

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions RECEIVED

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Office of Councilmember Sylvia Arenas

Designated Agency Contact (Name, Title)

Matt Savage, Council Assistant

Area Code/Phone Number

408-535-4908

E-mail

matthew.savage@sanjoseca.gov

San Jose City Clerk
Date Stamp
e-mail
2018 JUN 28 AM 10:52

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 \$ \$62.88

Event Description: Da Bangg Date(s) 06 / 30 / 20
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
South Asian Activities League	8	Recognition of the organization's service to the community.

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

Sylvia Arenas

Print Name

Councilmember

Title

06/20/2018

(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name		RECEIVED San Jose City Clerk <i>OTC</i> 2018 MAR 13 AM 11:38	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable)			
Office of Councilmember Sylvia Arenas, District 8			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Sylvia Arenas, Councilmember			
Area Code/Phone Number	E-mail		
408-535-4908	district8@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 163.50

Event Description: Ricardo Arjona Date(s) 03 / 11 / 18
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
Meadowfair and TOCKNA Neighborhood Associations in District 8	6	Recognition of service to the community

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
03/13/2018

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 Jose Division, Department, or Region (if applicable) Council District 8 Designated Agency Contact (Name, Title) Sylvia Arenas, Councilmember Area Code/Phone Number E-mail 408-535-4908 district8@sanjoseca.gov		Date Stamp: RECEIVED San Jose City  2018 FEB 28 AM 11:53 California Form 802 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 \$ 149.95

Event Description: Demi Lovato & DJ Khaled Date(s) 02 / 28 / 18
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
Silver Creek High School Key Club; 3434 Silver Creek Road, San Jose, CA 95121	16	Recognition of Outstanding Volunteerism
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.

_____ Signature of Agency Head or Designee	Sylvia Arenas Print Name	Councilmember, District 8 Title	03/01/2018 (month, day, year)
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Comment: 

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

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1. Agency Name City of San Jose Division, Department, or Region (if applicable) 2016 Council District 8 Designated Agency Contact (Name, Title) 200 E. Santa Clara ST. 18th Floor Area Code/Phone Number E-mail 408-535-4908 maryanne.groen@sanjoseca.gov		Date Stamp 2016 NOV 23 AM 9:38 SP OTC	California Form 802 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 \$ 86.00/222.00

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

Ticket(s)/Pass(es) provided by agency? Yes No If no: S.J. 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
D8 Day in the Park Committee	24	See Attached
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.

Maryanne Groen Signature of Agency Head or Designee
 Maryanne Groen Print Name
 Chief of Staff Title
 11/22/16 (month, day, year)

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:
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1. Agency Name

City of San Jose

San Jose City Clerk
Date Stamp
THmail
2016 AUG -2 AM 10:23

California Form **802**
For Official Use Only

Division, Department, or Region (if applicable)

Council District 8

Designated Agency Contact (Name, Title)

200 E. Santa Clara St. 18 FL.

Area Code/Phone Number

408 535-4908

E-mail

Maryanne.Groen@sanjoseca.gov

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 \$ *503.00*

Event Description: *Barbara Streisand* Date(s) *8, 4, 16*
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
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
<i>Rose Herkura</i>		<i>D8</i>
<i>Local 250 S.J. Firefighters</i>		<i>all attached</i>
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

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 *Maryanne Groen* *Chief of Staff* *8/1/16*
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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1. Agency Name

City of San Jose
 Division, Department, or Region (if applicable)
Council District 8
 Designated Agency Contact (Name, Title)
700 E. Santa Clara St. 18th Floor
 Area Code/Phone Number E-mail
408 535-4908 Maryanne.groen@sanjoseca.gov

San Jose City Clerk
 Date Stamp
 2016 APR 19 AM 10:58
 RUC

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 \$ 220⁰⁰ / 86⁰⁰
 Event Description: Sharks Playoff Date(s) 4, 18, 16 4, 18, 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
<u>See Attached</u>	<u>24</u>	<u>S.J. Public Libraries (D8 Opening Village Square)</u>
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.

Mary Anne Groen Mary Anne Groen Chief of Staff 4/18/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Names	Seats	Sec	Park
Rose Herrera & Matt Wahlin	1,2	B11	X
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	
Jaime 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	X
Rose Dhaliwal	8	109	

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

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1. Agency Name <u>City of San Jose</u> Division, Department, or Region (If Applicable)		San Jose City Clerk Date Stamp 2015 NOV 10 PM 2:07 AS OTC	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) <u>Council District 8</u>			
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	<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

Event Description Garth Brooks
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

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

Face Value of Each Ticket/Pass \$ \$68.73

Date(s) 11, 13, 15 11, 13, 15

If no: San Jose Arena Authority
Name of Source

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
<u>See Attached</u>		<u>D8 Day in the Park Volunteer Committee</u>
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.

Maryanne Groen Mary Anne Groen Chief of Staff 11/10/15
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

	A	B	C	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	1
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	1
19	Mary Anne Groen	16	101	1
20	Shelley Opsal	17	101	1
21	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/Pass Distributions**

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San Jose City Clerk **A Public Document**

1. Agency Name <u>City of San Jose</u>		Date Stamp 2015 JUN 23 AM 9:5	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>700 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$43.50

Event Description Super Freestyle Explosion Date(s) 6/26/15
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: _____
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
<u>See Attached Sheet</u>		<u>SJPD District Paul</u>
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

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.

Mary Anne Groen Mary Anne Groen Chief of Staff 6/22/15
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
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1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 OCT 25 PM 2	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>408 535-4908</u>	E-mail <u>maryanne.groen@sanjosecity.gov</u>		

2. Function or Event Information

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

Event Description Sharks vs. Coyotes Date(s) 11, 2, 13
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
<u>Overfelt H.S. Students</u>	<u>18</u>	<u>It can wait program</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Rose Herrera</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Matt Wahlen</u>		
<u>Jennifer Gonzalez</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Angie Vazquez</u>		
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.

Mary Anne Groen Mary Anne Groen Chief of Staff 10/25/13
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 Library
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1. Agency Name <u>City of San Jose</u>		Date Stamp 2014 OCT 29 OTR KP	California Form 802 For Official Use Only
Division, Department, or Region (if Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>700 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>408 535-4908</u>	E-mail <u>maryanne.green@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 206.00

Event Description Sharks vs. Islanders Date(s) 11, 1, 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: _____
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
<u>See Attached Sheet</u>	<u>2A</u>	<u>Foothill Division</u>
		<u>S.J. Police</u>
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

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.

Mary Anne Green Mary Anne Green Chief of Staff 10/29/14
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

1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 SEP 19 PM 1:46	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>			
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>		

2. Function or Event Information

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

Event Description Sharks vs. Ducks Date(s) 09, 20, 13
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
<u>Dot & Code Enforcement</u>	<u>18</u>	<u>Service above & beyond for DO</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Rose Herrera</u>	<u>2</u>	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Councilmember</u>
<u>Matt Wahlen</u>		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Staffing for DO</u>
<u>Shelley Opsal</u>	<u>4</u>	
<u>Aaron Quigley</u>		
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.

Mary Anne Groen Mary Anne Groen Chief of Staff 9/19/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

Agency Name _____

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 <i>(Last, First)</i>	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>
		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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Sharks Game 9/20/13

	Tickets	Seats & Tickets #
Rose Herrera And Matt Wahlin	2	
Brigitte Marquis	2	
Dorothy Abeyta	2	
Lily Lim-Tsao	2	
Joseph Hatfield	2	
Anna Le	2	
Joe Horwedel	2	
Ray Salvano	2	
Kevin O'Connor	2	
John Meltzer	2	
Aaron Quigley	2	
Shelley Opsal	2	

Total tickets 24

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

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San Jose City Clerk **A Public Document**

1. Agency Name: <u>City of San Jose</u> 2013		Date Stamp MAY 17 PM 3:30	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 8</u>			
Street Address <u>200 E. Santa Clara St. 18 Floor</u>			
Designated Agency Contact (Name, Title) <u>Mary Anne Groen - Chief of Staff</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Sharks Hockey Game Face Value of Each Admission \$ 190.00

Description Sharks vs. Kings Date(s) 5, 18, 13

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
<u>Go Volunteer</u>	<u>8</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>Jennifer Gonzales</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

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

Mary Anne Groen Mary Anne Groen Chief of Staff 5/17/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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1. Agency Name <u>City of San Jose</u>		Date Stamp 2014 FEB 20 AM 11:05	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>(408) 535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>		

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, 22, 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: _____
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
<u>City of S.J.</u>	<u>17</u>	
<u>City Clerks Office</u>		
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Rose Herrera</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Matt Wahlin</u>		
<u>staff</u>	<u>5</u>	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

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.

Mary Anne Groen Mary Anne Groen Chief of Staff 02/20/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Disney on Ice 2/1/14		
Name	Ticket	Seats
Pam Caronongan	2	6&7 box 11
Charu Thiyagarajan	3	8&9&10 box 11
Cecilia McDaniel	3	11&12&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**

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San Jose City Clerk *B. Clark*
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1. Agency Name		Date Stamp 2013 JAN 25 AM 10:00	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Council District 8			
Street Address 200 E. Santa Clara St. 18th Floor			
Designated Agency Contact (Name, Title) Mary Anne Groen - Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4908	E-mail maryanne.groen@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Sharks vs Oilers Face Value of Each Admission \$ 192⁰⁰

Description _____ Date(s) 1, 31, 13

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Lake Cunningham		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Staff	20	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Rose Herrera		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Staff	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

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

Mary Anne Groen Mary Anne Groen Chief of Staff 1/25/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)