Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

. Agency Name				Date Stamp	California Q02
City of San Jose			100	i Jose City Clerk	Form OUZ
Division, Department, or Reg	gion (if applicable)		0000	FEB 12 PM 3:31	For Official Use Only
Council District 9			2020	rEB 12 PM 3:31	
Designated Agency Contact	(Name, Title)				
Pamela Foley, Councilmen	nber			☐ Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Amendment (Mast Fit	vide Explanation in Fait 3.)
408-535-4909	district9@sanjose	eca.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a tic	cket policy? Yes	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ \$83	3.00 and \$240.00
Event Description: Sharks			Date(s)02		7 7
Event Description.	Provide Title/ Exp	lanation	Jale(s)		
Ticket(s)/Pass(es) provided	by agency? Yes	I No⊠ I	f no: <u>Arena Au</u>		
VAZ			f yes: Foley, F	Name of Source Pamela	
Was ticket distribution mad	e at the behest Yes	S⊠ No□ ¹	r yes: <u></u>	Official's Name (Last, First)	
of agency official?					
B. Recipients • Use Section A to identify the age	ency's department or unit	• Use Section R to	identify an individ	ual • Use Section C to identif	fy an outside organization
ose section A to identify the age	ney's department of unit.	Number		uai. • Ose section C to identifi	y an outside organization.
A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
		Passes			
		_	 		
		Number			
B. Name of Inc. (Last, Fi		of Ticket(s)/ Passes		Identify one of the fo	llowing:
		1 40000	Cerem	nonial Role 🗵 Other 🔲	Income
Foley, Pamela		2		sing "Ceremonial Role" or "Other" desc	SWORK WHO SWOOD AND AND AND AND AND AND AND AND AND AN
Hughes, Scott			Cerem	nonial Role X Other	Income
riughes, Scott		2		ring "Ceremonial Role" or "Other" desc	
Name of Outside (Organization	Number			
C. (include address an		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
Council District 9 star volu	unteers		To honor ou	r district's volunteer lea	ders that engage and
		18		hbors with programs a	
. Verification					
I have read and understand Fi	PPC Regulations 1894	14.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
with the requirements.	1				The state of the s
Fam 1	P	am Foley		Councilmember	2/12/2020
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
Commercia					
Comment:					



Recipients	The second secon	
5-E-C	it. • Use Section B to id	lentify 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:
Lomio, Michael	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Laveroni, Kyle	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

	y Name					alifornia 802
Division	San Jose			33	n Jose City Clerk	For Official Use Only
	n, Department, or Reg	ion (if applicable)			070	For Official Use Only
·	I District 9			202	D JAN 31 PM 3. 20	
13	ated Agency Contact (57				
	a Foley, Councilmem	0.000 to 0.000			Amendment (Must Provide	Explanation in Part 3.)
	ode/Phone Number	E-mail			D	
408-53	35-4909	district9@sanjose	ca.gov		Date of Original Filing:	onth, day, year)
. Funct	ion or Event Infor	mation			405.00	
Does th	he agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u>125.00</u>	
Event [Description: SCCAOF	R Inaugural Installat	ion Gala	Date(s)1	, 24 , 20	1 1
		Provide Title/ Expl	anation	. AAn	a Hanson Calif	ornia Associati
licket(s)/Pass(es) provided	by agency? Yes	□ No 🗵 I	f no:	Name of Source of Ro	01700 < 1220 CIMI
Was tic	ket distribution made	at the behest Yes	N No []	f yes: Foley	, Pamela	W1 (0 C)
	ency official?	1.00			Official's Name (Last, First)	
	pients ection A to identify the agen	cy's department or unit.		identify an individ	lual. • Use Section C to identify an	outside organization.
Α.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy
В.	Name of Indi	vidual	Number of Ticket(s)/		Identify one of the followi	ng:
В.	Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the followi	ng:
			of Ticket(s)/	presenting of	Identify one of the following monial Role	Income
	(Last, Fire		of Ticket(s)/ Passes	presenting of Realtors) ou	nonial Role 🗵 Other 🗌 wing "Ceremonial Role" or "Other" describe becommendation to SCCAOR	Income I elow: (Assoc. of Gonzales
	(Last, Fire	rganization	of Ticket(s)/ Passes	presenting of Realtors) ou	nonial Role Other one of the commendation to SCCAOR to the describe between the commendation to SCCAOR to the commendation to the commendation to the commendation to SCCAOR to one of the commendation to t	Income lelow: (Assoc. of Gonzales Income lelow:
Foley	(Last, Fir.	rganization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	presenting of Realtors) ou	nonial Role Other or "Other" describe be commendation to SCCAOR atgoing president Gustavo Onnial Role Other or "Other" describe be commendation to SCCAOR atgoing president Gustavo Onnial Role Other or "Other" describe be compared to the compared to	Income Assoc. of Gonzales Income Assoc. of Gonzales
Foley.	(Last, Fir. , Pamela Name of Outside O (include address and	rganization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	presenting of Realtors) ou	nonial Role Other or "Other" describe be commendation to SCCAOR atgoing president Gustavo Onnial Role Other or "Other" describe be commendation to SCCAOR atgoing president Gustavo Onnial Role Other or "Other" describe be compared to the compared to	Income Assoc. of Gonzales Income Assoc. of Gonzales
C. Verific	(Last, Fire	rganization I description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	presenting of Realtors) ou Ceren If chec	nonial Role Other or "Other" describe be commendation to SCCAOR atgoing president Gustavo Onnial Role Other or "Other" describe be commendation to SCCAOR atgoing president Gustavo Onnial Role Other or "Other" describe be compared to the compared to	Income elow: (Assoc. of Gonzales Income elow: to the agency's policy

Agency Report of: Ceremonial Role Events and Ticket/Page 1	ass Distri	butions	HVED A	Public Document
1. Agency Name		San Jose	City (Pate Stamp	California 802
Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)	1	2019 JUL 18	PM 3: 56	For Official Use Only
Pamela Foley Councilme Area Code/Phone Number E-mail 48535-4909 district 9 C		a-go/	☐ Amendment (Must F	Provide Explanation in Part 3.) (month, day, year)
2. Function or Event Information	0	•		195 00
Event Description: Queen & Adam Lan	nbert D	Date(s)	Each Ticket/Pass \$	butharity
3. Recipients • Use Section A to identify the agency's department or unit. • U	Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
District 9	40	Rawmin	re community)	Sunfeers in the
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	following:
Foley, Pamela	2	31 75500	onial Role Other on "Other on "Other" de	Income Scribe below:
			onial Role Other on "Other" de	TO Secretary and the secretary secre
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
Billy DeFrank Center 938 the Alameda Son Jose CA 95126	10	The second secon	their work + d L community.	edication to the
938 the Alameda Son Jose, CA 95126	- 1		U	2
4. Verification I have read and understand FPPC Regulations 18944. with the requirements Pam Fo	1 and 18942. I		nat the distribution set for uncal member Title	orth above, is in accordance OTIBLY (month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California an Jose City Clerk Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) 9.JUN 13 PM 1:0 Council District 9 Designated Agency Contact (Name, Title) Pam Foley, Councilmember X Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: district9@sanjoseca.gov 408-535-4909 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 252.00 and 476.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Sharks v. Blues Date(s) __05__/_ 13 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: Foley, Pam 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Council District 9 4 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes educational and environmental efforts creating and Erikson Neighborhood Association 20 maintaining garden and planting trees. *updated ticket pricing info

4. Verification

I have read and understand FPPC Regulat with the requirements			,
fam /	Pam Foley	Councilmember	12/13/19
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 1. Agency Name Date Stamp California City of San Jose San Jose City-of Official Use Only Division, Department, or Region (if applicable) Council District 9 **Designated Agency Contact** (Name, Title) Donald Rocha, Councilmember X Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 12/20/18 408-535-4909 district9@sanjoseca.gov 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$225.00 and \$82.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Stars Date(s) 12 / 13 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes No I 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes District 9 Commissioners** 19 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income Ponciano, Frank If checking "Ceremonial Role" or "Other" describe below: 1 Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

Verification

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

Don Rocha

Councilmember

12/20/18

Signature of Agency Head or Designee

Print Name

Title

FPPC Form 802 (2/2016)



Agency Name			
ty of San Jose			
Recipients • Use Section A to identify the agency's department or uni	t. • Use Section B to id	entify an individual, • Use Section C to identify an outside organizat	ion.
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:	
Foley, Pam	2	Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below:	ncome
		Ceremonial Role Other In	come [
		Ceremonial Role Other In In If checking "Ceremonial Role" or "Other" describe below:	come [
·		Ceremonial Role Other In	come [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p	olicy

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Form City of San Jose For Official Use Only 2018 NOV 30 AM 11: 15 Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v. Blues Date(s) __11__/ 17 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source If yes: Rocha, Donald 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Camden Community Center /PRNS To honor staff and volunteers for their committed effort in 8 the success of District 9's annual community event. Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Goings, Shirley Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 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 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 h eguirements. Don Rocha Councilmember 11/29/18 Signature of Agency Head or Designee Print Name (month, day, year)

Comment: _



	gency Name of San Jose					
ıy	Recipients	it. • Use Section B to identify an individual. • Use Section C to identify an outside organiz				
	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:			
	Hughes, Scott	2	Ceremonial Role			
•	Falzer, Patrick	2	Ceremonial Role Other Income			
	Ponciano, Frank	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
-	Hamilton, Peter	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			



Agency Name						
y of San Jose						
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				
		4.				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
Higgins - Bradanini, Jenny	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Lagunes, Ruby	2	Ceremonial Role				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
1 .						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California San Jose City Clerk City of San Jose For Official Use Only Division, Department, or Region (if applicable) Council District 9 **Designated Agency Contact (Name, Title)** Donald Rocha, Councilmember ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Giants Game Date(s) ______06 Provide Title/ Explanation If no: San Jose Giants Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source If yes: Rocha, Donald 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 Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other \square Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below. 2 Throwing out first pitch as elected official Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification I have read and understand PC Regµlations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Don Rocha Councilmember 6/21/18 Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California, Date Stamp Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Sharks v. Knights Date(s) __05__/ 02 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛 Name of Source If yes: Rocha, Donald 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other ___ Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ Goings, Shirley 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** To honor Branham HS for providing 50 years of Branham High School challenging education, athletic and community focused 1570 Branham Ln, San Jose, CA 95118 programs. 4. Verification

Verification

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

Don Rocha

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **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 E-mail Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☐ No ☐ Ticket(s)/Pass(es) provided by agency? Name of Source 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual B. 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Sustainablu Verification

I have road and unders	and FRPC Regulations	18944.1 and 189	942. I have verified t	that the distribution	n set forth above,	is in accordance
I have road and unders with the requirements.	Voche		^	Δ	ja Ja	11/2/2

Signature of Agency Head or Designee

Comment:



Α	gency Name		
3.	Recipients	IICR B.4	identify an individual. • Use Section C to identify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Mothers Out Front	Clamanananananananananananananananananana	community group creating a healthus
	P.O. Box 55071 #23686		members, fighting climate change.
	Boston, Massachusetts		
	02205-5071		

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp **Form** 39 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: (month, day, year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Event Description: Date(s) Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Was ticket distribution made at the behest Yes No □ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. **Passes** Number Name of Individual B. 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 Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes #200

with the requirements.

Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Comment: _____

4. Verification

C	eremonial Role Events and Ticket/Pa	ss Distr	ibutions	RECEIVE A Public Document
1.	Agency Name City of San	Jose		Date Stamp 17 California 802
	Division, Department, or Region (if applicable)			2018 FEB 22 PM 1: 20 For Official Use Only
	Council DISTRICT			
	Designated Agency Contact (Name, Title)	e i	i	
		uncilr	nember	Amendment (Must Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail	. A75		
L	108 535-4909 district 6	i Csa	n) baseca	Date of Original Filing:
2.	Function or Event Information			Each Ticket/Pass & 86.00 225.50
	Does the agency have a ticket policy? Yes □		ace Value of I	Each Ticket/Pass \$
	Event Description: 5/20165 Game Provide Title/ Explanat		oate(s)	<u>, 18 , 18 , , , , , , , , , , , , , , , </u>
		ion 🗸		Take Arena Acithalites
	Ticket(s)/Pass(es) provided by agency? Yes □	No ☑ If	no: <u>SAN</u>	Name of Source
	Was ticket distribution made at the behest Yes	No□ If	yes: <u> </u>	ha broadd
	of agency official?			Official's Name (Last, First)
3	Parinianta :	<u> </u>		
3.	Recipients • Use Section A to identify the agency's department or unit. • Us	e Section B to i	dentify an individ	ual. • Use Section C to identify an outside organization.
		Number		
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:
	(Last, First)	Passes	_	
	Mulace So Ll	1		onial Role Other Income ing "Ceremonial Role" or "Other" describe below:
	Hughes, Scott			
			Ceremo	onial Role Other Income
			i e	ng "Ceremonial Role" or "Other" describe below:
			:	
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the	public purpose made pursuant to the agency's policy
	(include address and description)	Passes		
	San Jose Prum Foundation	12		
	2011 JOSE BOLL LOWING			
				•
	Verification	i		
	I have read and understand FPPC Regulations 18944.1	and 18942. I	have verified th	at the distribution set forth above, is in accordance
	with the requirements.			
	1). 1) / Donald	Rocha	- Ca	men member 2/21/18 Title (month, day, year)
•	Signature of Agency Head of Designed Print I	Vame		Title (month, day, year)
	Comment:			
	Outimetit.			· · · · · · · · · · · · · · · · · · ·

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California n Jose City Clerk **Form** City of San Jose ZM For Official Use Only Division, Department, or Region (if applicable) .MM-4 PM 4:23 Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks game Date(s) __12__/ 21 Provide Title/ Explanation If no: _San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Name of Source If yes: Rocha, DonaldRocha, Donald 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below. 2 Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** San Jose Conservation Corps and Charter in recognition of their hard work in supporting the 24 School 2650 Senter Rd. San Jose, CA 95112 community by providing education opportunities for

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.

Comment: _

ocha Councilmemb	per 1/4/18
ame Title	(month, day, year)

students to earn a high school diploma or prepare for the

California State Exit Exam.

gency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ibutions	RECEIVER A Pu l	blic Document
				Dan Der Olden	California OOO
City of San Jose				1 2.19 0:01	Form OU
	ion (if applicable)	·	20	17007 17 PM 1. 10	For Official Use Only
Council District, 9					
Designated Agency Contact	(Name, Title)			all cold	
Donald Rocha, Councilmen	nber			□ Amountment (4, 45, 14	E when the in B. (10)
Area Code/Phone Number	E-mail			Amendment (Must Provide	Explanation in Part 3.)
408-535-4909	district9@sanjosed	a.gov		Date of Original Filing:	onth, day, year)
Function or Event Infor	mation				
Does the agency have a tick	ket policy? Yes [⊠ No □ F	Face Value of I	Each Ticket/Pass \$ \$149.5	
Event Description: Depeche	Mode concert				
Ticket(s)/Pass(es) provided			_{f no} . San Jose	Arena Authority	
Tioket(s)/1 ass(es) provided	by agency: Test		<u>-</u>	Name of Source	
Was ticket distribution made	e at the behest Yes [No □	f yes: <u>Rocha, l</u>	Donald	
of agency official?				Official's Name (Last, First)	
Recipients • Use Section A to identify the agen	acy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify an	outside organization.
		Number of Ticket(s)/			
Camden Community Cent	er/PRNS	11			
	The second secon	Number of Ticket(s)/		Identify one of the following	ng:
Rocha, Donald		2			Income C
Hyde, Andrea		1			Income _
		Number of Ticket(s)/	Describe the	s public purpose made pursuant f	o the agency's policy
(include address and	description)	Passes			
Verification					
	DO D / - 1/2 400 44	1 and 180/12	I have verified th	hat the distribution set forth ab	ove is in accordance
Have read and unde rsta nd FPI with the requirements.	PC Regulations 18944.	1 and 10942.1	mavo vormou a	•	ovo, io in accordance
	1.	n Rocha	mavo vormou u	Councilmember	10/17/17
	Agency Name City of San Jose Division, Department, or Reg Council District, 9 Designated Agency Contact Donald Rocha, Councilment Area Code/Phone Number 408-535-4909 Function or Event Infort Does the agency have a tick Event Description: Depeche Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agent A. Name of Agency, Depair Camden Community Cent B. Name of Indi (Last, Fine) Rocha, Donald Hyde, Andrea	Agency Name City of San Jose Division, Department, or Region (if applicable) Council District, 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number 408-535-4909 Function or Event Information Does the agency have a ticket policy? Yes Event Description: Depeche Mode concert Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Camden Community Center/PRNS B. Name of Individual (Last, First) Rocha, Donald Hyde, Andrea	Agency Name City of San Jose Division, Department, or Region (if applicable) Council District, 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number	Agency Name City of San Jose Division, Department, or Region (if applicable) Council District, 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number 408-535-4909 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Depeche Mode concert Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit A. Name of Agency, Department or Unit Camden Community Center/PRNS Number of Ticket(s)/ Passes Rocha, Donald Rocha, Donald C. Name of Outside Organization Number of Ticket(s)/ Passes of Ti	Agency Name City of San Jose Division, Department, or Region (if applicable) Council District, 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$149.5 Event Description: Depeche Mode concert Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Arena Authority Name of Source If yes: Rocha, Donald Recipients **Georgian Section A to identify the agency's department or unit. **Use Section B to identify an individual. **Use Section C to identify an Individu

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California City Pate Stamp San Jos€ Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2017 JUL 1 AH 11: 04 Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 175.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Queen + Adam Lambert Concert Date(s) 06 29 / San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Name of Source Rocha, Donald 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🔲 Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes In recognition of faculty and school volunteers who Steindorf STEAM School 14 successfully opened Cambrian District's STEAM school. 3001 Ross Ave, San Jose, CA 95124 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. Donald Rocha Councilmember Print Name

Agency Report of:

Comment: _



gency Name		
Recipients	Use Section B to i	dentify 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	Number of Ticket(s)/	Identify one of the following:
Hughes, Scott	rasses	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Joanino, Jacklyn	1	Ceremonial Role Other Income
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
· ·		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Hughes, Scott Joanino, Jacklyn C. Name of Outside Organization (include address and description)	Recipients *Use Section A to identify the agency's department or unit. *Use Section B to i of Ticket(s)/ Passes Name of Agency, Department or Unit of Ticket(s)/ Passes

1. Agency Name City of San Jose Division, Department, or Region (if applicable) Council, District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number district9@sanjoseca.gov Date of Original Filing:	California 802 Form 802 For Official Use Only
City of San Jose Division, Department, or Region (if applicable) Council, District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number E-mail district9@sanjoseca.gov Date of Original Filing:	For Official Use Only
Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number 408-535-4909 Council (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number district9@sanjoseca.gov Council (Name, Title) Date of Original Filing: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ Sharks Game Date(s) ☐ O3 ☐ O2 ☐ 17 Provide Title/ Explanation Name of Source Pacebo Date(d) Name of Source	•
Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number 408-535-4909 Council (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number district9@sanjoseca.gov Council (Name, Title) Date of Original Filing: Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ Sharks Game Date(s) 03 / 02 / 17 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Pacebo Paneld	le Explanation in Part 3.)
Donald Rocha, Councilmember Area Code/Phone Number 408-535-4909 Code/Phone Number 408-535-4909 Code/Phone Number 408-535-4909 Code/Phone Number Amendment (Must Provide Date of Original Filing:	ie Explanation in Part 3.)
Area Code/Phone Number 408-535-4909 Code/Phone Number 408-535-4909 Code/Phone Number district9@sanjoseca.gov Code/Phone Number district9@sanjoseca.gov Code/Phone Number district9@sanjoseca.gov Code/Phone Number district9@sanjoseca.gov Code/Phone Number Date of Original Filing: (a) (b) (c) (c) (c) (c) (d) (c) (d) (d	le Explanation in Part 3.)
Area Code/Phone Number 408-535-4909 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$\frac{\$86.0}{2}\$\$ Event Description: \frac{\text{Sharks Game}}{\text{Povide Title/Explanation}} \text{Date(s)} \frac{\text{03}}{\text{02}} \frac{\text{02}}{\text{17}} \text{Date(s)} \frac{\text{Name of Source}}{\text{Pass(es)}} \text{Pass(es)} \text{Provide Date(s)} \frac{\text{Name of Source}}{\text{Pass(es)}} \text{Pass(es)}	de Explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$86.0 Event Description: Sharks Game Date(s) 03 / 02 / 17 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no:	•
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$\frac{\$86.0}{2}\$\$ Event Description: Sharks Game Date(s) 03 / 02 / 17 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:	(month, day, year)
Event Description: Sharks Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source	
Event Description: Sharks Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source	00 (\$222.00)
Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no:	
Name of Source	
Rocha Donald	
Was ticket distribution made at the behest Yes No If yes: No 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 a	n outside organization.
A. Name of Agency, Department or Unit of Ticket(s)/Passes Number of Ticket(s)/Passes	nt to the agency's policy
B. Name of Individual Street S	wing:
Rocha, Donald Ceremonial Role Other In the Common of the	Income L
. Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe	Income
C. Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuan	it to the agency's policy
Kiwanis Club of Cambrian Park 1919 Gunston way San Jose, CA 95124	
4. Verification	
I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth a	ahove is in accordance
with the requirements.	1_1
Donald Rocha Councilmember	3/9/17
Signature of Agency Head or Designee Print Name Title	- ((/ / /

Comment: _

	gency Report of: eremonial Role Events and Ticket/P	ass Distri	ibutions	parawan AP	ublic Document
1.	Agency Name City of San Jose Division, Department, or Region (if applicable)		20	an Jo <mark>Pate Stamp Clerk</mark> Hew orc 17 FEB 22 AM 10: 5	California Form 802 For Official Use Only
	Designated Agency Contact (Name, Title) Donald Rucha, Council	rembor	£.u		>
	Area Code/Phone Number E-mail 408 535-4909 district 9		eca.gov	☐ Amendment (Must Prov.	ide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a ticket policy? Yes Event Description: Bay and Game Provide Title/Explar Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official?	D	face Value of Date(s) <u>Date(s)</u> fno: <u>SQr</u> yes: <u>Ro</u>	Each Ticket/Pass \$ 3, 12, 17 JOSE arena Name of Source Cha, Donald Official's Name (Last, First)	1.00 each authority
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	int to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follo	
	•		9	onial Role	Income L_ e below:
				onial Role Other Onial Role Other Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	nt to the agency's policy
	ElKs Lodge #522	8	To show a and the E	ippreciation for C TKS Husy. Clean u	arlo Pedron
4	144 W. Alma Ave CA 95110		for litter	pick up in district "	?:
-	Verification I have read and understand EPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee Prir	1 and 18942. I ROMA nt Name	have verified th	nat the distribution set forth LNC(MUMBER Title	above, is in accordance O2/17/17 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp San Jose C **Form** fy Clerk For Official Use Only Division, Department, or Region (if applicable) MM 3: 20 Johns ■ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔯 No 🛚 Date(s) O Event Description: _ Ticket(s)/Pass(es) provided by agency? Yes □ No No Was ticket distribution made at the behest Yes \\\O\O\O\O\O\ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** To recognize the HSC volunteers for Schallenberger HSC their work in vaising funds to support Ln. San Jose, student educational precreational programs CA 95125 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 Rocha Councilmember

Comment:

gency Report of: eremonial Role Events and Ticket/	Pass Distri	ibutions	RECENAL A	Public Document
Agency Name	Jose	Ē.	in JoDate Stamp lock	California 802
Division, Department, or Region (if applicable)	7050	Zan-	DEC 15 acces	For Official Use Only
Council District 9		4011	DEC 16 AM II: I	4
Designated Agency Contact (Name, Title)			of orc	
Area Code/Phone Number E-mail	ncilment	Ar_	Amendment (Must Pr	rovide Explanation in Part 3.)
408 5354909 district9	Osanp	Beca gov	Date of Original Filing: _	(month, day, year)
Function or Event Information	٧	V	1	20/0/0/0000
Poes the agency have a ticket policy? Yes	- <u>-</u>	Face Value of I Date(s)	Each Ticket/Pass \$ 🗹 ,	<u> </u>
Provide Title/ Exp. Ticket(s)/Pass(es) provided by agency? Yes		fno: <u>San</u>	Tuse Arena	Authority
Was ticket distribution made at the behest γes of agency official?	s'⊠ No □ If	fyes: <u>Kuch</u>	Official's Name (Last, First)	
Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Canden Community Center	16			
Parks / General Services				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Rocha, Donald	1		onial Role Other on "Other" descriptions of "Other" descriptions of the control o	Income Income
Goings, Shirley			onial Role Other on "Other on "Other" desc	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
				·

Comment:



Recipients • Use Section A to identify the agency's department or unit.	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:					
Joanino, Jacklyn		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Hamilton, Peter	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
Ityde, Andrea		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
Urban, Brianne	° - Million (Albara)	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
		·					



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	ldentify one of the following:					
Hughes, Scott		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income [
Kupitz Kimberly	1	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 Other If checking "Ceremonial Role" or "Other" describe below:	Income _				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the a	agency's policy				
,							

	gency Report of: eremonial Role Even	its and Ticket/F	ass Distr	ibutions	RECEIVED #	\ Public Documen
1.	Agency Name			Sa	131.141.141.111	
	City of San Jose				7 - 1 - 2 - 0 - 1 - 1 - 1	Form OU2
	Division, Department, or Reg	ion (if applicable)		2016	AUG -5 PM 12: 21	For Official Use Only
	Council District 9			2010	POTC	
	Designated Agency Contact	(Name, Title)				
	Donald Rocha, Councilmen	nber				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	408-535-4909	district9@sanjosea	ı.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				40.50
	Does the agency have a tick	ket policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ ¹	49.50
	Event Description: Adele co	ncert Provide Title/ Explai	[Date(s)	<u>, 30 , 16</u>	
	Ticket(s)/Pass(es) provided			_{f no} . San Jose	e Arena Authority	
	Honet(3)/1 ass(cs) provided	by agency: rest			Name of Source	
	Was ticket distribution made	e at the behest Yes	No II	f yes: Rocha,	Donald	
	of agency official?	, = = ,			Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	.cy's department or unit. •		identify an individ	ual. • Use Section C to iden	itify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes			rsuant to the agency's policy
	Housing Department		14	To honor crisis.	their work on	the homeless
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Rocha, Donald		2	l .	onial Role Other ing "Ceremonial Role" or "Other" de	-
			,	1	onial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
					-1	
	Verification	DO D. 1.11.				
	I have read and understand Pri with the requirements.	PC Regulations 18944.	1 and 18942. I	nave verified t	nat the distribution set fo	orth above, is in accordanc
	mar the requirements.	che				9/1/1
	1000		ld Rocha	·	Councilmember	0/5/16
	Signature of Agency Head or Designo	ee Pri	nt Name		Title	(month, day, year)
	Comment:					
	Comment.		·····			

Agency Report of: Ceremonial Role Events and Ticke	t/Pass Distr	ibutions	RECEI X Public	Document
1. Agency Name City of San Tose			Date Stamp Califo	
Division, Department, or Region (if applicable)			2016 MAY 27 AM []: 150°C	Official Use Only
Council Dish	rict 9			
Designated Agency Contact (Name, Title)	Λ .	1 1		
	ec. Assis	stant	Amendment (Must Provide Explana	ation in Part 3.)
Area Code/Phone-Number E-mail 408 535-4909 Distriction	t9@sanjo	seca, gov	Date of Original Filing:(month, do	ay, year)
2. Function or Event Information			0.10	
Does the agency have a ticket policy?			Each Ticket/Pass \$2[3	
Event Description: Bellator 154; Kin	ig Mous Philip	Date(s)05	,14,2016	1
Provide Title/ E	xplanation	50	Tose arendo a	- Harit
Ticket(s)/Pass(es) provided by agency? Y	es□ No 🗖 Ⅱ	f no:	Name of Source	Me Rody
Was ticket distribution made at the behest Y	es⊠ No⊓ ^{lf}	yes: <u>Ko</u>	cha, Donald	\sim
of agency official?			Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or uni	t. • Use Section B to i	dentify an individ	ual. • Use Section C to identify an outside	e organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e 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:	
		1	onial Role Other Ing "Ceremonial Role" or "Other" describe below:	Income
			onial Role Other Initial Role or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the a	agency's policy
Smash Gyms	8		tion on their effort educational, + enrich	
2212 Quimby Rd. 9512	2	for yout	h and their families	
4. Verification				
Thave read and understand FPPC Regulations 189 with the requirements.	944.1 and 18942. 1 Ld Roch a	/	nat the distribution set forth above, i Duncil mamber	is in accordance
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 Opate Stamp Clerk California so orc City of San Jose For Official Use Only 2016 MAY -3 PM 2:0 Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Barracuda Hockey Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes No I 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last. First) **Passes** # 15 5 each Ceremonial Role Other Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below. 2 Ceremonial Role Other 🔲 Income ___ if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes To recognize the school board for their work in enhancing Bagby Elementary Home and School Club 16 the educational and recreational programs for the students 1840 Harris Ave. San Jose, CA 95124 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. Councilmember 05/03/2016 Donald Rocha Print Name (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** For Official Use Only Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number | E-mail Amendment (Must provide explanation in Part 3.) Date of Original Filing: district 9 @ sanjose ca.gov 408 535-4909 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🗖 No 🗆 Face Value of Each Ticket/Pass \$ Date(s) 00 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest No ☐ Yes ⊠ 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 of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) a safe and fun dog park. PRNS Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Donald Rocha Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Scott Hughes Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Providing community a fun and safe riends of Butcher Park experience for residents and their closs. 4.

Verification				
I have read and understand FPPC Regulations 1	18944.1 and 18942.	I have verified that the	distribution set forth above, is in accordance with the req	uirements.,
Dor/Corbe	Donald	Rocha	Councilmember	02/22/10
Signature of Agency Head or Designee		Print Name	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp V Cle 1. Agency Name California Form For Official Use Only 7815 DEC 17 P 4: 07 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number | E-mail Amendment (Must provide explanation in Part 3.) 408-535-4909 Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☒ No ☐ Event Description Barranda V. H. Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Was ticket distribution made at the behest No ☐ Yes 🔯 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 of Α. 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 В. Identify one of the following: Ticket(s)/ Pass(es) Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Donald Rocha Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(ès) Enriching families through health, fitness and 18 wellness programs and educational environment-Verification I have read and understand FPP (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

Comment: .



Agency Na	me			
B. Recipi		or unit. • Use Sectio	n B to identify an individual. • Use Section C to identify an outside orga	nization.
A . N	ame of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p	olicy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Ja	cklyn Joanino	1 435(65)	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
Su	off Hughes		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
Pet	er Hamilton	1	Ceremonial Role Other In the Interpretation of the Communication of the Interpretation o	Income
And	lrea Hyde		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po	olicy

	eremonial Role Events an			Date Stamp	A Public Documen	
•	City of San Jose	- -				
	Division, Department, or Region (If A)	oplicable)	LUIGIA	0 -5 PM 3: 03	For Official Use Only	
				Tode		
	Council District 9 Designated Agency Contact (Name, Ti	(f/e)				
		iic)				
	Donald Rocha, Councilmember			Amendment (Must p	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail			Date of Original Filing:		
_		t9@sanjoseca.go	<u> </u>	Date of Original Filling.	(Month, Day, Year)	
2.	Function or Event Information				\$90.00 /\$220.00	
	Does the agency have a ticket policy		Face Value	of Each Ticket/Pass \$ _		
	Event Description SHARKS hockey Provide	game Title/Explanation	Date(s)	0 , 22 , 15		
	Ticket(s)/Pass(es) provided by agence	☑ If no: San J	ose Arena Authority			
			_	Name of So	purce	
	Was ticket distribution made at the be of agency official?	is ticket distribution made at the behest No ☐ Yes ☒ If yes: Roch			Last, First)	
3.	Recipients • Use Section A to identify the agency's depart	ment or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Uni	t Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy	
	Camden Community Center Staff a volunteers	ind 13	To honor staff and Cambrian (Aug. 23	nity event, Celebrate		
	Public Works and Parks Div. City o	fSJ 4	To honor staff and Cambrian (Aug. 23	volunteers for commu	nity event, Celebrate	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Rocha, Donald \$90.00	1	Ceremonial Role If checking "Ceremon	Other Interpretable below:	Income	
	Goings, Shirley		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy	

Print Name

Signature of Agency Head or Designee

Comment: _

(Month, Day, Year)

Title



r unit. • Use Section	on B to identify an individual. • Use Section C to identify an outside organization.		
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Number of Ticket(s)/ Pass(es)	. Identify one of the following:		
1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 1 1 Number of Ticket(s)/		

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Agency Report of:

Comment: __

Adancy Panart of:		(
Agency Report of:	•	Camilaga	City Olmale
_ • •		-0411 4038	City Clerk
Coromonial Polo Evente and Ticks	t/Daca Diatribution	•	
Ceremonial Role Events and Ticke	Wrass Distribution	15	

	emomal Note Even	to and m	mour acc	Biotribatione		A Public Document	
1. A	gency Name			2015	FER Date Stame: 00	California 802	
	City of San Jose					roilli ——	
D	ivision, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
С	ouncil District 9						
D	Designated Agency Contact (Name, Title)						
D	onald Rocha, Councilmen	nber				<u> </u>	
A	rea Code/Phone Number	E-mail			Date of Original Filing:		
408-535-4909 district9			anjoseca.gov	<i>'</i>			
2. F	unction or Event Infor	mation		CO FO			
D	Does the agency have a ticket policy? Yes $oxtimes$ No $oxdimes$ Face Value of				f Each Ticket/Pass \$	62.50	
Εv	Event Description <u>Eric Church Concert</u> Date(s) 02 Provide Title/Explanation				05 2015		
Ti	Ficket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jos			ose Arena Authority Name of Source	ce		
W	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Rocha			a, Donald			
C	of agency official?	ency official?			Official's Name (Las	st, First)	
	ecipients Use Section A to identify the agenc	y's department or	unit. • Use Sec	ction 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 public purpose made pursuant to the agency's policy			
В	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Donald Rocha		2		Other Al Role" or "Other" describe below:	Income 🔲	
-				Ceremonial Role	Other II	Income 🗌	
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
Cambrian Little League			14	To honor the Cambrian Park Little League in their excellent work serving the youth in the community.			
. Ve	erification						
	versad and understand CPPC Regul	ations 18944.1 and	l 18942. I have ve	rified that the distribution set for	rth above, is in accordance with th	ne requirements.	
	Lon Koche		Donald Ro	ocha	Councilmember	02/12/15	
	Signature of Agency Head or Designee		Print Name	?	Title	(Month, Day, Year)	

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Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** losa City Clark 1. Agency Name Date Stamp California **Form** City of San Jose 2015 PM 4:51 For Official Use Only Division, Department, or Region (If Applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Dino Squis Date(s) 12, 26, 2014 lallang with Event Description \(\) If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 If yes: Rocha, Donald Was ticket distribution made at the behest No ☐ Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to identify the agency's department or unit. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of В. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Shawna Rocha Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requiremen

Comment: _

Donald Rocha

Councilmember

Print Name

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Print Form

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

RECEIVED

A Public Document

I. Agency Name				Date Stamp	California OAA
City of San Jose			2015 JAN		Form OUZ
Division, Department, or Reg	ion (If Applicable)	(PS) 0110	For Official Use Only		
Council District 0					·
Council District 9 Designated Agency Contact ((Name Title)				
Donald Rocha, Councilmer Area Code/Phone Number	IE-mail			Amendment (Must pro	ovide explanation in Part 3.)
408-535-4909	district9@sanjos	seca.go\	,	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Infor				i i	91
Does the agency have a ticke		s⊠ No	☐ Face Value of	f Each Ticket/Pass \$	14.00 4.00 06.00
Event Description Sha	. 1	ne.	Date(s)	11,14	1 1
Event Description	Provide Title/Explanation		Date(s)		
Ticket(s)/Pass(es) provided by	y agency? Υ _{es}	s□ No	If no: San Jo	se Arena Authority	
			_	Name of Sour	rce
Was ticket distribution made a of agency official?	it the behest No	☐ Yes	If yes: Rocha	Official's Name (La	st. First)
 Recipients Use Section A to identify the agency 	/'s department or unit.	• Use Se	ction B to identify an individu	al. • Use Section C to identif	v an outside organization.
A. Name of Agency, Departme	A Number of			ic purpose made pursuant to	
A. Name of Agency, Departme		icket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant o	o the agency a policy
0 1	A- 1 4	12	To honor v	aunteers fo	r community
Canden Comm	Turity Center	<i>/</i>	event		J
District 9 sta	ff.	5	Celebra	te Cembria	~ (Aug. 24, 201
B. Name of Individua (Last, First)	u 1	umber of licket(s)/ Pass(es)		Identify one of the following	g:
Councilmember Donald Ruch	<i>Œ</i>	Continue de la contin		Other In the second of the sec	Income
			Ceremonial Role	Other	Income [
				I Role" or "Other" describe below:	
		eterne regressive str			
C. Name of Outside Organi (include address and des	rintion) T	umber of icket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
		ass(es)			
\/owifi oo4!					
Verification I have read and understand EPPC Regula	ations 18944.1 and 1894	2. I have ve	rified that the distribution set for	th above, is in accordance with t	the requirements.
Don Koche		onald Ro		Councilmember	12-119/14
Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
Comment:					

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

California Form	802
A Public Do	ocument

	City of San Jose 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						
		Number of							
-	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:						
•	Scott Hughes	·	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
-	Peter Hamilton		Ceremonial Role Other Income Income						
-	Andrea Hyde		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:						
-	Jacklyn Juanino		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
	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						
_									
_									
_									

1. Agency Name					
			Date Stamp	California 802	
City of San Jose			1014 OCT 30 PM 2:	Form OUZ For Official Use Only	
Division, Department, or Region (If Applicable)		AT OTC	,	
Council District 9					
Designated Agency Contact (Name, Title)					
Donald Rocha, Councilmember			Amendment (Must prov	vide explanation in Part 3.)	
Area Code/Phone Number E-mail			Date of Original Filing:		
408-535-4909 district9@sa	njoseca.go	V	Dute of Original Fining.	(Month, Day, Year)	
2. Function or Event Information Does the agency have a ticket policy?	v sa u	Eaco Value	of Each Ticket/Pass \$	82.00	
- · · · · · · · · · · · · · · · · · · ·	Yes⊠ No	· 🗀			
Event Description Disney on Ice Provide Title/Expl.	anation	Date(s)	0 , 19 , 14		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	.r⊠ lf no. San J	ose Arena Authority		
noncito//r doctory provided by agency:	Tes 🔲 NO		Name of Source	ce	
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Roch	na, Donald Official's Name (Las	et Firet)	
			Omoral o Name (200	5, 1 noy	
 Recipients Use Section A to identify the agency's department or a 	ınit. • Use Se	ection B to identify an individ	ual. • Use Section C to identify	v an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/		olic purpose made pursuant to		
. · · · · · · · · · · · · · · · · · · ·	Pass(es)			35.77.	
B. Name of Individual	Number of				
(Last, First)	Ticket(s)/		Identify one of the following	i da	
Rocha, Donald		Ceremonial Role If checking "Ceremon		j:	
	Ticket(s)/	If checking "Ceremon	Other 🗌		
	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other nial Role" or "Other" describe below:	Income I	
Rocha, Donald . Name of Outside Organization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other	Income In	
Rocha, Donald Name of Outside Organization (include address and description) Bagby Home and School Club Board	Number of Ticket(s)/ Pass(es) 20	Ceremonial Role If checking "Ceremon Describe the put To honor the Bagb community school enified that the distribution set to	Other nial Role" or "Other" describe below: Other nial Role" or "Other" describe below: Other nial Role" or "Other" describe below: Other nial Role" are "Other" describe below: Other nial Role" are "Other" describe below:	Income In	
Rocha, Donald C. Name of Outside Organization (include address and description) Bagby Home and School Club Board 1840 Harris Ave. San Jose, CA 95124	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 20	Ceremonial Role If checking "Ceremon Describe the put To honor the Bagb community school erified that the distribution set to	Other Other Other describe below: Other Other Other describe below: Other Other describe below: Other Other describe below:	Income In	

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Agency Report of:

				Distributions	RECEIVED	A Public Documen
. Agenc	y Name			- Vai	Date Stamp	California 802
City of S	San Jose			2014	DOT IT DM 6. LA	TOTAL
Division	, Department, or Reg	jion (If Applicable)		PCT 15 PM 3: 18	For Official Use Only
Council	District 9				A OTC	
Designa	ited Agency Contact	(Name, Title)				,
Donald	Rocha, Councilmen	nber				
	de/Phone Number	E-mail		13 <u></u>	Amendment (Must pr	ovide explanation in Part 3.)
408-535	5-4909	district9@sa	njoseca.gov	/	Date of Original Filing: .	(Month, Day, Year)
. Functi	on or Event Infor	mation				121 50
Does the	e agency have a ticke	et policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	131.50
Event Da	escription Tom P	etty Concer	t	Date(s)0	, 05 , 2014	1 1
LVent De	escription	Provide Title/Expla				
Ticket(s))/Pass(es) provided b	y agency?	Yes 🔲 No	If no: San Jo	se Arena Authority	
Mac Hat-	والمسام المسام المساملة المساملة المسام					nue
	tet distribution made a ncy official?	at the benest	No ☐ Yes	If yes: Rocha	Official's Name (L	ast, First)
Pocini	onte			•		
•	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual					ify an outside organization.
A, Na	ame of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
		,	-			
		•				
22/48/16/5/5/5			Number of			
В.	Name of Individua	al	Ticket(s)/		Identify one of the following	na:
	(Last, First)		Pass(es)			.9.
	(Last, First)		Pass(es)	Ceremonial Role	Other	Income
Ro	cha, Donald					
Ro			Pass(es)		Other	
Ro				If checking "Ceremoni	☐ Other ☐ all Role" or "Other" describe below:	Income
Ro				If checking "Ceremoni Ceremonial Role	Other	
Ro				If checking "Ceremoni Ceremonial Role	Other Dal Role" or "Other" describe below:	Income
Ro				If checking "Ceremoni Ceremonial Role	Other Dal Role" or "Other" describe below:	Income
	ocha, Donald Name of Outside Organ			If checking "Ceremonial Ceremonial Role	Other Dal Role" or "Other" describe below:	Income Income
C	ocha, Donald		2 Number of	If checking "Ceremonial Role Ceremonial Role If checking "Ceremonial Role Describe the public	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: lic purpose made pursuant to	Income In
C.	ocha, Donald Name of Outside Organ	scription) -	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Ceremonial Role To honor the volume the public representation of the research of the r	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: It purpose made pursuant to	Income In
C.	Ocha, Donald Name of Outside Organ (Include address and des	scription) -	2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Ceremonial Role To honor the volume the public representation of the research of the r	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: It purpose made pursuant to	Income In
C. West V	Name of Outside Organ (include address and des	Softball	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Ceremonial Role To honor the volume the public representation of the research of the r	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: It purpose made pursuant to	Income In
C. West V	Ocha, Donald Name of Outside Organ (Include address and des	Softball	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Ceremonial Role To honor the volume the public representation of the research of the r	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: It purpose made pursuant to	Income In
C. West V 	Name of Outside Organ (Include address and des /alley Slammers rris Ave, San Jos	Softball e, CA 9512	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role To honor the public role of the	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: ic purpose made pursuant to unteer board in rect in their personal a	Income In
C. West V	Name of Outside Organ (Include address and des /alley Slammers rris Ave, San Jos	Softball e, CA 9512	Number of Ticket(s)/ Pass(es)	Ceremonial Role [. If checking "Ceremonial Role [. If checking "	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: It purpose made pursuant to	Income In

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Jose City Clark **A Public Document** 1. Agency Name Date Stamp California PH 12: 53 Form 2014 FEI City of San Jose For Official Use Only Division, Department, or Region (If Applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 45.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description Valentine's Super Love Jam Concert 02 Date(s) _ If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 If yes: Rocha, Donald Was ticket distribution made at the behest No ☐ 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 of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other \square Income Ceremonial Role Goings, Shirley and guest If checking "Ceremonial Role" or "Other" describe below:

	-	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the	
Health Trust 3180 Newberry Dr., suite 200 San Jose, CA 95118	14	Work creating solutions to chronic homeless	ness.
Verification have read/and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set forth above, is in accordance with the	requirements. 02/20/2014
Signature of Agency Head or Designee	Print Nən		(Month, Day, Year)
Comment:		Water the state of	FPPC Form 802 (4

	nov Norso			se City Clark	
. Age	ncy Name	je.	2013 NOV	Date Stamp 26 AMT: 12	California 802
Divisi	ion, Department, or Region (If Applicable			enelose	For Official Use Only
	Counal District	- 9		84/010	
Desid	gnated Agency Contact (Name, Title)				
	-	lara E	.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Area	Code/Phone Number E-mail	Musica () (<u> </u>	Amendment (Must pro	vide explanation in Part 3.)
		ct 9@.sa	nin oura, gov	Date of Original Filing: _	(Month, Day, Year)
	ction or Event Information		J. J. Co.		200 930
Does	the agency have a ticket policy?	Yes ☑ No □	Face Value o	f Each Ticket/Pass \$	34.00
Event	t Description Sharks		Date(s)	,27,13	11,29,13
EAGII	Provide Title/Expl	anation	Date(s)		A D .:
Ticke	t(s)/Pass(es) provided by agency?	Yes ☐ No ☑	″ If no: <u></u>	n Jose Are	na Authori
\A/a a /	tialist distribution made at the behast			Name of Sour	
	ticket distribution made at the behest gency official?	No ☐ Yes ☑	If yes:	Official's Nama (La	st, First)
. Rec	ipients				
	Section A to identify the agency's department or	unit. • Use Section	n B to identify an individu	al. • Use Section C to Identif	y an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	the agency's policy
		Pass(es)			
<u> </u>	Name of Individual	Number of Ticket(s)/		Identify one of the followin	a.
	(Last, First)	Pass(es)		identity one of the following	יט
		7			
				Other al Role" or "Other" describe below:	Income [
				Other al Role" or "Other" describe below:	Income [
			if checking "Ceremoni	al Role" or "Other" describe below:	
			if checking "Ceremonial Ceremonial Role		Income [
		Number of	if checking "Ceremonial Ceremonial Role	al Role" or "Other" describe below:	
	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below:	Income [
		Ticket(s)/ Pass(es)	If checking "Ceremonal Role If checking "Ceremonal Describe the pub	al Role" or "Other" describe below: Other al Role" or "Other" describe below:	Income [
	(Include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremonal Role If checking "Ceremonal Describe the pub	al Role" or "Other" describe below: Other el Role" or "Other" describe below:	Income [
Far 28	(Include address and description) mmatre Elementary 00 New Jersey Ave.	Ticket(s)/ Pass(es)	If checking "Ceremonal Role If checking "Ceremonal Describe the pub	al Role" or "Other" describe below: Other el Role" or "Other" describe below:	Income [
Far 28	(Include address and description) mmatre Elementary 00 New Jersey AWE.	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Describe the pub	al Role" or "Other" describe below: Other Del Role" or "Other" describe below: lic purpose made pursuant to	Income [the agency's policy Kets
Far 28	(Include address and description) mmatre Elementary 00 New Jersey Ave.	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Describe the pub	al Role" or "Other" describe below: Other Del Role" or "Other" describe below: lic purpose made pursuant to	Income [the agency's policy the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name California **Form** For Official Use Only Division, Department, or Region (If Applicable Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Q5Anjoucago 535-4909 Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Yes ☑ No □ Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Event Description -Date(s) Ticket(s)/Pass(es) provided by agency? If no: Yes□ No l□ Was ticket distribution made at the behest No ☐ Yes If ves: 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 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: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Income \square Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (Include address and description)

4. Verification

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

| Journal |

Comment:

	gency Report of: eremonial Role Events and Tick	cet/Pass D		RECEIVED	A Public Document
	Agency Name City of San Jose Division, Department, or Region (If Applicable)	angeri di mili di Mikanga angan Pagga Panang at na pina pina katan anahan	2013 073	Date Stamp	California 802 Form For Official Use Only
	Designated Agency Contact (Name, Title)		·		
	200 E. Sarta Claro Area Code/Phone Number E-mail 408 535-4909 dist	i 3t.	.Sagose.gov	☐ Amendment (Must p	rovide explanation in Part 3.) (Month, Day, Year)
2.	Function or Event Information	1			38 o
	Does the agency have a ticket policy? Event Description	Yes ⊠ No □	Face Value o Date(s) 10	f Each Ticket/Pass \$ _ <u>」 </u>	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No⊡	If no: Sa	VI JOSE AREN	na Authority
	Was ticket distribution made at the behest of agency official?	No ☐ Yes ☑	If yes:	Official's Name (O
3.	Recipients • Usa Section A to Identify the agency's department or u	nit. • Use Sectio	n B to identify an individu	ıal, • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremoni	Other is of "Other" describe below:	Income 🗀
			Caremoniał Role If checking "Ceremon	Other islander or "Other" describe below:	Income 🗌
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Bagby Elementary	4		,	· · · · · · · · · · · · · · · · · · ·
4.	Verification I have read and understand FPPG Regulations 18944.1 and Signature of Agency Head or Designee	18942. I have verifi N Roch Print Name	^	orth above, is in accordance wi Un Cilmemb Title	

erer	nonial Role Events and Tic	ket/Pass	Distributions 1	OHIVEL Sa May Mast	A Public Document	
. Age	ency Name ity of San Jose		2813 OF T	Dale Stamp	California 802	
Divis	sion, Department, or Region (If Applicable	19 PM 12: 93	For Official Use Only			
(Council District 9					
	ignated Agency Contact (Name, Title)	-				
/	200 E. Santa Clar					
****	a Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
40	18 535-4909 distri	ct9@s	anjoseca.gov	Date of Original Filing:	(Month, Day, Year)	
. Fur	nction or Event Information		192,00			
Doe	s the agency have a ticket policy?	of Each Ticket/Pass \$ _	172,			
Ever	nt Description Sharks H	0,12,13				
	Provide Title/Exp	75 Fa N a	as Nullmoite			
Tick	et(s)/Pass(es) provided by agency?	n Jose Ar				
	ticket distribution made at the behest agency official?	No □ Yes	of If yes:	ocha, Dona Official's Name	(Last, First)	
Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify				ual. ● Use Section C to Ider	ntify an outside organization.	
Α.	A. Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's policy			
District 9 Staff 7			To honor volunteers for			
7	Canden Commiscent	Number of	Celebras	an (Aug 25,2013		
B.	Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
<u>0 </u>	suncilmember			Other	Income	
T	sonald Rocha	decorption and the second	If checking "Ceremor	nial Role" or "Olher" describe below:		
			Ceremontal Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income [
c.	C. Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursuan	it to the agency's policy	
	rification e read and understand FPPC Regulations 18944.1 an			forth above, is in accordance w	, ,	
-	- 11 / A 1				MAA 14117117	

Comment: _

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



	3	2010			A Fublic Document
. Agency Name		LUID MA	121 AM	O, O Date Stamp	California 802
City of San Jose			1311	2: 05	Form OUA
Division, Department, or Region (if applica	able)				For Official Use Only
Council District 9					
Street Address	C. Michael				
200 E. Santa Clara St.					
Designated Agency Contact (Name, Title)				□ Amondment (Must	provide explanation in Part 3.)
Donald Rocha, Councilmember				Amendment (Must)	provide explanation in Fait 3.)
Area Code/Phone Number E-mail	**************************************			Date of Original Filing:	(month, day, year)
408-535-4909 donald.rd	cha@sanjosed	ca.gov			, , , , , , , , , , , , , , , , , , , ,
2. Function, Event, or Ceremonial F					
Title Sharks			Face \	√alue of Each Admis	ssion \$ 250, 00
				00 01 12	
Description Hockey					
Ticket(s)/Admission(s) provided by	O - V	- N	(16 (San Jose 1	arena authority
licket(s)/Admission(s) provided by	agency? Yes	∐ ио М	II NO:	Name o	of Source
Was the distribution to persons ider		1			(
Yes ☑ No ☐ If yes: Ro	cha, Don	ald	Counc	ilmember	
163 M 140 M 11 yes.	Official's	Name (Last, F	First) and Title		
The identity of recipient(s) and the	ne explanatio	n:			
Name	1 / sandahasa		Check th	ne Income box if the agency	official claims admission as
(Last, First)	Number of	Agency	 Books of the control of the control of the 	Income. If the agency officia vide a description.	al performed a ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official	• If not Inc	come, describe the public pu	
(Name, Address, Description)	Hokoday		ceremon organiza	nial roles, performed by an a ation.	gency official, individual, or
	(1/	Yes 🗖			Income
Latinas Contra, Can	cer 14	No 🗖	·		
Latinas Contra. Can Shirley Goings		Yes 🗖			Income
Shirley Goings	2	No 🗆	·		
, 5		Yes □			Income
		No 🗆			
		Yes 🗖			Income
, and the second		No 🗆	<u> </u>		
		Yes 🗖		• ,	Income
		No 🗖			
3. Verification					
I have read and understand FPPC Regulation is in accordance with the provisions.	tions 18944.1 an	id 18942. I h	ave verified	that the distribution of a	idmissions, set forth above,
is in accordance with the provisions.			-		
1 m love D	on Kndi	100	(Suncilmen	nber 05/19/13
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional i	information in	cludina emenc	dment evolenation \	
Comment. Tose this space of all attachment	ioi any avullional l	monnauun III	nauny amenu	ппоти Фаріанацічн.)	

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

RECEIVED San Jose (Altrublic Document

	Agency Name City of San Jose Division, Department, or Region	ı (If Applicable)	Date Stamp 2013 MAR 29 Form For Official Use Onl			
	Council District 9 Designated Agency Contact (Na	nme, Title)				
	Donald Rocha, Councilmember	er -	Amendment (Must provide	explanation in Part 3.)		
						5/ 5 /4/14/15/
vennik (v		lonald.rocha	@sanjosec	a.gov	Date of Original Filing:	lonth, Day, Year)
2.	Function or Event Informa					112.00
	, , , , , , , , , , , , , , , , , , , ,			e of Each Ticket/Pass \$		
	Event Description Andrea Rieu Date(s) Provide Title/Explanation			03 , 16 , 13		
		TOVIDE THE/EXPIRI		San	Jose Arena Authority	
	169 🗖 140 🖸				Name of Source	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: Roch			cha, Donald Councilmember		
	of agency official?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Official's Name (Last, F	First)
3.	Recipients					
	• Use Section A to identify the agency's	department or u		tion B to identify an indiv	vidual. • 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		
	·	• .	Number of			
	B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following:	
				Ceremonial Ro	le Other monial Role" or "Other" describe below:	Income
				Ceremonial Ro If checking "Cere	le Cther moniel Role" or "Other" describe below:	Income
	C. Name of Outside Organiz (include address and descri		Number of Ticket(s)/ Pass(es)		public purpose made pursuant to th	e agency's policy
	South Bay Guitar Society 72 North Fifth Street, Suite 18	8 San Jose	6			
4.	Verification	and the second s				
	Lhave read and understand FPPC Regula	tions 18944.1 and		•		
	Don / Coche	Manager 1	Donald R		Councilmember	03/28/13 (Month, Day, Yeer)
	Signature of Agency Head or Designee		Print Nar	ne	· IIII O	(MOIMI, Day, 1881)

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

RECEIVED San Jose City Clerk A Public Document

			grange of the control	nananana, makking papananana kapatabah		
•	Agency Name			2013 FE	B 27 Dete Stamp	California 802
	City of San Jose					Form For Official Use Only
	Division, Department, or Region (if application)	ole)				, , , , , , , , , , , , , , , , , , , ,
	Council District 9					
	Street Address					
	200 E. Santa Clara St. Designated Agency Contact (Name, Title)					
					Amendment (Must p	rovide explanation in Part 3.)
	Donald Rocha, Councilmember Area Code/Phone Number E-mail				Date of Original Filing:	
		-ha@aanlaaaa				(month, day, year)
	408-535-4909 donald.roo Function, Event, or Ceremonial R	cha@sanjosec	The state of the s			
•	Function, Event, or Geremonial R	ole illioillat	1011			
	Title Disney on Ice			Face \	Value of Each Admis	sion \$ <u>80.00</u>
					02 24 13	
	Description Ice Skating Show			Date(s	s) <u>02</u> / <u>21</u> / <u>10</u>	
				0	Lana Awara Azithaniti	
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	If no: San	Jose Arena Authority Name o	f Source
	Was the distribution to persons iden	tified below n	nade at the	e behest o	f an agency official?	
	— Rocha	Donald Councilm	nemher			
	Yes 🗹 No 🔲 If yes: Rocha,	Official's I	Name (Last, F	irst) and Title)	
	The identity of recipient(s) and th	e explanatio)II.	Tai Chaolid	he Income box if the agency o	official claims admission as
	Name (Last, First)	Number of	Agency	taxable	Income. If the agency officia	I performed a ceremonial role,
	or	Admission(s)/	Official	And the second second	ovide a description. come, describe the public pu	roose, including
	Organization (Name, Address, Description)	Ticket(s)		ceremoi organiza	nial roles, performed by an ag	gency official, individual, or
	<u> </u>		Yes 🗖	Organiza	ation	Income
	Willow Glen National Jr. Basketball Le	16	No 🗆			
			Yes 🗆			Income
		!	No 🗖			
	and the second s		Yes 🗆			Income
			No 🗖			
			Yes 🗖			Income
			No 🗖			
			Yes 🗖		•	Income
			No 🗆			Ц
3	Verification					
	I have read and understand FPPC Regulat	ions 18944.1 an	id 18942. I h	ave verified	I that the distribution of a	dmissions, set forth above,
	is in accordance with the provisions.					2/2/2
	Don Vale Dor	nald Rocha		Cou	ıncilmember	0427/13
	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
	· · · ·					
	Comment: (Use this space or an attachment	for any additional i	inform a tion in	cluding a men	ament explanation.)	

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

RECEIVED
San Jose City CleAkPublic Document

Agancy Nama			THE RESIDENCE OF THE PROPERTY		transmission terrodoxia Santandia rudas, ay arandi arabbayan Shizayan Shizayan Yalayan i
Agency Name			0.0	Date Stamp	California 802
City of San Jose			ZU	3 FEB 27 PM 3: 14	
Division, Department, or Region (if appli	cable)				For Official Use Only
Council District 9					
Street Address					
200 E. Santa Clara St.					
Designated Agency Contact (Name, Title)	1			D Amandmant (Madan	ide and bandles in Bord 2.)
Donald Rocha, Councilmember				Amendment (Must prov.	de explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Fillng:	(month, day, year)
408-535-4909 donald,ı	rocha@sanjosed	no dov			(month, day, year)
	Committee of the Commit	and the second s			
Function, Event, or Ceremonial	Role Illionnat	.1011			
Title Pink			Face \	Value of Each Admission	on \$ _80.00
Description Concert			Date(s	s) <u>02. / 18 / 13</u>	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No □	If no: San	Jose Arena Authority	
,(0),			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of So	ource
Was the distribution to persons ide	ntified below n	nade at the	e benest of	r an agency official?	
Var B. Na D. January Rochi	a. Donald Councilm	nember			
Yes 🗸 No 🔲 If yes: Roch	a, Donald Councilm Official's i	Name (Last, I	First) and Title		
			,		•
The identity of recipient(s) and	tne explanatio	on:			
Name				ne Income box if the agency office income. If the agency official pe	and the control of th
(Last, First) or	Number of Admission(s)/	Agency Official	also pro	vide a description.	
Organization	Ticket(s)		If not Incorporate ceremon	come, describe the public purportial roles, performed by an agent	se, including cy official, individual, or
(Name, Address, Description)			organiza		
		Yes 🗖			Income
Ida Price Home and School Club	14	No 🗆			
		Yes 🗖			Income
Rocha, Donald	2	No □	ļ		
		Yes 🗖			Income
		No 🗆			
		Yes 🗆			Income
		No 🗆			
		Yes 🗆			
	· · · · ·			,	
		I No □			Income
		No 🗆			
Verification	-ti			that the distribution of all	Income
I have read and understand FPPC Regul	ations 18944.1 an		ave verified	that the distribution of adm	Income
1.	ations 18944.1 an		ave verified	that the distribution of adm	Income
I have read and understand FPPC Regul is in accordance with the provisions.	ations 18944.1 an			that the distribution of adm	Income
I have read and understand FPPC Regul is in accordance with the provisions.		d 18942. I h			Income

RECEIVED Agency Report of: San Jose City Clerk Ceremonial Role Events and Ticket/Admission Distributions A Public Document 1. Agency Name <u>California</u> Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) Council District 9 Street Address 200 E Santa Clara Street Designated Agency Contact (Name Title) Donald Rocha, Councilmember Amendment (Must provide explanation in Part 3.) Date of Original Filing: _ Area Code/Phone Number E-mail (month, day, year) 408-535-4909 Donald.Rocha@sanjoseca.gov 2. Function, Event, or Ceremonial Role Information alertines Super Love Jam Face Value of Each Admission \$ Description Conce Ticket(s)/Admission(s) provided by agency? Yes □ No 🔞 If no: Was the distribution to persons identified below made at the behest of an agency official? Donald Councilmember Rocha No 🗆 If ves: _ Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Check the income box if the agency official claims admission as Name taxable income. If the agency official performed a ceremonial role, (Last, First) Number of Agency also provide a description. or Official Admission(s)/ If not income, describe the public purpose, including Organization Ticket(s) ceremonial roles, performed by an agency official, individual, or (Name, Address, Description) organization. Income Yes 🔲 No Yes 🔲 Income No Income Yes 🔲 No Yes 🔲 Income No Yes 🔲 Income

3. Verification

I have read and understand FPPC Regulations	18944.1	and 18942	2. I have	verified that the	distribution c	of admissions,	set forth	above,
is in accordance with the provisions.								

No □

Don Rock	Donald Rocha	Councilmember	
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.)