AMY

**Agency Report of:** 

C	eremonial Role Even	ts and Ticket/I	ass Distri	ibutions <sup>Ri</sup>	ECEIVED		Document			
1.	Agency Name			उना १०	Ge City Clerk	Califo				
	City of San Jose	- TANK I	X	2018 JUN		For	official Use Only			
	Division, Department, or Reg			<b>2010 JUN</b>	20 AM 10. 34	1010	official Osc Office			
	Office of Councilmember Sy		4							
	Designated Agency Contact									
	Matt Savage, Council Assis  Area Code/Phone Number	iani [E-mail		Amendment (Must Provide Explanation in Part 3.)						
	408-535-4908	matthew.savage@	)sanjoseca.go	v	Date of Original Fi	iling:(month, d	ay, year)			
2.	Function or Event Infor	mation	(Conclusion of the Constitution of the Constit	AND DESCRIPTION OF THE PARTY OF						
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass	\$ \$62.88				
	Event Description: Da Bang	9 Provide Title/ Expl	[	Date(s) <u>06</u>						
	Ticket(s)/Pass(es) provided		□ No⊠ i	f no: <u>San Jose</u>	Name of Source					
	Was ticket distribution made of agency official?	e at the behest Yes	□ No⊠ I	f yes:	Official's Name (Last,	First)				
3.	Recipients									
	• Use Section A to identify the ager	icy's department or unit.	Use Section B to     Number	identify an individ	lual. • Use Section C to	o identify an outsid	e organization.			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose mad	de pursuant to the	agency's policy			
		200	Passes							
							•			
				,						
	B. Name of Ind	vidual	Number of Ticket(s)/		Identify one o	f the following:				
	(Last, Fit		Passes							
				l l	nonial Role 🔲 💢 Of King "Ceremonial Role" or "O	ther []	Income			
				n cneci	wing ceremonial Role of O	ther geschibe bolow.				
						. [7]				
				1	nonial Role 🔲 — Otking "Ceremonial Role" or "O	ther	Income			
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose mac	de pursuant to the	agency's policy			
	<u> </u>		Passes	Recognition	of the organization	on's service to	the			
	South Asian Activities Lea	gue	8	community.	of the organization	JII 3 301 VICE TO	110			
					N-1014/11/4	, <sub>10</sub> , 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				
<u>-</u> .	Verification									
	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution	set forth above,	is in accordance			
/	mother Luca	Sv	via Arenas		Councilmemb	er	06/20/2018			
U	Signature of Agency Head or Design		Print Name		Title.		(month, day, year)			
	Comment:									

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name RE(Date Stamp California **Form** 30 City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2010 Office of Councilmember Sylvia Arenas, District 8 Designated Agency Contact (Name, Title) Sylvia Arenas, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4908 district8@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 163.50 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Ricardo Arjona Date(s) 03 / 11 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: . Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number 4.

(Last, First)	of Ticket(s)/ Passes	identity one of the following:	
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	e agency's policy		
Meadowfair and TOCKNA Neighborhood Associations in District 8	6	Recognition of service to the community	
Verification I have read and understand FPPC Regulations 189 with the reduirements.  St	944.1 and 18942.	I have verified that the distribution set forth above  Councilmember	o, is in accordance 03/13/2018
Signature of Agency Head or Designee  Comment:	Print Name	Title	(month, day, year)
	,	FPPC FPPC Toll-Free Helpline: 866/ASK-FI	C Form 802 (2/2016) PPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp CEIN California San Jose Cit **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) Council District 8 111:53 Designated Agency Contact (Name, Title) Sylvia Arenas, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4908 district8@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149.95 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Demi Lovato & DJ Khaled Date(s) \_\_02 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Silver Creek High School Key Club; 3434 Recognition of Outstanding Volunteerism Silver Creek Road, San Jose, CA 95121 16 Giving students opportunities to volunteer and develop leadership skills 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. Sylvia Arenas Councilmember, District 8 03/01/2018

Print Name

Comment: //

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED **A Public Document** 1. Agency Name JOSE Date Stamp California **Form** City of San Jose <del>2016 N</del>OV 23 AM 9: 38 For Official Use Only Division, Department, or Region (if applicable) Council District 8 Designated Agency Contact (Name, Title) 200 E. Santa Clara ST. 18th Floor Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4908 maryanne.groen@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 86.00/222.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Sharks vs. NJ Devils Date(s) \_\_11\_\_/\_ 21 / Provide Title/ Explanation If no: S.J. Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_\_ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes D8 Day in the Park Committee See Attached 24 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Income Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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. Maryanne Groen Chief of Staff 11/22/16
(Print Name (Month, day year) Signature of Agency Head or Designee

Comment:

NAME	SEAT	SECTION	Parking Pass	]
Vice Mayor Rose Herrera	C1	C11	1	sent
Matt Wahlin	C2	C11		sent
David Lovato	C3	C11	2	sent
David Lovato	C4	C11		sent
Josh Barousse	C5	C11	3	sent
Josh Barousse	C6	C11		sent
Sean O'Kane	C7	C11	4	sent
Sean O'Kane	C8	C11		sent
Angie Nunn	C9	C11	41	sent
Angie Nunn	C10	C11		sent
Kim Nguyen	C11	C11	42	sent
Kim Nguyen	C12	C11		sent
Diane Catbagan	C13	C11	43	sent
Diane Catbagan	C14	C11		sent
Ben Naranjo	C15	C11	44	sent
Ben Naranjo	C16	C11		sent
Jim Zito	3	113, Row 23	45	sent
Jim Zito	4	113, Row 23		sent
Jennifer Navarro	5	113, Row 23	46	printed
David Navarro	6	113, Row 23	48	printed
Louella Sevegan	7	109, Row 23		printed
Shelley Opsal	8	109, Row 23	47	printed
Carly Comer	9	109, Row 23		printed
Austin McComb	10	109, Row 23		printed

Parking passes 46 - 48 for staff

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions	RECEIVED	A Public	VIII Document
Division, Department, or Region Vif applicable)  Designated Agency Contact (Name, Title)  Howa Area Code/Phone Number E-mail  AUS 435-4919 Maryanne. Gr	05e 5f, 18 ven@san	FL. Jose Cargo		ust Provide Explana	m OU 4
2. Function or Event Information  Does the agency have a ticket policy? Yes [  Event Description: Bay Daya Strike Explain  Provide Title/ Explain  Ticket(s)/Pass(es) provided by agency? Yes [  Was ticket distribution made at the behest Yes [  of agency official?	D No If	ace Value of Brate(s) no: yes:	Each Ticket/Pass S  Name of Source  Official's Name (Last, F		
3. Recipients  • Use Section A to identify the agency's department or unit.  • A. Name of Agency, Department or Unit  ROSE GEVILVA  LOCA 250 6 Five  B. Name of Individual	Number of Ticket(s)/ Passes  Highture Mumber of Ticket(s)/		al. • Use Section C to i	pursuant to the a	-
(Last, First)  Name of Outside Organization (include address and description)	Number of Ticket(s)/	If checki Ceremo If checki	ng "Ceremonial Role" or "Othe	er   r" describe below:	Income In
4. Verification  I have read and understand FPPC Regulations 18944.  with the requirements.  Signature of Agency Head or Designee  Comment:	1 and 18942. I Ne (a Voe nt Name	have verified th	at the distribution se	et forth above, is	s in accordance

Names	Seats	Sec	Park
Rose Herrera & Guest	1 4	11	X
Bien Doan (2)	5,6	11	X
Scott Trabert (2)	7,8	11	X
Kim Borreson (2)	9,10	11	X
Walter Rivera (2)	11,12	11	X
Brian Madison (2)	13,14	11	X
Ben Naranjo (2)	15,16	11	X
·	•		
·			

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions	RECEIVED	A Public Documen
1. Agency Name  Division, Department, or Region (if applicable)  Designated Agency Contact (Name, Title)	2016	APR 19 AM 10	Form OUZ	
Area Code/Phone Number E-mail  408 535 4904 Maryanne.	voen Esa	enloseca	☐ Amendment (N	flust Provide Explanation in Part 3.) ling:(month, day, year)
2. Function or Event Information  Does the agency have a ticket policy? Yes [  Event Description:	off D nation □ No □ If	ace Value of I rate(s) no: yes:	Each Ticket/Pass  18 1 LL  OSL AVAI  Name of Source  Official's Name (Last, F	4,18,16 A 4 Hovity
3. Recipients  • Use Section A to identify the agency's department or unit. •  A. Name of Agency, Department or Unit	Use Section B to id			identify an outside organization. e pursuant to the agency's policy
See Attached	Passes	5:1.	Public Villague	Library mark
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of	er Income [
			onial Role Oth	er Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuant to the agency's policy
4. Verification  I have read and understand FPPC Regulations 18944. with the requirements.  May Investment Mills And Signature of Agency Head or Designee  Comment:	.1 and 18942. I 	have verified th	eat the distribution s	eet forth above, is in accordance  A 1816  (month, day, year)

Names	Seats	Sec -	Park
Rose Herrera & Matt Wahlin	1,2	B11	х
Kim Nguyen	3	B11	
Patrick Fong	4	B11	
Diep Nguyen	. 5	B11	
Benjamin Fernandez	6	B11	
Liezel Jackson	7	B11	
Candice Tran	8	B11	
Lisa Valerio	9	B11	
Elizabeth Castaneda	10	B11	
Moises Moreno	11	B11	
Adriana York	12	B11	
Cris Johnson	13	B11	
Yvonne Cabral	14	B11	
Wayne Dore	15	B11	
laime Hernandez	16	B11	
Kristy Bell	3	113	
Kelly Hubbard	4	113	
Vidya Kilambi	5	113	
Luis Rodriguez	6	113	
Lenora Morris	9	109	
Austin Carrell	10	109	
Shelley Opsal	7	109	Х
Rose Dhaliwal	8	109	

_	gency Report of: eremonial Role Events and Tick	cet/Pass	Distributions	RECEIVED	A Public Documen		
	Agency Name  Lity of San OSC  Division, Department, or Region (If Applicable)  DISTUCT  Sumcel	2015 NOV CO PM 2:	California 802 Form Conficial Use Only				
2	Designated Agency Contact (Name, Title)  OO E. Santa Clava 5t.  Area Code/Phone Number E-mail  8-535-4908 Maryanne	18th groen@	Floor Sanfoseca, gov	Amendment (Must pro	ovide explanation in Part 3.)  (Month, Day, Year)		
2.	Function or Event Information				W 1 2 1-2		
!	Event Description <u>Gav4N By a</u> Provide Title/Explai	Yes No	Date(s)	of Each Ticket/Pass \$	4 68,73 11 , 13,15 Authority		
'	Was ticket distribution made at the behest of agency official?	No Yes	☐ If yes:	Official's Name (La	ast, First)		
	Recipients  Use Section A to identify the agency's department or un	nit. • Use Se	ction B to identify an individu	ual. ● Use Section C to identi	fy an outside organization.		
-	A. Name of Agency, Department or Unit	blic purpose made pursuant to the agency's policy					
_	See Attached		D8 Days	in the Park	Volunteer		
_		Number of			Comm. Hee		
- -	R. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin			
			Ceremonial Role   If checking *Ceremoni	Other Care of the	Income L		
-			Ceremonial Role	Other al Role" or "Other" describe below:	Income 🗌		
-	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy		
	Verification  have read and understand FPPC Regulations 18944.1 and 1  Wary Lune Signature of Agency Head or Designee		rified that the distribution set fo		the requirements.		

Comment: \_\_

	A	В	С	D
1	NAME	SEAT	SECTION	TICKETS
2	Vice Mayor Rose Herrera	1	C11	1
3	Matt Wahlin	2	C11	1
4	Larry Samarron	3	C11	1
5	Larry Samarron	4	C11	1
6	Steve Ryan	5	C11	1
7	Steve Ryan	6	·C11	1
8	Mike Montonye	7	C11	1
9	Carol Montonye	8	C11	1
10	Candice Tran	9	C11	1
11	Candice Tran	10	C11	1
12	Albert Rodriguez	11	C11	11
13	Albert Rodriguez	12	C11	1
14	Andre Morrow	13	C11	1
15	Andre Morrow	14	C11	1
16	Siddharth Venkatraman	15	C11	1
17	Siddharth Venkatraman	16	C11	1
18	Mary Anne Groen	15	101	11
19	Mary Anne Groen	16	101	1
	Shelley Opsal	17	101	1
	Shelley Opsal	18	101	1
22	Jennifer Gonzales	19	101	1
23	Jennifer Gonzales	20	101	1
24	Dan Block	21	101	1
25	Dan Block	22	101	1
26				
27				
28				
29				
30				

Agency Report of: Ceremonial Role Events and Ticket/Page 1	ass Distributions	RECEIVED San Jose City Clerk Public Docum
1. Agency Name		Date Stamp California Q
City of San Jose	January Commission of the Comm	2(15 JUN 23 AM 9: 5 Form OC
Division, Department, or Region (If Applicable)	~3	For Official Use Only
Council District	<u>J</u>	
Designated Agency Contact (Name, Title)  100 E. Santa Clava St. 18+	Floor	
Area Code/Phone Number   E-mail		Amendment (Must provide explanation in Part 3.)
108-535-4909 maryanne, gra	en Composica	Date of Original Filing:
2. Function or Event Information		\$ 43.50
Does the agency have a ticket policy? Yes ☐	No Face Value	e of Each Ticket/Pass \$
Event Description Suply 4 Vel 6 T 19 6	<u> </u>	1 126, 15
Ticket(s)/Pass(es) provided by agency? Yes □	No M If no: <u>Sa</u>	n Jose Avena Authorit
Was ticket distribution made at the behest No. ✓	Yes ☐ If yes:	Name of Source
of agency official?	Yes [] If yes:	Official's Name (Last, First)
3. Recipients  • Use Section A to identify the agency's department or unit. • Use	se Section B to identify an indivi	ridual. ● Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Number Ticket Pass(	er of (s)/ Describe the pu	public purpose made pursuant to the agency's policy
Lee Attached	5Ji	PD District Pun
Sheet		
B. Name of Individual Ticket Pass(	(s)/	Identify one of the following:
	Ceremonial Role If checking "Ceremo	e
	Ceremonial Role If checking "Ceremo	e Other Income nonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)  Number Ticket Pass(	(s)/ Describe the pu	ublic purpose made pursuant to the agency's policy
4. Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have greated the signature of Agency Head or Designee  Signature of Agency Head or Designee		- 1 - C - C - 1 - 1 - 1 - 1 - 1 - 1 - 1
Comment:		monut, bay, real

Agency Report of:

Tickets	Section	Seat
2	C11	1&2
2	C11	3&4
2	C11	5&6
2	C11	7&8
2	C11	9&10
2	C11	11&12
2	C11	13&14
2	C11	15&16
2	110	9&10
2	110	11&12
2	110	13&14
2	110	15&16
		·
	2 2 2 2 2 2 2 2 2 2 2 2 2	2 C11

#### **Agency Report of:** RECEIVED San Jose City Claribublic Document Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name California Date Stamp 2013 OCT 25 **Form** For Official Use Only Division, Department, or Region (If Applicable) Designated Agency Contact (Name Title Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: maryanne (Month, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description 4 Date(s) Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛣 Was ticket distribution made at the behest No ☐ Yes ☐ If yes: of agency official? Officiel'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. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: Other $\square$ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other $\square$ If checking "Caremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

#### 4. Verification

- 1	have read and understand F.F	PC	Regulations	18944.:	l and	18942.	l have	verified	that th	ne distributioi	า set foi	rth above	. ÌS ÌI	n accorda	nce witi	n the	: reauirem	ents.
		1	•															

Many Chy Hypen	Mary Anne Groen	Chief of Staff	10/25/13
Signature of Agency Head or Designee	f Print Name	Title	(Month, Day/Year)

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

Agency Report of:			RECEIVED
Ceremonial Role Events and Ti	cket/Pass D	istributions	San Jose A Public Documen
1. Agency Name  July Of Survey of Application of Ap	ble)		Date Stamp  California 802  Form  For Official Use Only
Designated Agency Contact (Name, Title)  200 E. San Ja (Liva St	8 18th 9	Trop	☐ Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number   E-mail	ne groen e	San bseca .Rov	Date of Original Filing:(Month, Day, Year)
2. Function or Event Information	J	3	061 00
Does the agency have a ticket policy?  Event Description	Yes No No S	Face Value o	f Each Ticket/Pass \$
Provide Title/ExTicket(s)/Pass(es) provided by agency?	xplanation ° Yes □ No 🎞	ha	Jose Avena AUHOVita
Was ticket distribution made at the behest of agency official?	No A Yes □	If yes:	Official's Name (Last, First)
Recipients     Use Section A to identify the agency's department of the agency is department.	or unit. • Use Sectio	n B to identify an Individu	al. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to the agency's policy
See Attached	2A	Foo-	hill Division
Sheet		50	Police
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:
		•	Other Income Inc
		Ceremonial Role [	Other Income Inc
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to the agency's policy
4. Verification I have read and understand FPPC Regulations 18944.1 at  Mary Cure Steen Ma  Signature of Agency Head or Designee	nd 18942. I have verifie	d that the distribution set for	th above, is in accordance with the requirements.  If of Staff 10/29/14 (Month, Day, Year)
Comment:			

Agency Report of:

### Sharks Tickets 11/1/14

Name	Seat/Row	Box/Sec
Rose Herrera	1	11
Matt Wahlin	2	11
Danny Navarro	3	11
Mark Natwick	. 4	11
Geeno Gular	5	11
Mark Taylor	6	11
Thuy Le	7	11
Nate Trang	. 8	11
Bryant Washington	9	11
Brian Meeker	10	11
Robert Labarbera	11	11
Mauricio Jimenez	12	11
Nick Byrd	13	11
Topui Fonua	14	11
Tim Young	15	11
Jason Dwyer	16	11
Mary Anne Groen	3/row 23	113
Shelley Opsal	4/row23	113
Greg Barth	5/row23	113
Michael Montonye	6/row23	113
Mike King	7/row23	109
Tom Sims	8/row23	109
Ed Schroder	9/row23	109
John Tompkins	10/row23	109

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass l	Distributio <u>ກຸຣຸ</u> ກຸ	RECEIVED Jose City Clast:	A Public Documer
1. Agency Name (My of Sm )	05l	2013 S	Date Stamp P   9   P#   1: 46	California 802 Form For Official Use Only
Division, Department, or Region (If Applicable)  Designated Agency Contact (Name, Title)	48			, or official case only
JOO E. Sum ta Clava Area Code/Phone Number   E-mail	St.	18th HOOK	Amendment (Must pr	ovide explanation in Part 3.)
8-535-4909 margann	e gvoen	& Sun osecargo	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information  Does the agency have a ticket policy?	V	T Face Value of	Each Ticket/Pass \$	\$ 19200
Event Description Sharks V5.	Yes□ No [ )U(()	Date(s)		
Provide Title/Explain Ticket(s)/Pass(es) provided by agency?	nation Yes  □ No D	( If no: <u>SW</u>	n Jose Aven Name of Sou	ra Author
Was ticket distribution made at the behest of agency official?	No 1/2 Yes [	] If yes:	Official's Name (L	est, First)
3. Recipients	unit - Non-Cont		al attac Saattan C to ident	
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant	
Dot d	18	Service	abone	t beyond
Code Enforcement		For	DO	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Rose Herrera	t <sub>0</sub>	Ceremonial Role	Other Other or "Other" describe below:	Income
Matt Wahlin	2	Conneil	١ /	<del>-</del>
snell-ey opsal	A	Ceremonial Role	- H	Income
Aavon Quigly	7	Staff	ing for	D8
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
4. Verification	10010 ::		WK 1	
I have read and understand FPPC Regulations 18944.1 and  Maculation Maculation Signature of Agency Head or Designee		e Groch Ch		the requirements.  9/19/15  (Month. Day Year)
Comment:				(d, 20), (00)

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



	cipients	orumit - Uno Contin	n B to identify an individuai. ● Use Section C to identify an outsid	
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agence	
		T uss(es)		
-				
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
			Ceremonial Role	Income _
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
<u>C.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agend	cy's policy
			., ., ., ., .	
	- /4///			

Tickets Seats & Tickets #
2
2
<b>2</b> <sup>-</sup>
2
2
2
2
2
2
2
2
2

Total tickets

# Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

	REC					
San	1080	City	Clop	Public	Docume	ent

Jos ct wa hief eigr formati		Date Stamp 2013 FAY 17 PM 3: 31 Form 802 For Official Use Only  Amendment (Must provide explanation in Part 3.)  Date of Original Filing:
		For Official Use Only  Amendment (Must provide explanation in Part 3.)  Date of Original Filling:
		Date of Original Filing:
		San Seca, (month, day, year)
		Cal
Ga	IOII	
Ga		# 10-00
-	MC	Face Value of Each Admission \$
11 2	•	- 307 \ 7
King	15_	Date(s) 5 / 18 / 13
J		1 11
0 14		en San lose Avena Huthi
/? Yes		If no: Name of Source
lanatio	n:	
	Dalin La	Check the income box if the agency official claims admission as
nber of	Agency	texable income. If the agency official performed a ceremonial role, also provide a description.
	Official	if not income, describe the public purpose, including
reus)		ceremoniai roles, performed by an agency official, individual, or organization.
7	Yes 🗖	ncom
2		
1		Incom
	140	
	Yes 🗖	Incom
	No 🔲	
	Yes 🔲	Incom
	No 🔲	
	Yes □	Incom
	NO L	
944.1 and	l 18942. I ha	ava verifiad that the distribution of admissions, set forth above,
1 Ann	e Gro	
rivir	C	en thek of staff 5/17/10
Print Nam	ne	oen chief of staff 5/17/16 (month, day, lyear)
	Official's Nolanatio	Yes   No   No   Yes   No   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N

A N		Jose City Clark	A Public Docume
Agency Name		Date Stamp	California 802
Division, Department, or Region (If Applicable)		2014 FEB 20 AM 11: 05	For Official Use Only
Division, Department, or Region (If Applicable)	) ?		
Designated Agency Contact (Name, Title)	, , /		
HODE, Santa Java St Area Code/Phone Number E-mail	1841	Amendment (Must provide	de explanation in Part 3.)
535-4908 maryann	e.groen	Down DSCa and Date of Original Filing: —	(Month, Day, Year)
Function or Event Information	9	3	101
Does the agency have a ticket policy?	Yes 🗌 No [	Face Value of Each Ticket/Pass \$	05
Event Description Dishey on	ICL	Date(s)	
Provide Title/Expla	ination	5000 1060 Ava	a Suthor
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛭	If no: JWN JOSE MUSIC Name of Source	a AUVIOR
Was ticket distribution made at the behest of agency official?	Nov Yes [	If yes:Official's Name (Last,	First)
Recipients		1	
	ınit. • Use Seci	ion B to identify an individual. • Use Section C to identify a	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to t	he agency's policy
City of 5.1.	17		
City Clerks Office			
B. Name of individual	Number of Ticket(s)/ Pass(es)	identify one of the following:	
Rose Herriera		Ceremonial Role Other  (Cabacities (Cabacities Role) as (Cabacities Role)	Income
	17	If checking "Ceremonial Role" or "Other" describe below:	
Matt Wahlen			
		Ceremonial Rote Other	Income
Statt	5	If checking "Ceremonial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to t	the agency's policy
(include address and description)	Pass(es)		
		·	
. Verification			
	18942. I have ve	offied that the distribution set forth above, is in accordance with th	e requirements.
Mayuklin Arpen M	ary An	ne Groen Chief of Staff	02/20/1
" " " " " " " " " " " " " " " " " " "	- v -/ # \#L	ME ABOUT A TOUR TO THE TOUR TO	

Disney on Ice 2/1/14		
Name	Ticket	Seats
Pam Caronongan	2	6&7 box 11
Charu Thiyagarajan	3	89&10 box 11
Cecilia McDaniel	3	1112&13 box11
Toni Taber	3	3,4&5 box 11
Kathy Carillo	2	14&15 box11
Ethan	2	16 box 11 & 19 Row 12
Kara	2	17 7 18 Row 12
staff TBD	5	13,14,15,16,20 Row 12
Councilmember Herrera	2	1&2 box 11
Total		
	24	

# Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

Can	RECEIVE	D. Br	
оан	nose city	A Public	Document

••	Agency Name  (11) A San 105	l		ĺ	013 JAPate Stamp M 10:	California Form 802
	Division, Department, or Region (itapplical) Street Address	t 8	24h F	1isn is		For Official Use Only
(	Designated Agency Contact (Name, Title)	01 1	1 1	M	☐ Amendment (Must prov	vida evalanation in Part 3.1
	Mary Anne Groven -	hiet i	of Sta	H		· · · · · · · · · · · · · · · · · · ·
4		inne gree		105ll4 · c	Date of Original Filing: —	(month, day, year)
2.	Function, Event, or Ceremonial R				,	
	Title Shavks Vs Dil	ev5		Face \	Value of Each Admissi	on \$
	Description			Date(s	s) 1 31 13	·
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No 対	If no: <u>5</u>	M JOSE AYRAN A Name of Sc	a Authority  ource
	Was the distribution to persons iden	tified below n	nade at the	e behest of	f an agency official?	
	Yes 🔲 No 🏳 If yes:	Official's	Name (I ast. F	irst) and Title	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	The identity of recipient(s) and th			noty and Thio		
	Name			Check th	e Income box if the agency offic	cial claims admission as
	(Last, First) or	Number of Admission(s)/	Agency Official	also prov	ncome. If the agency official pe vide a description.	rformed a ceramonial role,
	(Last, First)	Number of Admission(s)/ Ticket(s)		also prov	vide a description. come, describe the public purpo ilal roles, performed by an agenc	rformed a ceramonial role, se, including
	(Last, First) or Organization	Admission(s)/	Official Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	rformed a ceramonial role, se, including cy official, individual, or ncome
	(Last, First) or Organization	Admission(s)/	Yes No	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	rformed a ceramonial role, se, including cy official, individual, or ncome
	(Last, First) or Organization	Admission(s)/	Official Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	rformed a ceramonial role, se, including cy official, individual, or ncome
	(Last, First) or Organization	Admission(s)/	Yes   Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	se, including cy official, individual, or Income
	(Last, First) or Organization	Admission(s)/	Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	rformed a ceramonial role, se, including cy official, individual, or Income
	(Last, First) or Organization	Admission(s)/	Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	Income
	(Last, First) or Organization	Admission(s)/	Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	Income
	(Last, First) or Organization	Admission(s)/	Yes	also prov ● If not inc ceremon	vide a description. come, describe the public purpo ilal roles, performed by an agenc	Income
3.	(Last, First) or Organization	Admission(s)/ Ticket(s)	Yes	also prove if not incorremon organiza	vide a description.  come, describe the public purpo- lai roles, performed by an agen- tion.	Income Income Income Income Income Income Income Income Income
3.	(Last, First) or Organization (Name, Address, Description)  LAKE CHANANA  STATE  ROSE HEVYLEVA  Werification I have read and understand FPPC Regulation	Admission(s)/ Ticket(s)	Yes	also prove if not incorremon organiza	vide a description.  come, describe the public purpo- lai roles, performed by an agen- tion.	Income Income Income Income Income Income Income Income Income