
<b>Area Code/Phone Number</b> (408) 535-4902	<b>E-mail</b> district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 222/ 113

Event Description: Sharks vs. Canadiens Date(s) 02 / 29 / 16  
Provide Title/ Explanation

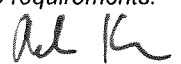
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, 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)/ 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Community Seva 3113 Pinot Grigio Pl., San José, CA 95135 Vietnamese Voluntary Foundation (VVo) 2296 Quimby Road, San Jose, CA 95122 Friends of Hue P.O. Box 1823, San Jose, CA 95109	4 4 4	recognition 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	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.

                      Ash Kalra                      Councilmember                      3/7/16  
 Signature of Agency Head or Designee                      Print Name                      Title                      (month, day, year)

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

Agency Report of:  
**Ceremonial Role Events and Ticket/Pass Distributions**

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 Jose City Clerk

A Public Document

1. Agency Name City of San José		M.P. Date Stamp 2015 AUG 24 AM 11:59	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 82

Event Description Circus Date(s) 8 / 22 / 15  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Kalra, Ash  
Official's Name (Last, First)

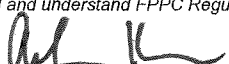
3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Asian Americans for Community Involvement	24	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.


 \_\_\_\_\_ Ash Kalra \_\_\_\_\_ Councilmember \_\_\_\_\_ 8/21/15 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED  
San Jose City Clerk

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of San José		2015 AUG -5 AM 10: 29	
Division, Department, or Region (If Applicable)			
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez, Executive Assistant			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(408) 535-4902	district2@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 149

Event Description Comedy with Kapil Date(s) 8 / 1 / 15  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Kalra, Ash  
Official's Name (Last, 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
India Community Center	4	Recognition event
South Asian Behavioral Health and Training Foundation	12	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.


Ash Kalra
Councilmember
8/4/15

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk  
A Public Document

<b>1. Agency Name</b> City of San José		Date Stamp 2015 JUN 18 PM 2: 2	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 160

Event Description Mana concert Date(s) 6 / 14 / 15  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Kalra, Ash  
Official's Name (Last, 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
Great Oaks Neighborhood Association	6	recognition event
Latina Coalition of Silicon Valley	2	recognition event
Services, Immigrant Rights, and Education Network	3	recognition event
Office of the Mexican Consul General in San Jose	4	recognition event


B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

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

**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.

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

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



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk

A Public Document

<b>1. Agency Name</b> City of San José		Date Stamp 2015 JAN -8 AM 10:35	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 2			
Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 160

Event Description Sharks v. Anaheim Ducks Date(s) 11 / 29 / 2014  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
*Name of Source*

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
*Official's Name (Last, 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Stand Up for Kids 25 E Hedding St., San Jose, CA 95131 non profit, serves San Jose and the region by providing life-saving and outreach services to homeless, street kids and at-risk youth.	5	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.

[Signature] Ash Kava Council member 12/1/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk

**A Public Document**

<b>1. Agency Name</b>		Date Stamp 2014 OCT 24 PM 2:35 <i>COM OFF</i>	<b>California Form 802</b> For Official Use Only
City of San José			
Division, Department, or Region (If Applicable)			
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez, Executive Assistant			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(408) 535-4902	district2@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 44

Event Description Disney on Ice Date(s) 10 / 18 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Kalra, Ash  
Official's Name (Last, 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
SOMOS Mayfair, Community Partner	8	Recognition event
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

*Ash Kalra* Ash Kalra Councilmember 10/17/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

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Jose City Clerk

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of San José		2014 OCT 24 PM 2:35	
Division, Department, or Region (If Applicable)		<i>CAM PTC</i>	
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (Month, Day, Year)	
(408) 535-4902	district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 82

Event Description Disney on Ice Date(s) 10 / 18 / 14  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
*Name of Source*

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Kalra, Ash  
*Official's Name (Last, 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
ERCA, EGOPIC, GONA neighborhood associations	24	Recognition event
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C. Name of Outside Organization (include address and description)</b>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

*Ash Kalra* Ash Kalra Councilmember 10/17/14  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk  
A Public Document

<b>1. Agency Name</b>		Date Stamp 2014 JUN -2 AK	California Form <b>802</b> For Official Use Only
City of San José			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez, Executive Assistant			
Area Code/Phone Number	E-mail		
(408) 535-4902	district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 179

Event Description Indian cultural concert Date(s) 5 / 25 / 14  
Provide Title/Explanation

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? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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
City Sponsored Indian Flag Raising Partners	24	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.

\_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk

A Public Document

<b>1. Agency Name</b> City of San José		Date Stamp 2014 FEB 18 PM 12:34	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 2, Office of Ash Kalra			
Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 82

Event Description Disney on Ice Date(s) 2 / 21 / 14  
Provide Title/Explanation


Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, 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
City of San José, District 2 Council office Steven Aponte	2	Ceremonial; Host of recognition event
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>		
Silverleaf Neighborhood Association	14	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.

 Ash Kalra Councilmember 2/18/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk

A Public Document

<b>1. Agency Name</b>		Date Stamp 2014 JAN 31 PM 2:00	California Form <b>802</b> For Official Use Only
City of San José			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez, Executive Assistant			
Area Code/Phone Number	E-mail		
(408) 535-4902	district2@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 82.00/192.00

Event Description Sharks vs. Flames/ hockey game Date(s) 1 / 20 / 14  
Provide Title/Explanation

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? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Canadian Flag Raising Partners/ District 2 supporters	23	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.


 \_\_\_\_\_ Ash Kalra \_\_\_\_\_ Councilmember \_\_\_\_\_ 1/30/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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