Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** City of San José For Official Use Only Division, Department, or Region (if applicable) Office of the City Auditor Designated Agency Contact (Name, Title) Joe Rois, City Auditor Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -408.535.1239 ioseph.rois@sanioseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{80-$240}{}$ Does the agency have a ticket policy? Yes X No □ Event Description: SJ Sharks v. Calgary Flames Date(s) 2 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Green Commute Prize Office of the City Auditor 16 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Comment: __



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

General Information

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

Reporting and Public Posting

Ticket Distribution Policies: An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

Privacy Information Notice

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

Instructions

Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

Section B. Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

Section C. Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.

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



gency Name of San José		
Recipients		
Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	lentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
	1 45563	
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:
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		Ceremonial Role Other Income Income
		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

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form San Jose Avena Author Division, Department, or Region (if applicable) For Official Use Only PH 4: 19 Shelly Wang Ticket Programs
Designated Agency Contact (Name, Title) MAILLE Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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: Barracuda vs. Reign Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Chent enrichment 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:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Family Supportive Housing For Official Use Only Division, Department, or Region (if applicable) MAN 24 PM 2: 61 Designated Agency Contact (Name, Title) Christi Mover Kelly Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: $\frac{1,20,2020}{1,20,2020}$ (408) 516 5104 christi@familysupportivehousing.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 183 Does the agency have a ticket policy? Yes □ No 🕅 Event Description: Harlem Globetrotters Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕱 Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 20 distributed Supportive Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) 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 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. Director of Operations 1/23/2020
Title (month, day, year)

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Santa Clara County Probation Department For Official Use Only Division, Department, or Region (if applicable) 2020 JAN 27 AM II: 09 James Boys Ranch Designated Agency Contact (Name, Title) Marmet Williams PCII Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 4082017600 marmet.williams@pro.sccgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes ☐ No 🛛 Event Description: Barracuda v Eagles Date(s) _01 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Taking Incarcerated Youth to the sporting event. Santa Clara County Probation Department 8 James Ranch Barracuda vs Eagles game. Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role 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)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Marmet Williams Probation Counselor II 1/23/2020 Signature of Agency Head or Designee Title (month, day, year) Print Name

Agency Report of:

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Pate Stamp 1. Agency Name California **Form** n Jose City Clerk Santa Clara County Probation Department For Official Use Only Division, Department, or Region (if applicable) JAN 27 AM II: 10 James Boys Ranch Designated Agency Contact (Name, Title) MAILLE Marmet Williams PCII Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 4082017600 marmet.williams@pro.sccgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes ☐ No ☒ Event Description: Barracuda v Heat Date(s) _01 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Taking Incarcerated Youth to the sporting event. Santa Clara County Probation Department 8 James Ranch Barracuda vs Heat game. 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 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	n set forth above, is in accordance
with the requirements.			

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11/0 \$	Marmet Williams	Probation Counselor II	1/23/2020
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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Recipients			
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	del ano sone	Identify one of the following:
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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
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with the requirements.	944.1 and 18942.1	_	achor 11/19/K

Seremonial Role Events and Ticket	Pass Distri	putions	Al	Public Document
. Agency Name Sohn Muir Mid	Idle	Dat	e Stamp	California 802 Form Solution For Official Use Only
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Designated Agency Contact (Name, Title)	leach			
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Area Code/Phone Number E-mail			dment (Must Pro	ovide Explanation in Part 3.)
363-508-2862 Murbai	LZBA	Date of O	riginal Filing: _	(month, day, year)
. Function or Event Information	./			112
	es⊠ No□ F	ace Value of Each Tick	et/Pass \$	11 20
Event Description: Sharks Provide Title/ Ex		Pate(s) 11/19/	19	11,23,19
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Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Comment: _

Ceremonial Role Events and Ticket/Pa	ass Distri	ibutions		A Public Document
1. Agency Name		2.	RE() Date Stamp	California 802
City of San Jose		Dan	Jose City Clar	Form For Official Use Only
Division, Department, or Region (if applicable)	1.1	2019 N	011 = 01110 =	
Designated Agency Contact (Name, Title)	Letor	aut y ty	DV -5 AM 10:0	3
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Joe Kois, City Hudi Area Code/Phone Number E-mail	Jor		Amendment (Mu	st Provide Explanation in Part 3.)
408 535 1239 Joseph-Roi	s esonic	SSECA-90U	Date of Original Filin	ng:(month, day, year)
2. Function or Event Information		J		240
Does the agency have a ticket policy? Yes	Ŋo□ F	ace Value of I	Each Ticket/Pass \$	240
Event Description: Shorks Game 8 Provide Title/ Explan		Date(s)	7 2019	
Ticket(s)/Pass(es) provided by agency? Yes	No □ If	f.no:	Name of Source	
Was ticket distribution made at the behest Yes	Juan Maria	f yes:	Name or Source	
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C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made p	oursuant to the agency's policy
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4. Verification				Contract to the second
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	t 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 Form City of San Jose Jose City Clark For Official Use Only Division, Department, or Region (if applicable) Office of the City Clerk Designated Agency Contact (Name, Title) Toni Taber Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 4085351260 toni.taber@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$240 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks Game 8 07 11 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If ves: Was ticket distribution made at the behest 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 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 Department award in recognition for 100% participation in Office of the City Clerk 6 an employee survey Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11/05/2019 City Clerk Toni Taber (month, day, year) Title Signature of Agency Head or Designee Print Name

city of San Jose Suite

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Santa Clara County Probation Department For Official Use Only Division, Department, or Region (if applicable) James Boys Ranch Designated Agency Contact (Name, Title) Marmet Williams PCII Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 4082017600 marmet.williams@pro.sccgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 93 & \$240 Does the agency have a ticket policy? Yes □ No ☒ Event Description: Sharks vs Flames Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Taking Incarcerated Youth to the sporting event. Sharks vs Santa Clara County Probation Department 24 Flames game. James Ranch Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes**

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

4	Marmet Williams	Probation Counselor II	
Signature of Agency Head or Designee	Print Name	Title	

Comment: _____

10/03/2019 (month, day, year)

Division Designa Joe Sal Area Co 408-298 2. Functi Does th Event D Ticket(s	upe River Park Con , Department, or Reg ted Agency Contact vato de/Phone Number 8-7657 on or Event Infor e agency have a ticl escription: Sharks v)/Pass(es) provided set distribution made	(Name, Title) E-mail joe@grpg.org mation Yes //s. Knights Provide Title/ Expla		Face Value of	Date Stamp 2019 HAY 28 PM — Amendment (Musi Pro	Public Document California 802 Form 802 Proficial Use Only. Divide Explanation in Part 3.) (month, day, year)
Division Designa Joe Sal Area Co 408-298 2. Functi Does th Event D Ticket(s	ted Agency Contact vato de/Phone Number 3-7657 on or Event Infore agency have a tick escription: Sharks value of the contact o	(Name, Title) E-mail joe@grpg.org mation Yes //s. Knights Provide Title/ Expla			☐ Amendment <i>(Musi Pro</i>	Ovide Explanation in Part 3.) (month, day, year)
Designa Joe Sal Area Co 408-298 2. Functi Does th Event D Ticket(s	ted Agency Contact vato de/Phone Number 8-7657 on or Event Infor e agency have a ticl escription: Sharks v)/Pass(es) provided set distribution made	(Name, Title) E-mail joe@grpg.org mation ket policy? Yes [/s, Knights			☐ Amendment <i>(Musi Pro</i>	ovide Explanation in Part 3.) (month, day, year)
Joe Sal Area Co 408-298 2. Functi Does th Event D Ticket(s	vato de/Phone Number 3-7657 on or Event Infor e agency have a ticlescription: Sharks v)/Pass(es) provided set distribution made	E-mail joe@grpg.org mation ket policy? Yes /s. Knights			Date of Original Filing:	(month, day, year)
Area Co. 408-296 2. Function Does the Event D Ticket(s)	de/Phone Number 3-7657 on or Event Infor e agency have a tick escription: Sharks v)/Pass(es) provided set distribution made	joe@grpg.org mation ket policy? Yes /s. Knights Provide Title/ Expla			Date of Original Filing:	(month, day, year)
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3. Recip		/ cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
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particular and the second				1	onial Role Other Onial Role" or "Other" descri	income lincome lincome libe below:
Ç.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	ı public purpose made pürsü	ant to the agency's policy
Hill Laweres Continues		g til ett til i der elle ette og ette som stillet geselle.	e i despeta di	en energia de la care	 Interest Killer (1997) A NN States of the Community of the Community of the Community of Community of Co	s will also the diswednesses () in the first disease
•		. ,				
		PC Regulations 18944.	1 and 18942.	I have verified th	net the distribution set forti	h above, is in accordance
	Alt		Salvato		Deputy Director	4/23/2019
Signatur	of Agency Head or Designe	ee Pri	nt Name		Title	(month, day, year)

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



• Use Section B to i	dentify an individual. • Use Section C to identify an outside organization.
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/	Identify one of the following:
Passes	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 Income It checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes

Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document California 1. Agency Name Family Supportive Housing For Official Use Only Division, Department, or Region (if applicable) San Jose Famiry Shelfer.

Designated Agency Contact (Name, Title) Sara Tran, community Resource Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number | E-mail **Date of Original Filing:** 408-926-8885 family supportive housing, or a (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: Disney on 116 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)/ Passes family supportive Housing 16 at the san lost Family Shelter. Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income Other \square If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square 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)/ C. (include address and description) Passes 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. Gara Tran Community Rescurce Manger 2/25/19

Print Name Title (month, day, year) Comment: WWW family support inchousing on

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distril	outions	A Public Document
1. Agency Name AN TOSE MONA ANSWORT Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)		9 FEB 27 PM 3: 38	
Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·	Amendment Date of Original F	(Must Provide Explanation in Part 3.)
	Sjaa. C	Date of Original P	(month, day, year)
Event Description: JAYY J. Bywi	Danation No If	no: Name of Source Official's Name (Last	
3. Recipients • Use Section A to identify the agency's department or unit.		entify an individual. • Use Section C 1	to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose ma	de pursuant to the agency's policy
SJPD Homicide Unit	23	police event	
B. Name of Individual — (Last, First)	Number of Ticket(s)/ Passes	Identify one o	of the following:
Davis, Oer	1	Ceremonial Role () If checking "Ceremonial Role" or "C FURTIONShip (COM	
		Ceremonial Role O	other
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose ma	de pursuant to the agency's policy
. Verification			
I have read and understand FPPC Regulations 18944. with the requirements. Lahring Signalure of Agency Head or Designee	_	nave verified that the distribution Precentive Ala	
Comment:			

C	eremonial Role Events and Ticket/P	ass Distri	butions	RECEIVE	A Publ	<u>ic Document</u>
1.	Agency Name	- 11/	San 7	Mul Mul		lifornia 802
	Division, Department, or Region (if applicable)	<u>vaalle</u>	2010	EB -7 AM 10:	. 49m	For Official Use Only
	Molissa Whan Teac	600	20171	Exercise 1		
	Designated Agency Contact (Name, Title)	1/60		-		
	, , , , , , , , , , , , , , , , , , , ,					
	Area Code/Phone Number E-mail			Amenament	(Must Provide Exp	planation in Part 3.)
10	8-535-6281 Murbain &	082u	50,09	Date of Original F	iling:(mont	h, day, year)
2.					7	\leq
	Does the agency have a ticket policy? Yes	⊿ No□ F	ace Value of	Each Ticket/Pas	s \$	
	Event Description: Provide Title/ Explain		Pate(s)	12/19		1219
	Ticket(s)/Pass(es) provided by agency? Yes		no:	Name of Source		
	Was ticket distribution made at the behest Yes of agency official?	□ No If	yes:	Official's Name (Last	^t , First)	
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 t	to identify an out	side organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose ma	de pursuant to	the agency's policy
	John Muir Families	8	To re	ewed 2	Just	uts
1	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	I		of the following:	Income
				onial Role O ing "Ceremonial Role" or "C	other Dother' describe below	Income :
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose ma	de pursuant to t	he agency's policy
	Verification					
	I have read and understand FPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee	1 and 18942. I	have verified to	hat the distribution	set forth abov	re, is in accordance (month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butionș _{∈ i}	d .	A Public Document
1. Agency Name	1-119an	Jese City	Clerk Date Stamp	California Form 802
Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)	E2019	JAN 24 AM	10:39	For Official Use Only
Area Code/Phone Number E-mail Honoro	JSTUS	ill.org	Date of Original Filing	t Provide Explanation in Part 3.) i:(month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Yes Event Description: Provide Title/ Explant Ticket(s)/Pass(es) provided by agency? Yes Event Description or Event Information Provide Title/ Explant	nation D	face Value of Date(s)	Each Ticket/Pass \$	25 _1,18,19
Was ticket distribution made at the behest Yes of agency official?	□ No □ If	yes:	Official's Name (Last, First	t)
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 ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	ofollowing:
Jace Daily	4		onial Role Other of "Other" of "O	describe below:
Lucy Fergeson	4		onial Role Other I ing "Ceremonial Role" or "Other" o	-
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	s public purpose made pu	ursuant to the agency's policy
4. Verification I have read and understand FPPC Regulations 18944. with tipe requirements. Signature of Agency Head or Designee Comment:	1 and 18942. I	have verified to	hat the distribution set	forth above, is in accordance (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California San Jose City Clark Family Supportive Housing **Form** For Official Use Only Division, Department, or Region (if applicable) 2018 DEC -3 Designated Agency Contact (Name, Title) Sara Tran ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail volunteer@ Date of Original Filing: 408-926-8885 family supportive housing org (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. (anu(ks Date(s) 11 , 23 , 18 If no: _ Ticket(s)/Pass(es) provided by agency? Yes****□ No □ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Tickets provided for families at the shelter. Family Supportine Housing (san Jose Family Shelter Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income [If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

Signature of Agency Head or Designee

Comment:

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California RECEIVE Stamp Family supportive Housing Form San Jose City Clerk For Official Use Only Division, Department, or Region (if applicable) 2018 NOV -5 AM 10: 56 Designated Agency Contact (Name, Title) Sara Tran, community Resource Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number volunteer @ Date of Original Filing: . 408-926-8885 family supportive housing, org (month, day, year) 2. Function or Event Information Yes No ☐ Face Value of Each Ticket/Pass \$ 36.00 Does the agency have a ticket policy? Date(s) 10 , 28, 18 Event Description: Disney on 160 Provide Title/ Explanation If no: S'UN JOSE Avena Authority
Name of Source Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Was ticket distribution made at the behest Yes ☐ No 🖾 of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. **Passes** Tickets provided for homeless familles Family Supportive Housing 8 staying at the shelter. Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role 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** 4. Verification

Signature of Agency Head or Designee

Sara Fran

Fescuric Manager

Title

(month, day, year)

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

Community

with the requirements.

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



gency Name								
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:						
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:						
		Ceremonial Role Other 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 Income						
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						

eremonial Role Events and Ticket/I	Pass Distri	ibutions	A	Public Docume
Agency Name		//s = ==	RECodate Stamp Jose City Clerk	California 80
Uplift Family Service	_دے		1 MAIL a	For Official Use Only
Division, Department, or Region (if applicable)	1011	2018	DCT 31 AM 10: 37	
Jennifer Boltinghause A Designated Agency Contact (Name, Title)	75W_			
Foster Care & Adopt	ion			
Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must P	Provide Explanation in Part 3.)
38-540-9618 jbothinghou	ise Quplit	etes.ovg	Date of Original Filing:	(month, day, year)
Function or Event Information				92-
Does the agency have a ticket policy? Yes			Each Ticket/Pass \$	10
Event Description: Disney on Ice	<u>· </u>	Date(s) 10	12+,18	
Provide Title/ Expl. Ticket(s)/Pass(es) provided by agency? Yes.		f no:		
		. n	Name of Source	, Jennifer
Was ticket distribution made at the behest Yes	□ No□ If	f yes: <u>Bo</u>	Official's Name (Last, First)	1 SCATALLER
of agency official?				
Recipients				
• Use Section A to identify the agency's department or unit.		identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
uplift Family Services				0 11 00
Foster Care + Adaption	24	Tickets	bishibuted to	toster youth -
R Name of Individual	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fo	ollowing:
		1	onial Role Other	-
		If check	ing "Ceremonial Role" or "Other" des	scribe below:
				· ·
			onial Role Other ing "Ceremonial Role" or "Other" des	Income cribe below:
C. Name of Outside Organization	Number of Ticket(s)/	Describe the	public purpose made nurs	suant to the agency's policy
(include address and description)	Passes			
	<u> </u>			
Varification				
Verification I have read and understand FPPC Regulations 18944	4.1 and 18942. I	I have verified th	hat the distribution set fo	rth above. is in accordan
with the requirements	and 100 12. 1	aro romiod u	, ^	assis, is in assistant
Den Bol Lynne JenBoll	tinahouse	2 ASU) =	Social Work	V 10-29-1
Signature of Agency Head or Designee	rint Name	, ,	Title	(month, day, year)
Comments Thought were rest	- Cana	lips land	12 14 1	

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **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) **Function or Event Information** Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Date(s) 10 **Event Description:** Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Was ticket distribution made at the behest Yes No I 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 Name of Agency, Department or Unit Α. 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 Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Signature of Agency Head or Designee

Agency Report of:

Comment:

_	eremonial Role Even	ts and Ticket/F	ass Dist	ributions	NEUEIVIA PI	ublic Document
1.	Agency Name				Date Stamp Ily C	California 802
	San Jose Arena Authority	ion (if annihable)			- 2018 AUG 20 AM IO:	For Official Use Only
	Division, Department, or Region (if applicable)			- AND ZU AM IU:	26	
	Ticket Distribution Program				_	
	Designated Agency Contact					
	Shelly Wang-Ticket Program				Amendment (Must Provid	de Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	408-924-8129	wang@sjaa.com			Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			00.04	`
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value o	f Each Ticket/Pass \$ <u>^{69.00}</u>)
	Event Description: Panic At	the Disco concert		Date(s) 08	<u>, 14 , 18 </u>	1 1
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [X No □	If no:	Name of Source	
	Was ticket distribution made	e at the behest Vas I	□No⊠	If yes:		
	of agency official?	tata seneer (es)		•	Official's Name (Last, First)	
	1					
3.	Recipients					
	Use Section A to identify the agent	cy's department or unit. •	.,	identity an indiv	idual. • Use Section C to identify a	n outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe	the public purpose made pursuar	nt to the agency's policy
			Passes			
	B. Name of Indi		Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, Fir	st)	Passes			
					emonial Role Other Other Ocking "Ceremonial Role" or "Other" describe	Income _
				II che	cking Gerenionial Note of Other describe	Delow.
					emonial Role Other Other children describe	Income
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe t	the public purpose made pursuar	nt to the agency's policy
	Veterans Resource Center	•	100,000,000,000,000	concert tick	cets for student veterans of	SJSU
	Veteraris resource Ocinici		16			
4.	Verification		•	•		
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set forth	above. is in accordance
	with the requirements.	×				,
1	Marcial Minel	Magg	ie Morales	Dire	ector-Veterans Resource C	r 8/16/18
V	Signature of Agency Head or Design	ACCESSORY.	int Name		Title	(month, day, year)
	Comment:					

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

3.



	ency Name							
	Jose Arena Authority Recipients							
-		ion 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						
	A. Name of Agency, Department or Unit	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 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					
	SJSU Veterans Resource Center One Washington Sq.,San Jose, CA 95192	16	Concourse suite C-11 tickets given for veterans to attend the concert					
_								
_								

C	eremoniai Role Events and Ticket/P	ass Distri	ibutions	A Publ	nc Document			
1.	Agency Name	1 The Salley I y Landy	lifornia 802					
	Jan Muir Middle	School	2)(Lan anda Abb 2000	For Official Use Only			
	Division, Department, or Region (if applicable)	۸	r: c	US MAILM	3. 3J. 333 3J			
	Molissa Wban Te	adrer		15 FAT - 5 AF 10: 25				
	Designated Agency Contact (Name, Title)							
				Amendment (Must Provide Ex	planation in Part 3.)			
	Area Code/Phone Number E-mail	10-	. 610	Date of Original Filing:				
	1 W Dain	<u>2000</u>	USD, OR	(mon	th, day, year)			
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes							
	Event Description: Barracular K	Bulke	Date(s) <u> </u>	, 4 , 1×	, ,			
	Provide Title/ Explain	nation/	Jaie(5)		<i></i>			
	Ticket(s)/Pass(es) provided by agency? Yes No O If no:							
	Name of Source							
	Was ticket distribution made at the behest Yes	J No D "	f 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.							
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to	the agency's policy			
		1 70	1	reward				
	Student's Families	10	ASO	. V endroc				
	Staff	4	As s	supervisors	,			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:				
				onial Role Other Other Other Other Other Other Other Other Other	Income 🖸			
				Onial Role Other Other Ing "Ceremonial Role" or "Other" describe below	Income V:			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to	the agency's policy			
		,						
4.	Verification	1						
	I have read and understand FPPC Regulations 18944.	1 and 18942. I	have verified ti	hat the distribution set forth abov	ve, is in accordance			
	with the requirements.	· .	11 .	T. (11/20/1			
	religion www res	550ch	Mac V	t man th	40018			
	Signature of Agency Head or Designee Pr	Int Name		Title	(month, day, yeār)			
	and Was irver det	1 H2-5		t Man th				

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	RECEIVED	A Pub	lic Document
1.	Agency Name				Date Stamp		lifornia 202
	G.W. HELLYER ELEMENT	ARY SCHOOL		91	US 1911		Form OUZ
	Division, Department, or Reg	ion (if applicable)		£	HBFEB 20 AMI	J: 5 4	For Official Use Only
	FMSD						
	Designated Agency Contact	(Name, Title)			-	.	
	MARIA MEJIA -SECRETAR	XY					
	Area Code/Phone Number	E-mail			Amendment (Mu	st Provide Ex	cplanation in Part 3.)
	408 363 5750	maria.mejia@fmsd	.org		Date of Original Filin	ng: 2/24/13 (mon	8 hth, day, year)
2.	Function or Event Infor	mation			-		
	Does the agency have a tick	ket policy? Yes		ace Value of	Each Ticket/Pass \$	32.00	
	Event Description: DISNEY	<u> </u>	02	<u>, 25 , 18 </u>			
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		f no			
	Ticket(a)/T das(ca) provided	by agency: 1631	A 110 L '	14/42/0	Name of Source		
	Was ticket distribution made	at the behest Yes [No∏ I	f yes: WANG,	SHELLY Official's Name (Last, Fir	-0	
	of agency official?				Oπiciai's Name (Last, Fir	St)	
3.	Recipients • Use Section A to identify the agen	cv's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to id	lentify an ou	itside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	T	ne public purpose made r		
	FRANKLIN MCKINLEY SO HELLYER ELEMENTARY		24		STUDENTS WHO CE / INCREASE IN		
			Number				- agi daga naga na daga na dag
	B. Name of Indi (Last, First		of Ticket(s)/ Passes		Identify one of th	e following	
				1	nonial Role Other king "Ceremonial Role" or "Other		Income
					nonial Role Other		Income C
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's polic		
 1.	Verification		<u></u>	<u> </u>			
	I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942.	have verified ti	hat the distribution set	forth abou	ve, is in accordance
_	The Thank	DR. LAU	RA FRANKS		PRINCIPAL		2/24/18
	Signature of Agency Head or Designe		int Name		Title		(month, day, year)
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distribut	tions RECENTEDA Public Document
1. Agency Name Lighthouse Housing Cox polation Division, Department, or Region (if applicable)	California 802 ILS MAIN AN 29 AM 10: 25 For Official Use Only
Designated Agency Contact (Name, Title) ACQUELLAR OCOM, EXECUTIVE DIVE Area Code/Phone Number E-mail 650-387-6819 Lighthouse housing Eya	Amendment (Must Provide Explanation in Part 3.) 400. Date of Original Filling:
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Event Description: Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: of agency official?	SJA A Name of Source
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify	y 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
	Providing entertainment toundersere San Jose Resident Families
B. Name of Individual Of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
4. Verification	
Mave read and understand FPPC Regulations 18944.1 and 18942. I have with the requirements. Signature of Agency Head or Designee Print Name	e verified that the distribution set forth above, is in accordance Executive Director 1-22-2017 (month, day, year)
comments Shelly 15 So Amazing . She	is always willing to
support underserve Femilies in the	FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distr	RECEIVED A Public Document
1. Agency Name Say Jose Archa (If applicable) Division, Department, or Region (if applicable) SAR Cen Le	thor	Date Stamp California Form 802
Designated Agency Contact (Name, Title) Should Toke Area Code Phone Number E-mail	+Prog.	Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
2. Function or Event Information	- June	6
Does the agency have a ticket policy? Event Description: Provide Title/ Explain Ticket(a)/Page(ag) provided by agency 2	QWe [Pace Value of Each Ticket/Pass \$ 20-00 Date(s) 11 /12 /17
Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official?	Nc. I	f no:
3. Recipients		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 ☐ If checking "Geremonial 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
STSU Voterans Resource	24	Distribute fickets to veterans
washington Sa. S.J. CA 95192	·	that are students @ SJSh for
4. Verification U		Barracuda game.
with the requirements. Maggie Marales Maggi	1 and 18942.	I have verified that the distribution set forth above, is in accordance Title (month, day, year)
Comment:		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California an ∫ Date Stamp / ... Form San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Administrative Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200 Does the agency have a ticket policy? Yes X No □ Event Description: SJ Sports Hall of Fame Ceremony Date(s) _____/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes 🛛 No 🗌 Name of Source Was ticket distribution made at the behest Yes No X 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. Passes San Jose Arena Authority Ceremonial occasion and community engagement. 15 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Davis, Devora Oeremonial occasion and community engagement. 1 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)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Shelly Wang Administrative Assistant 11/17/17 signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _

eremonial Role Events and Ticket/P	ass Distr	ibutions	KECEIVED	A Public D	
Agency Name	man	Fina San	JOSEDate Stamp	-9 2 ()	ia 802
INTIMAC HUIS VIA OK Division, Department, or Region (if applicable)	poract			For Office	cial Use Only
Division, Department, or Region (if applicable)	/	2017	0V-3 AM 9	: 58	,
Designated Agency Contact (Name, Title)	- T	,			
Jacqueline Odom, Execu	thue L	Irector -	□ Amandmant	(Must Provide Explanatio	- I- D- 10 \
rea Code/Phone Number E-mail		1 . 683.	Amendment	(iviust Provide Explanatio	n in Paπ 3.)
387-6819 lighthouse hows.	vag Co Ga	Upo.com	Date of Original F	filing:(month, day,	year)
Function or Event Information	.				
Does the agency have a ticket policy?	S No□ F	ace Value of E	ach Ticket/Pass	36.00)
Event Description: DISNLY ON ICO	<u> </u>	Date(s) <u>//</u> /	29,2017	,	1
Provide Title/ Explan	ation I	~ ·			
Ficket(s)/Pass(es) provided by agency? Yes	I No □ If	f no:	Name of Source		
Nas ticket distribution made at the behest Yes ☐] No 🏋 If	f yes:	Official's Name (Last	First)	
of agency official?	1		Cinoui S Ivaille (LdS)	, , , ,,,,	
Recipients					
• Use Section A to identify the agency's department or unit. • U	Jse Section B to i	dentify an individua	l. • Use Section C t	o identify an outside or	ganization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose ma	de pursuant to the age	ency's policy
Lighthouse Housing Coopporation	Q	Providing		out to lende	rsene
= 3/11/100		San J	ase Resid	ent familie	2S
R Name of Individual	Number		r se san i seco		The state of the s
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		identity one o	f the following:	
				ther 🔲	Income [
		if checking	r "Ceremonial Role" or "O	ther" describe below:	
		0			
			ial Role	ther 🔲 ther" describe below:	Income L
C. Name of Outside Organization	Number of Ticket(s)/	Describe the p	oublic purpose mad	le pursuant to the age	ncy's policy
(include address and description)	Passes				
	_				
erification					
have read and understand FPPC Regulations 18944.1	l and 18942. I	have verified tha	t the distribution	set forth above, is i	n accordance
ith the requirements	'a Aday	M Ka	Lin Dia	active in	20.0
Signature of Agency Head or Designee // Prin	NE UCLUNI nt Name	<u>vi txec</u>	UTINE UIVE	200 10-	30-20 inth, day, year)
1 Chally a lia a saif	Clas	Louis L	ic a has	of In In	10
Comment S/R/19 W/LS GY PEG .	J/W	JIWU KY	n and	y 1 TO Re	
I'V underserve familie l	M JOY)	Wen Th	MKS FOX	Laring TORY	nechic
· •		FP	PC Toll-Free Helpl	ine: 866/ASK-FPPC	m 802 (2/2016 (866/275-3772

Agency Report of: Ceremonial Role Events and Ticket	t/Pass Distr	ibutions	RECEIVEN AI	Public Document
1. Agency Name Lighthouse Housing (Division, Department, or Region (if applicable)	orpori	thon		California 802 Form Cofficial Use Only
Designated Agency Contact (Name, Title) OCGURINE DODM, EXECU	etive Di	rector	Amendment (Must Pro	vide Explanation in Part 3.)
Area Code/Phone Number E-mail 1914Househ	using@y	ahoo con		(month, day, year)
Event Description: DISNAY On H	Coplanation es No If	Face Value of Date(s) <u>/ O</u> f no: <u>S</u> J	Each Ticket/Pass \$	36.00
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	v an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		e public purpose made pursu	
Lighthouse Housing Coepara	tur 8	Providu San	gentertaimmi Jose, Resid	ent to lendersei Lont families
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follonial Role ☐ Other ☐ Ing "Ceremonial Role" or "Other" descri	Income
			onial Role Other Other ing "Ceremonial Role" or "Other" descri	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
4. Verification I have read and understand FPPC Regulations 189 with the requirements. A C 9 7 Signature of Agency Head or Designee	44.1 and 18942. I	have verified th	nat the distribution set forth	h above, is in accordance LO-36-201
comment: SNU hus a pass Molev Seyve forming ev Support and generos	sionate		wd holp all MiThanks PPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Form **Uplift Family Services** For Official Use Only Division, Department, or Region (if applicable) Boy Area Region Programs Designated Agency Contact (Name, Title) Darren DeMonsi Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-364-4058 ddemonsi@upliftfs.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Barracuda c. Gulls Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 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 Uplift Family Services** 24 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square 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** 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. Associate Director of Fund Dev 03/09/2017 Darren DeMonsi (month, day, year) Print Name

Agency Report of:

Comment: _

HAS KECGY H



In-Kind Donation Acknowledgment Form

Donor Information (To Be Complete	ed by Donor)PLEASE PRINT!	
First Name Last Name		me/Title (if applicable)
Ban Jose Hrena H	with or the	7 Shally Woing
Address	City	Zip
	dans see make and the consequence a second feet of the consequence of	
Phone (specify Work, Home or Cell)	Email	- 0 :
the second secon	$\frac{1}{2}$	19 @ sjaa ocom
Describe item(s) donated:		V
Bapraene	la vo Gulls Tic	Kets for 3/6/17
24 tickels@ \$ 50	Yeach = \$1,20) <i>(</i>)
Is the donation restricted?	No, please use where the need is great	atest.
<u>U</u>	Yes: Name of Program or Project	ngrans
	Name of Fregram of Fregram	v
Donor Signature		Date
TH	HANK YOU FOR MAKING A DIFFE	RENCE!
OFFICE USE ONLY (Must be comple	eted to process form)	
Darken Dell	<u>bensi</u>	2/27/17
Received By (Print Name)	J	Date
		BIAR
Signature		Location

Uplift Family Services does whatever it takes to strengthen and advocate for children, families, adults and communities to realize their hopes for behavioral health and well-being.

Uplift Family Services is a private nonprofit 501 (c) (3) organziation Tax ID #94-2295953

No goods or services were received in consideration of this gift. It is tax deductible as allowed by law.

White Copy: Fund Development 251 Llewellyn Ave Campbell, CA 95008 Yellow Copy: Donor

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency-Name California San Jose City Clerk **Form** For Official Use Only Division, Department, or Region (if applicable) 2017 MAR -AM 10: 38 Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) 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? No ⊠ De llator Date(s) ≤ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔯 No 🔲 If no: 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 Veterans Rosa Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 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. raggie Morales Program D

Signature of Agericy Head or Designer

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED San Jose City Clerk Continuation Sheet



			The have	
Agency Name	()	0	2017 MAR - 7 AM 10: 38	
	Veterans	Resour	ce Center	
Recipients		TI Cdi Da	1. (Combattalla I a VI. Codo Coblatti a matila mandalla	
Ose Section A to identify the a	gency's department or unit.	Number	dentify an individual. • Use Section C to identify an outside organization.	
A. Name of Agency, D	epartment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic	y
Veterans Reson	re Center	8	tickets given to Veterans @.	SID
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:	************
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:	e 🔲
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:	□
			Ceremonial Role Other 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		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy	

Agency Report of: Ceremonial Role Events and Ticke	et/Pass Distr	ibutions RECEIV	un APo	ublic Document
1. Agency Name Santa Clara County Probation Department, or Region (if applicable)	ot. /JAWES	San Jose CP PANCh	ate Stamp.	California Form 802
MARMET William'S Probation Designated Agency Contact (Name, Title)	on Counselo	7016 SEP 22 A	M 10: 50 mail	For Official Use Only
(408) 201-7600		Ame	ndment (Must Provid	de Explanation in Part 3.)
Area Code/Phone Number E-mail	ms & Prossus	Date of 0	Original Filing:	(month, day, year)
2. Function or Event Information		. (7 / / / / / /
Does the agency have a ticket policy? Event Description: Ringling Bros KBa		ace Value of Each Tic Sate(s) 8 / 26/	ket/Pass \$ <u>3</u>	1 1
Provide Title/	Explanation ¹	no: San Joic Av	ion Authori	
Was ticket distribution made at the behest γ of agency official?	res □ No 🌠 If	yes:Official's I	Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or un	it. • Use Section B to i	dentify an individual. • Use S	Section C to identify a	n outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public pu	rpose made pursuar	nt to the agency's policy
Santa Clara Counity Probeton JAMIS Ranch	16	Giving Juvenille de Attend a Show		heave to
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	lder	ntify one of the follow	ving:
		Ceremonial Role [Other al Role" or "Other" describe	Income
		Ceremonial Role L	Other al Role" or "Other" describe	Income Delow:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public pur	rpose made pursuan	it to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18 with the requirements.	944.1 and 18942. I		atribution set forth a	- 1 1
Signature of Agency Head or Designee Comment:	Print Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distr	ributions RECEIVED A Public Document
1. Agency Name FONILY ECHILOR SEMES Division, Department, or Region (if applicable)	San Jos Date Stamplerk California 802 For Official Use Only
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	Amendment (Must Provide Explanation in Part 3.) Date of Original Filling:
2. Function or Event Information	(month, day, year)
Does the agency have a ticket policy? Yes ☐ No ☐ F	Pace Value of Each Ticket/Pass
	f no FT P SSTOMATOS TAIDUTU
Was ticket distribution made at the behest Yes No □ I of agency official?	f yes: Official's Name (Last, First) Official's Name (Last, First)
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to i	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
Family Echildren Services 24	to empower beat trying
Deaf Unit	+ their families per mue Social
B. Name of Individual of Ticket(s)/ (Last, First) Passes	Identify one of the following:
	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization of Ticket(s)/ (include address and description) Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
4. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I with the requirements. Signature of Agency Head or Designee Print Name	have verified that the distribution set forth above, is in accordance
comment: Dely Wany is an e	exceptional dyanizes,
rappiress to myc	FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) WENTS + They tamiles TXS

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

	Α	PU	ıbl	lic	Docu	ım	ent	t
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. /	Agency Name	-			Date Stamp	California 802
5	San Jose Arena Authority					
Ē	Division, Department, or Regi	ion (if applicable)	· · · · · · · · · · · · · · · · · · ·			For Official Use Only
Ī	Designated Agency Contact (Name,Title)				
	Shelly Wang, Ticket Adminis	strator			Amendment (Must F	Provide Explanation in Part 3.)
Ā	Area Code/Phone Number	E-mail				
4	408-977-4780	wang@sjaa.com			Date of Original Filing:	(month, day, year)
.	Function or Event Infor	mation			фr	204 and \$667
	Does the agency have a tick			ace Value of I	Each Ticket/Pass \$ ^{\$3}	324 and \$667
E	Event Description: Stanley C	Cup Finals - Game 6	D	ate(s)	<u>, 12 _/ 16</u>	
	Ficket(s)/Pass(es) provided	Provide Title/Expla	nation	no:		
					Name of Source	
1	Nas ticket distribution made	at the behest Yes [⊠ No□ If	yes: Vice ivia	yor Rose Herrera Official's Name (Last, First)	
	of agency official?					
	Recipients					
•	• Use Section A to identify the agen-	cy's department or unit.	Use Section B to ic	dentify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Senior Advisory Committee District 8 Roundtable	e and	2	Rewarding v	olunteer public service	Э.
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					onial Role Other on "Other of the or "Other" des	
•					onial Role Other ing "Ceremonial Role" or "Other" des	
	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
	/erification			· ·		
	have read and understand FPI vith the requirements.	PC Regulations 18944	.1 and 18942. I	have verified to	hat the distribution set fo	orth above, is in accordance
	A .	She	lly Wang		Ticket Administrator	06/22/16
-	Signature of Agency Head or Designature		rint Name		Title	(month, day, year)
,	Comment:					
,	Comment.					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ \$324 and \$667 Does the agency have a ticket policy? Event Description: Stanley Cup Finals - Game 6 Date(s) ______06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: __ Name of Source If yes: Councilmember Magdalena Carrasco 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ В. Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Recognition for direct involvement in City-related projects Ride Eastside San Jose - public 2 and rewarding volunteer public services transportation advocacy group

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.			
1			

	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California **Form** San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ \$324 and \$667 Does the agency have a ticket policy? Event Description: Stanley Cup Finals - Game 6 Date(s) __06__/ 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Councilmember Chappie Jones 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 A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Rewarding volunteer public service. Winchester Orchard Neighborhood 2 Association, winchesterorchard.org 4. Verification

1			00/00// 0
with the requirements.			
I have read and understand FF	PPC Regulations 18944.1 and 18942. I h	ave verified that the distribution se	et forth above, is in accordance

4	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

A Public Document

1. Agency Name		Date Stamp	California 802
San Jose Arena Authority			For Official Use Only
Division, Department, or Region (if applicable)			Poi Official Ose Offiy
Designated Agency Contact (Name, Title)			
Shelly Wang, Ticket Administrator		Amendment (M	ust Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			,
408-977-4780 wang@sjaa.c	om	Date of Original Fili	ng:(month, day, year)
2. Function or Event Information			Φ004
Does the agency have a ticket policy?	Yes⊠ No ☐ F	ace Value of Each Ticket/Pass \$	\$324 and \$667
Event Description: Stanley Cup Finals - Ga	me 6	rate(s) 06 / 12 / 16	
	e/Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes ☑ No ☐ If	no:	
Was ticket distribution made at the behest		ves. Councilmember Ash Kalra	
of agency official?		Official's Name (Last, F.	irst)
3. Recipients			
• Use Section A to identify the agency's department or t	ınit. • Use Section B to i	dentify an individual. • Use Section C to i	dentify 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 t	he following:
		Ceremonial Role Othe	er Income Income Income
		Ceremonial Role Othe	er Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made	pursuant to the agency's policy
Silver Leaf Neighborhood Association www.slna.org	2	Recognition for direct involvement	ent in City related projects.
I have read and understand FPPC Regulations with the requirements.	18944.1 and 18942. I	have verified that the distribution se	et forth above, is in accordance
Ai	Shelly Wang	Ticket Administrate	or 06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information \$324 and \$667 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Stanley Cup Finals - Game 6 Date(s) __06__/_ 12 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Mayor Sam Liccardo 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Income \square Ceremonial Role Other if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Recognition for direct involvement in City-related projects. Destination: Home 2 www.destinationhomescc.org Recognition for direct involvement in City-related projects. SJ Works 2 www.workssanjose.org

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.	

Aa :	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail **Date of Original Filing:** 408-977-4780 wang@sjaa.com (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: Stanley Cup Finals - Game 6 06 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Councilmember Tam Nguyen 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)/ Α. Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy C. (include address and description) Recognition for direct involvement in City-related projects. Seven Trees Neighborhood Association 2 3590 Cas Dr., San Jose, CA 95111

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.

	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$324 and \$667 Does the agency have a ticket policy? Yes 🖾 No 🗆 Event Description: Stanley Cup Finals - Game 6 Date(s) _____/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Councilmember Pierluigi Oliverio 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 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 В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Recognition for direct involvement in City-related projects Friends of the San Jose Rose Garden 2 and rewarding volunteer public service. www.friendssjrosegarden.org

4. Verification

Comment:

ı	I have read and understand FPPC Regulations	18944.1 and	18942. I	have verified ti	hat the dist	stribution set fort	'n above, i	is in accord	aance
1	with-the requirements.								

Mi	Shelly Wang	Ticket Administrator	06/22/16
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** San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ \$324 and \$667 Does the agency have a ticket policy? Event Description: Stanley Cup Finals - Game 6 Date(s) __06__/_ 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Councilmember Raul Peralez 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 A. Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Recognition for direct involvement in City related projects. Moveable Feast 2 www.mvblfeast.com

4. Verification

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

CAR	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) **Designated Agency Contact** (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information \$324 and \$667 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Stanley Cup Finals - Game 6 Date(s) _____/ 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Name of Source If yes: Councilmember Donald Rocha 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 \square 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Cambrian Park Little League Rewarding volunteer public service. 2 www.cpllbaseball.org

4. Verification

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

W	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form San Jose Arena Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail **Date of Original Filing:** 408-977-4780 wang@sjaa.com (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: Stanley Cup Finals - Game 6 06 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Councilmember Tam Nguyen 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)/ Α. Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy C. (include address and description) Recognition for direct involvement in City-related projects. Seven Trees Neighborhood Association 2 3590 Cas Dr., San Jose, CA 95111

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.

	Shelly Wang	Ticket Administrator	06/22/16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Events and Ticket/Pass Distributions RECEIVA Public Document Salbate Stamp 11) 1. Agency Name California Bot Wail San Jose Arena Authority 2016 JUL | AM IO: 13 or Official Use Only Division, Department, or Region (if applicable) **Designated Agency Contact** (Name, Title) Shelly Wang, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 408-977-4780 wang@sjaa.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$185, \$335 and \$500}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks Game/SJAA Board Recognition Date(s) __05__/ 25 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: ____ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Department of Public Works, Recognition for direct involvement in City related programs. 1 City of San Jose San Jose Arena Authority Staff Recognition for direct involvement in City related programs. 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other \square Bright, Matthew Recognition for direct involvement in City related programs 1 and rewarding volunteer public service. Buchholz, David Ceremonial Role Other 🔲 Recognition for direct inolvement in City related programs 2 and rewarding volunteer public service. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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.

Agency Report of:

Comment:



Age	ency Name		
l	lose Arena Authority 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
_	·		
	3. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
E	Burriss, Mark	2	Ceremonial Role Other Mental Income Recognition for direct involvement in City related programs and rewarding volunteer public service
Ċ	Consiglio, Eileen	1	Ceremonial Role Other Income Recognition for direct involvement in City related programs and rewarding volunteer public service.
F	laley-Skeen, Loren	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Recognition for direct involvement in City related programs.
H	amilton, Leslee	1	Ceremonial Role Other Income Role of the Recognition for direct involvement in City related programs and rewarding volunteer public service.
<u> </u>	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 Name n Jose Arena Authority		
Recipients	nit. • 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)/	Identify one of the following:
Honaker, Carl	Passes 2	Ceremonial Role Other Implementation of the
Reilly, Colleen	2	Ceremonial Role Other M Income Income If checking "Ceremonial Role" or "Other" describe below: Recognition for direct involvement in City related programs and rewarding volunteer public service.
Sutherland, Kathy	1	Ceremonial Role Other M Income Income If checking "Ceremonial Role" or "Other" describe below: Recognition for direct involvement in City related programs and rewarding volunteer public service.
Morrisey, Chris	2	Ceremonial Role Other Months Income If checking "Ceremonial Role" or "Other" describe below: Recognition for direct involvement in City related programs.
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



	gency Name		
	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:
	Liccardo, Sam	7	Ceremonial Role Other Months Income Recognition for direct involvement in City related programs.
,			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other 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

Ceremonial Role Events and Ticket/F	Pass Distr	ibutions	RECE AP ublic Document
1. Agency Name	, .		Soale stampe City California 802
Santa Clara County Propinsion, Department, or Region (if applicable)	Polation		2016 HAY 18 AN 10: For Official Use Only
- 1 A	,		2016 MAY 18 AF 10: Tor Strictal Use Only
Edge Trogram Designated Agency Contact, (Name, Title)			
Marmet Williams PC	1		
Area Code/Phone Number E-mail	and from the same		Amendment (Must Provide Explanation in Part 3.)
468 573-3249 Marmet William	1 Day 50	מים או מים או	Date of Original Filing:(month, day, year)
少と 573-3 Z 49 Marmet-b) illiam 2. Function or Event Information	nse110,50	<u> </u>	
Does the agency have a ticket policy? Yes	□ No ⊠ F	Face Value of	Each Ticket/Pass \$
		Date(s)	
Event Description: Sharks VS Edmonton Provide Title/ Expla	nation	کر۔۔۔ Date(s)	
Ticket(s)/Pass(es) provided by agency? Yes	Ŋ No □ I	f no:	
Was tisket distribution made at the helpest way	\ _ \ _	f yes:	Name of Source
Was ticket distribution made at the behest Yes of agency official?	ПиогА,	1 y c s	Official's Name (Last, First)
-			
3. Recipients	. XX C4! D4-	1.1	
• Use Section A to identify the agency's department or unit.	idal. • Ose Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy
Santu Clara County Probation 6ivi			th whom are on Probation an opportun
Santu Clara County Probation Edge Program		TO EXPURE	ue a sporting Event the
			·1 /
	Number		
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the following:
		Cerem	onial Role Other Income
		If check	ing "Ceremonial Role" or "Other" describe below:
		1	onial Role Other Income Income ing "Ceremonial Role" or "Other" describe below:
Name of Outside Organization	Number		
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe in	e public purpose made pursuant to the agency's policy
1 Vorification			
 Verification I have read and understand FPPC Regulations 18944 	. 1 and 18942	I have verified t	hat the distribution set forth above, is in accordance
with the requirements.	/ .	/ //470 70////04 (nat the distribution out forth above, is in association
Manne	+ t1/i/ki	ams VI	obaton Courseler II 3/30/16
Signature of Agency Head or Designee	rint Name		Title (morfth, day, year)
Comment:			

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	Distributions	RECEIVED	A Public Documen
1. Agency Name Granty St A My Limited St A Division, Department, or Region (If Applicable)			Pote Stamply Cl 2016 MAR 29 AM 10	California 802 Form Solution For Official Use Only
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail MW 152-5265 - My Milly	Shelly 1	Ving (SSAA)	■ Amendment (Must pr	ovide explanation in Part 3.) (Month, Day, Year)
Event Description Jambulan	nation	Face Value of Date(s) _3	of Each Ticket/Pass \$	8227.
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes ☐ No No ☐ Yes	_	Name of Sou	
 Recipients Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit 	Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	1	Identify one of the following Other Other itself.	ng:
		Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
John Muis Elementum	16	Education, t	ram buldiy	
I. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
Signature of Agency Head or Designee	Print Name	е	Title	(Month, Day, Year)

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEIVED 1. Agency Name Date Stamp California Form MS Mai) For Official Use Only Division, Department, or Region (If Applicable) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (Month, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗹 No 🔲 Event Description Barraceda V. Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest If yes: Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) GSTER BATALLY AGEN Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

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

Signature-of-Agency Head or Designee)

Print Name

Title

(Month, Da

Comment: ______

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	s Distributions	RECEIVED	A Public Documen
1. Agency Name Such Scott Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title)	CDA AGE	2015 M		California 802 For Official Use Only
Area Code/Phone Number E-mail (HOD) 502-0583 Evelyns	icsoffuy	ojoiemail, con		orovide explanation in Part 3.) (Month, Day, Year)
Event Description Disnay on Jo	Yes No nation Yes No No Yes	Date(s)	of Each Ticket/Pass \$ Control Official's Name (urce
Recipients Use Section A to identify the agency's department or un	nit. • Use Sec	ction B to identify an individu		
A. Name of Agency, Department or Unit CUSTUAL THE COR FUSTINE PARTICLY AGENCY	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant Suchal & Cue Ay disadua	to the agency's policy (furted, whose children
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the follow: Other al Role" or "Other" describe below:	ng:
		Ceremonial Role I	Other all Role" or "Other" describe below:	Income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
				<u></u>
4. Verification I have read and understand FPPC Regulations 18944.1 and 18 Signature of Agency Head or Designed Comment:	8942. I have ve Print Name	edo E	rth above, is in accordance with	n the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEA Public Document 1. Agency Name Date Stamp California EMQ Families First Division, Department, or Region (If Applicable) Form For Official Use Only Darren DeMonsi Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) ddemons; @emqff.org Date of Original Filing: . (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No No Ticket(s)/Pass(es) provided by agency? Yes No No If 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) EMQ Families First Family support services Number of Name of Individual В. Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below; Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California EMQ Families First Division, Department, or Region (If Applicable) Form For Official Use Only Darren De Mon Si Designated Agency Contact (Name, Title) 408 364 4058 Area Code/Phone Number | E-ma Amendment (Must provide explanation in Part 3.) E-mail demons; @ emqff.org 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 Barracuda V. Candors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest No ☑ Yes □ If yes: _ of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Families First Support Services Number of В. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) 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 of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

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.

Damen DeMonsi

Print Name

ASSOC. Viretor of Deselopment 2-12-16

Comment: -

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions REGERGE A Public Document 1. Agency Name Date Stamp California **Form** For Official Use Only Division, Department, or Region (If Applicable) ☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔲 No 🕅 Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Was ticket distribution made at the behest No ☑ Yes ☐ If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) had a chance to askend a sporting Event. Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Verification

Verification

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

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Form 3:06 For Official Use Only Phillip Rodriquez CEO
Designated Agency Contact (Name Title) 408 - 854 - 9166 Area Code/Phone Number | E-mail Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 31 Does the agency have a ticket policy? Yes 🗷 No 🗌 Event Description BATTACUDAUS Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest No ☐ Yes ☐ If yes: . of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) potreach Even for your New Hop FOR you m 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: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Signature of Agency Head or Designee

Comment: .

Ceremo	nial Role Events and Tic	ket/Pass	Distributions	RECEIVED	A Public Documen
1. Agenc	4		<u> </u>	Date Stamp	California 802
Nen	Hofe FOR YOUTH, Department, or Region (If Applicable			R 25 AM II: 00	Form For Official Use Only
Division	, Department, or Région (If Applicable	9)	To have		Por Official Ose Offiy
	ted Agency Contact (Name, Title)	LO .			
	de/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	54-9166 Prodrigu	ezeaewh	gleforyouth.org	Date of Original Filing:	(Month, Day, Year)
	on or Event Information				つう
Does the	Does the agency have a ticket policy? Yes No Face Value of			of Each Ticket/Pass \$ _	13
Event Do	escription WWE Provide Title/Exp.	anation	Date(s)	16,2016	
Ticket(s)	/Pass(es) provided by agency?	Yes ☐ No	☐ If no: SAN	JOSE Areva Name of So	Authoraty
	et distribution made at the behest cy official?	No ☐ Yes	If yes:	Official's Name (Last, First)
3. Recipi	ents ion A to identify the agency's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. N	ame of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
New.	New Hope for you m		Your out	each	
В,	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income _
***************************************			Ceremonial Role	Other al Role" 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

4. Verifica	ntion and understand FPPC Regulations 18944.1 apd	18942. I have ver	ified that the distribution set fo		h the requirements.
Ph.	"(() Midrigeray M) une of Agency Head or Designee	Print Name	-	CEO Title	Z//>/2/((Month, Day, Year)

Comment: _

Agency Report of: Ceremonial Role Events and Tid	ket/Pass	s Distributions	RECEIVED	A Public Documen	
1. Agency Name		C an	Date Stamp	California Q00	
New Hope For yourh Division, Department, or Region (If Applicable)	2015 FE	8-8 AM 10: 30	Form OUZ For Official Use Only	
a . a .	EO				
Area Code/Phone Number E-mail	az 6 Aa.	hope for your. ong	Date of Original Filing:	provide explanation in Part 3.) (Month, Day, Year)	
2. Function or Event Information	CEU.IRIA	MODERAL VIOLE, OLG	1	(Month, Day, Teary	
Does the agency have a ticket policy?	Yes 🚺 No	Face Value o	of Each Ticket/Pass \$ _	70. on	
Event Description Harlem Clobe Trotte Provide Title/Exp.	<u> </u>	Date(s) 1	121,20/		
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☐ If no: SA	Name of So	AUTHONTY	
Was ticket distribution made at the behest of agency official?	No ☐ Yes	□ If yes: ♀	M.P Kodragu Official's Name	(Last, First)	
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ıal. • Use Section C to iden	itify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
Newhope FOR youth	11	of Connunt	Trenda 70 A	trisk youn	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income	
		Ceremonial Role If checking "Ceremoni	Other al Role" 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	
4. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set for	orth above, is in accordance wi	th the requirements.	
Signature of Agency Head or Designee Comment:	Print Nam	ne	Title	(Month, Day, Year)	

Ι.	eremonial Role Events and Tic		έ _{χν} ,	RECEIVED	A Public Documen
			ddle School	Mate Stamp 16 Mate E 7 100 12 AM 10: 24	Form 802 For Official Use Only
	Division, Department, or Region (If Applicable			har than m. th	
	Melissa Urbain/Jeane	tte Ha	volino		
	Designated Agency Contact (Name, Title)				
	reachor / Principal			Amendment (Must pr	ovide explanation in Part 3.)
Ó	Area Code/Phone Number E-mail May Ward	nd sic	esd.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	J	,	\mathcal{A}_1	48-750
	Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ -	10 20
	Event Description Provide Title/Expla	anation	Date(s)	116	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	☐ If no:	Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (L	ast, First)
3.	Recipients • Use Section A to identify the agency's department or u	ual. ◆ Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	Teachers	16	acknowledge	ment Kelegn	etán ————————————————————————————————————
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
			Ceremonial Role If checking "Ceremoni	Other Call Role" or "Other" describe below;	Income 🔲
			Ceremonial Role I	Other all Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
				······································	
	Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	prified that the distribution set fo	rth above, is in accordance with	the requirements.

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 ■ Amendment (Must provide explanation in Part 3.) **Date of Original Filing:** (Month, Day, Year) **Function or Event Information** Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? **Event Description** tle/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

Verification

Comment: .

I have read and understand EPPC Regulations 1	18944.1 and 18942. I h	ave verified that the distribute	tion set forth above, is in accordance with th	ne requirements.
Mula	Melissa	Urbain	Teacher	V6/16

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

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

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А	Pu	ını	C	DC	വാ	ım	en	T

					15 77 1 37 1-4 2		
1.	Agency Name				Base Date Stamply Cla	California 802	
	San Jose Arena Authority		ETMAND	Form OUZ			
	Division, Department, or Reg	ion (If Applicabl	(e)		ET mail 2815 BEC 21 A 10:	For Official Use Only	
					_		
	Designated Agency Contact ((Name,Title)					
	Shelly Wang, Administrative	Assistant			Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				,	
	408-977-4780	wang@sjaa	.com		Date of Original Fillng:	(Month, Day, Year)	
2.	Function or Event Infor					222.00	
	Does the agency have a ticke		Yes 🗵 No	h	of Each Ticket/Pass \$		
	Event Description PM of India	a Event Team Provide Title/Exp	n Recognition	n Date(s) 12	2 , 12 , 15	J	
	Ticket(s)/Pass(es) provided by	y agency?	Name of Sour	ce			
	Was ticket distribution made a of agency official?	t the behest	Official's Name (La	st, First)			
3.	Recipients		vmik Usa Cav		und a Una Continu C to identif		
	Use Section A to identify the agency's department or unit. Use Section A. Name of Agency, Department or Unit Name of Agency, Department or Unit			olic purpose made pursuant to			
	San Jose Arena Authority 3			Recognition for direct involvement in City-related projects/programs.			
	Office of Cultural Affairs			Recognition for direct involvement in City-related projects/programs.			
			Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
				Ceremonial Role If checking "Ceremon	Other islander" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other Intermedial Role" or "Other" describe below:	Income	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy	
•	Sharks Sports & Entertainme	ent	2	Recognition for dire projects/programs.	ct involvement in City-re	elated	
	Verification I have read and understand FPPC Regula	ations 18944.1 and	1 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with t	he requirements.	
	CAN		Shelly W	ang A	dministrative Assistant	12/16/15	
	Signature of Agency Head or Designee Comment:		Print Nam	e	Title	(Month, Day, Year)	



_	gency Name San Jose Arena Authority				
3.	Recipients • Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the section A to identify the agency at the agency at the section A to identify the agency at t	unit. • Use Se	ction 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)			
	SJ Police Department	6	Recognition for direct involvement in City-related projects/programs.		
	SJ Council District 2	4	Recognition for direct involvement in City-related projects/programs.		
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	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 Income If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document

1.	Agency Name				Date Stamp \(\)	California OOO		
	San Jose Arena Authority			7015 F	Elman	Form OUZ		
	Division, Department, or Reg	ion (If Applicable	∍)	- 1 <u>EPF) U</u>	621 A 10: 13	For Official Use Only		
	Designated Agency Contact	(Name, Title)	······································					
	Shelly Wang, Administrative	Assistant		\				
	Area Code/Phone Number	E-mail	Amendment (Must p.	rovide explanation in Part 3.)				
	408-977-4780	wang@sjaa.	com		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation				000.00		
					of Each Ticket/Pass \$	222.00		
	Event Description SJAA Boa	rd Recognition Provide Title/Expl	n 2015 anation	Date(s)	2 , 01 , 15			
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:			☐ If no:	Name of Soc	urce		
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: of agency official?				Official's Name (L	Last, First)		
3.	Recipients • Use Section A to identify the agence	y's department or	ual. ● Use Section C to ident	ify an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	San Jose Arena Authority Board of Directors		24	Recognition for direct involvement in City-related projects/programs.				
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
				Ceremonial Role If checking "Ceremoni	Other I al Role" or "Other" describe below:	Income 🗖		
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income 🗖		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy		
	Verification I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.		
	Signature of Agency Head or Designee		Shelly W	ang A	dministrative Assistan			
	Comments							
	Comment:							

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date/Stamp City 1. Agency Name California Form For Official Use Only Division, Department, or Region (If Applicable Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) **Date of Original Filing:** (Month, Day, Year) Does the agency have a ticket policy? Face Value₁of Each Ticket/Pass \$ **Event Description** Date(s) Ticket(s)/Pass(es) provided by agency? Yes 🗹 No 🗌 Name of Source Was ticket distribution made at the behest No ✓ Yes □ If yes: _ of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Prile Number of В. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Other 🖊 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income \square Ceremonial Role Other 🗹 If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Signature of Agency Head or Designee Print Name

Agency Report of:

Comment: .

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name ട**് ് iDa**te Stamp California **Form** 2015 NO / 10 AM 10: 13 For Official Use Only Division, Department, or Region (If Applicable) Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Ticket(s)/Pass(es) provided by agency? Yes 🕅 No 🗆 If no: . Was ticket distribution made at the behest No 🛛 Yes 🗌 If yes: _ of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Giving our young Juvenile youth an opportunity TO afford an event such as sports etc In which they have never Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income | Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Income Other [If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

Verification I have gead and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Comment: . FPPC Form 802 (4/12)

	gency Report of: eremonial Role Events and Ticl	ket/Pass	Distributions	San RECEIVED	A Public Documen
1.	Agency Name May Hope For Your Division, Department, or Region (If Applicable) Philip Rodriguez Designated Agency Contact (Name Title)		£U	San RECEIVED Date Stamp Cleri 15 OCT 15 AM 11: 32	California Form 802 For Official Use Only
-	Area Code/Phone Number E-mail	gver@,	newhose for youth		vide explanation in Part 3.) (Month, Day, Year)
۷.	Does the agency have a ticket policy? Event Description Sharks V Ducke Provide Title/Explain		Date(s) <u></u>	f Each Ticket/Pass \$	
	Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes □ No No □ Yes	_	Name of Sour	
3.	Recipients Use Section A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) New Hife For Your Out Reach Team		Describe the public	Id. • Use Section C to identific purpose made pursuant to Youth TO Actin	o the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role [Identify one of the following Other al Role" or "Other" describe below:	g: Income
			Ceremonial Role [Other Dai Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)		Describe the publ	ic purpose made pursuant to	the agency's policy
	Verification I have read and understand FPPC Regulations 18944.1 and 1	8942. I have ve	yifjed that the distribution set fol	rth above, is in accordance with t	he requirements.

Comment: _

Agency Report of:

Ceremonial Role Events and	I ICKet/Pass	Distributions		A Public Documer
1. Agency Name	The second secon		S/ Date Stamp	California 802
Santa Clara Probation Dept Edge P	rogram	note off	(L) BEING	Form 002
Division, Department, or Region (If Applie	-Z AN 3:34	For Official Use Only		
Marmet Williams Probation Counselor	· II			
Designated Agency Contact (Name, Title)			1	
(408) 573-3249				<u> </u>
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
marmet.v	williams@pro.sc	cgov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information	A Company of the Comp	and the control of th		40.00
Does the agency have a ticket policy?	Yes□ No	⊠ Face Value o	of Each Ticket/Pass \$	42.00
Event Description Ringling Brothers Ba		()		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⊠ If no: <u>Pavili</u> c	on Ticket Outreach Name of Sour	тсе
Was ticket distribution made at the behe of agency official?	st No⊠ Yes	☐ If yes:	Official's Name (Le	est, First)
Recipients Use Section A to identify the agency's department	nt or unit , Use Sec	tion B to id entify an individ u	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Santa Clara County Probation Edge Unit	16	Young Youth on Pr	vent.	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Other Diel Role" or "Other" describe below:	Income [
		Ceremonial Role If checking "Ceremoni	Other islander or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticke (c)/ Fase(-)	Describe the publ	lic purpose made pursuant to	o the agency's policy
. Verification I have read and understand FPPC Regulate 19944.1	and 107/12/11/2000 v	fied that the distribution set fo	orth above, is in accordance with	the requirements.
	Marmet W i.	liams F	Probation Counselor II	8/28/15
Signature of Agency Head or Designee Comment:	/ ∈ t Name		Title	(Month, Day, Year

С	eremonial Role Events and Tid	ket/Pass	Distributions	RECEIVED San Jose City Cla	A Public Documen
1.	Agency Name			Date Stamp	California 202
	Discovery Charter School			2015 SEP 10 AM 9:	For Official Use Only
	Division, Department, or Region (If Applicable	e)		Maily	For Official Ose Offig
	Designated Agency Contact (Name, Title)		·····	-	
	Debby Perry, Director	Amendment (Must pro			
	Area Code/Phone Number E-mail dperry@disc	covervk8 oro	1	Date of Original Filing:	9-01-2015
<u>-</u> 2.	Function or Event Information	oo vor y ko.org			(Month, Day, Year)
	Does the agency have a ticket policy?	Yes □ No	Face Value	of Each Ticket/Pass \$	82.00
	Event Description Circus		08 , 21 , 20		
	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Soul	rce
	Was ticket distribution made at the behest No ☒ Yes of agency official?		If yes:	Official's Name (Le	nst, First)
3.	Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	dual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant t	o the agency's policy
	Discovery Charter School	24	Student and paren	nt recognition	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Describe the pul	blic purpose made pursuant to	o the agency's policy
1.	Verification				
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance with the	the requirements.
	Signature of Agency Head of Designee	Print Name	e)	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Tic	:ket/Pass	i Distribution្ន _ា	RECEIVED Jose City Clark	A Public Document
1. Agency Name			Date Stamp	California Q02
New Hole For You'll Division, Department, or Region (If Applicable)) e)	2015 A	G 13 AM 10: 18	For Official Use Only
Philip Rodriguez Designated Agency Contact (Name, Title)	C	·E.O.	Thurse	
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
22 .	22.07 MOIN	haletoryouth are	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information		-		
Does the agency have a ticket policy?	Yes 🗂 No	Face Value o	of Each Ticket/Pass \$	87.00
Event Description WWE May Jay No. Provide Title/Exp	At RACI		13 12015	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☐ If no: Ade	NA AV MONTY Name of Sou	orce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (L	ast, First)
Recipients Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. ● Use Section C to identi	ify 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
New hope for your	8	ATTISK YOUTHE	otting	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🗖
		Ceremonial Role	Other I	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
4. Verification I have read and understand FPPC Regulations 18944.1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Phillip Ph	Map Radi		C.E.O.	8/6/2015
Signature of Agency Head or Designee	₽rint Nam	ue ·	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Tick	ket/Pass	BECEIVE	Clerk	A Public Document
1. Agency Name Santa Clara County Prob Division, Department, or Region (If Applicable) Market Lillia Mass Designated Agency Contact (Name, Title)	alay/	Elgons Program	Date Stamp	California 802 Form 809
Area Code/Phone Number E-mail (408) 573-3249 Marmetal Side	1 1 ms @ 71	0 . Scc91U, 0.RG	Amendment (Must pr	rovide explanation in Part 3.) (Month, Day, Year)
2. Function or Event Information) ,			07
Does the agency have a ticket policy?	Yes □ No	Face Value o	f Each Ticket/Pass \$	82
Event Description Saber at 15 New Provide Title/Exple	Orlean!	Date(s)	10,15	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: $\frac{San}{}$	JOSE ARCHA Name of Sou	Authority irce
Was ticket distribution made at the behest of agency official?	No X Yes	If yes:	Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or u	ınit. • Use Se	ection B to identify an individu	al. ● Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
Santa Clara County Probation Edge Program	24	frouïde Kids an o In Which they h	opportunity to attend over not had a cha	a Sporting Event nex.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Other al Role" or "Other" describe below:	Income 🔲
		•	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (to the agency's policy
4. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have vo	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Signature of Agency Head or Designee Comment:	Print Nan	4111111m S	Daftm Clin (cll) Title	(Mohth, Day, Year)

Agency Report of: RECEIVED **Ceremonial Role Events and Ticket/Pass Distributions** San Jose City CleAkPublic Document 1. Agency Name California Date Stamp 2015 APR 30 Form JOHN For Official Use Only Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Melissalurbain (Teacher) ☐ Amendment (Must provide explanation in Part 3.) **Date of Original Filing:** (Month, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Ticket(s)/Pass(es) provided by agency? Yes∕∐ No 🏻 Name of Source 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** Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Other 1 Income Ceremonial Role Chales ea Schuler If checking "Ceremonial Role" or "Other" describe below. Income Number of C. Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification			

Signature of Agency Head or Designee

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 requirement

Comment:

Print Name



gency Name		
. Recipients • Use Section A to identify the agency's department of	or unit. • Use Se	ction B to identify an individual. ● Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Sharon Gascon		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: ACKNOW (SJAMENT
VeronicaESPinoZa	-	Ceremonial Role Other D Income I Income
vcosten zueh		Ceremonial Role Other Mincome Income
LupeMoveno		Ceremonial Role Other Other Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Ceremonial Role Events and Ticket/Pa	ss Distributions	The state of the s	A Public Document
1. Agency Name		Date Stamp	California 802
Summit Public Schools Division, Department, or Region (If Applicable)	2015 MAY PA	3: 43	For Official Use Only
Designated Agency Contact (Name, Title)		_	
Jessica Miranda, Oferations Area Code/Phone Number E-mail	Manager	-	provide explanation in Part 3.)
168. 460. 49 36 Smilanda CSu. Function or Event Information	mmitzs. or	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			60 -0
Does the agency have a ticket policy? Yes ☐	No Face Value of	of Each Ticket/Pass \$ _	89.50
Event Description Krush Grove Provide Title/Explanation	Date(s)	4, 17, 2015	
Ticket(s)/Pass(es) provided by agency? Yes ✓	_	Name of So	ource
Was ticket distribution made at the behest of agency official?	Yes If yes:	Official's Name (Last, First)
. Recipients		und Hon Sontion C to Idon	Alfrican autolida aumanization
Name of Agency, Department or Unit Name of Agency, Department or Unit Pass(e	of s)/ Describe the pub	ual. • Use Section C to iden	
Summit Public schools 16	that of a cupt for how at a	having the o	nost volunteer
B. Name of Individual Number Ticket(, Pass(e	of (s)/	Identify one of the follow	
	1	Other Interpretable below:	Income
	Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Number Ticket(s Pass(es	s)/ Describe the pub	lic purpose made pursuant	to the agency's policy
Verification I have lead and understand FPPC Regulations 18944.1 and 18942. I ha	ve verified that the distribution set fo	orth above, is in accordance wi	th the requirements.
The ask we see	Name Dicket	cratius Mong el	(Month, Day/Year)
Comment: VI COSTA GO ANA	- 10-07 C	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 366/ASK-FPPC (866/275-7772)

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	Distributions	RECEIVED	A Public Document
1. Agency Name John Muir Middle Division, Department, or Region (If Applicable)	Sch	ිසෝ <u>වෙර්</u> 2015 A	PR 10 AM 9:43	California 802 Form For Official Use Only
Jean ette Horcling, Princ 3 Designated Agency Contact (Name, Title)	pol+Me	dissolution I	10 -	
Area Code/Phone Number E-mail Hewding	astu s c Nast	s.org usis.org	Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description Sharks Gar Provide Title/Expla	Yes ☐ No	Face Value of Date(s)	of Each Ticket/Pass \$	160.00
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes ☑ No No ☐ Yes	てリ	Name of Sou MW Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individ	ual. ● Use Section C to ident	ify 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			
(Last, First)	Ticket(s)/ Pass(es)	Oid Rele	Identify one of the following	ing:
Pawl Spitalare	2	Ceremonial Role If checking "Ceremon Teacher	ial Role" or "Other" describe below: Acknowle	dg evrent
LupeMoreno	3	Ceremonial Role If checking "Ceremon Teacher A	Other Diel Role" or "Other" describe below:	lent
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
4. Verification I have read and understand FPPC Regulations 18944.1 and the signature of Agency Head or Designee	18942. I have ve	bain ELD	orth above, is in accordance with	the requirements. 4/6/15 (Month, Day, Year)
Comment:				



Agency Name				
3. Recipients	i4 I.laa Sa	notion D to identify an included a Use Coetion C to identify an autoide agranization		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Perry, Lisa	3	Ceremonial Role Other Income I		
	·	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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

agency Report of: Seremonial Role Events and Ticl	ket/Pass	Distributions	RECEIVED San Jose City Clo	A Public Document
. Agency Name			Date Stamp	California 802
Summit Public Sc Division, Department, or Region (If Applicable,	hool	<u>s</u> 21	ISMAR 27 AM II:	
	•		the many	JZ For Official Use Only
Designated Agency Contact (Name, Title) 106-4936 Millor Area Code/Phone Number E-mail	rations	Monger	WE THAT	
Area Code/Phone Number E-mail	<u>dae Su</u>	mmitps.org	Amendment (Must pro	
			Date of Original Filing.	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?	Van 🗀 Na	☐ Face Value o	f Each Ticket/Pass \$	178.00
Event Description May Let Univer	Yes□ No		3,21,15	
,	Yes 🗹 No			
ricket(s)/rass(es) provided by agency?	Yes 🖳 No	11110.	Name of Sour	ce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (La	st, First)
Recipients • Use Section A to identify the agency's department or u	ınit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	3 :
			Other Dal Role" or "Other" describe below:	Income 🔲
		Ceremonial Role [Other In the state of the state	Income 🔲
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to	
Summit Public Schools 1750swhite Rel Sandre, LA 95148	16	twoke of field	rents of law- trib to unte	income families
Sonder, A 95148				
Verification I have read and understand EPPC Regulations 18944.1 and I signature of Agency Head or Designee	18942. I have ve	niverde distribution set for the set for t	rth above, is in accordance with the second of the second	the requirements. Month, Day, Year)
Comment: Thum you f	in the	re fickets.	Students /	1921 a great to

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California REGISIVED Form For Official Use Only MAR 2 3 2015 City of San Jose Office of the City Clerk Area Code/Phone Number | E-mail | ☐ Amendment (Must provide explanation in Part 3.) 408.320.4176 **Date of Original Filing:** (Month, Day, Year) A 1322.00 homes.org 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No No 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 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. Ticket(s)/ Identify one of the following: Pass(es) 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 of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

. 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.

| Jeu Boltinghouse | Case Mgr | 3-5-15 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year)

| Comment: | FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

	gency Report of: eremonial Role Events and Ticl	ket/Pass	Distributions	RECEIVED	A Public Document
1	Agency Name			i An Jose City Cl Date Stamp	California OAO
1.	Division, Department, or Region (If Applicable	choo	20	ISFEB 18 AM 9	Form 802
	Designated Agency Contact (Name Title)	Sall	Main Teacher	4 Mail	
	7				
4	Area Code/Phone Number Email	in DS	S: usd.org	☐ Amendment (Must) Date of Original Filing:	provide explanation in Part 3.)(Month, Day, Year)
2.	Function or Event Information		7		110
	Does the agency have a ticket policy?	Yes ☐ No	7	f Each Ticket/Pass \$ _	2 21 16
	Event Description DSN ex Con H	,	Date(s) _	1001 15	<u> </u>
gent.	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	☐ If no:	Name of So	purce
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: <u>Sear</u>	ette Hardin	o Melissalvba
3.	Recipients • Use Section A to identify the agency's department or u	T	ction B to identify an individu	al. ● Use Section C to iden	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuan	t to the agency's policy
	Ethqraderath	12	Award St	udents Fr	or progress
	Students				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Alison	4	If checking "Ceremonia	Tother Dal Role" or "Other" describe below:	yent
			Ceremonial Role [Other Interpretable of the second of the sec	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
4.	Verification I have read and understand FPPC Regulations 18944.1 and 1 Signature of Agency Head or Designee	18942. I have ve Sallt Print Nam	sow Tea	rth above, is in accordance wi	th the requirements. (Month, Day, Year)
	Comment: Thanh you s	o M	ech for i	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 3866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Tid	cket/Pass	Distributions	RECEIVED	, A Public Document
1. Agency Name John Much Made Division, Department, or Region (If Applicable)	e Soly	pol	2015 FEB 18 AM 4 May	California 802 Form 802 SFor Official Use Only
Designated Agency Contact (Name, Title) The Agency Contact (Name, Title) The Agency Contact (Name, Title) Area Code/Phone Number E-mail 2. Function or Event Information Does the agency have a ticket policy?	Yes No	\overline{s} 1	Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)
Event Description	Yes No	Date(s) If no: If yes:	Name of Soi unette Huds Official's Name (L	re
3. Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	unit. • Use Sec Number of Ticket(s)/ Pass(es)	T	ial. • Use Section C to ident	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Ana Fiero	2	Teacher		edge Ment
Charer Agraedol	Number of	Ceremonial Role If checking "Ceremoni Teachar A	al Role" or "Other" describe below:	geoner 1
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to ^l the agency's policy
4. Verification I have read and understand FPPC Regulations 18944.1 and Signature of Agency Head or Designee Comment:	Sa U.C. Print Name	Mair Te	acher Tille It	(Month, Day, Year) FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED **A Public Document** Date Stamp 1. Agency Name California **Form** Boys & Girls Clubs of Silicon Valley For Official Use Only Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Fred McCasland, Director of Program Services Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 02.17.15408-957-9685 fred@bgclub.org 2. Function or Event Information 41.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ☐ No 🛛 Event Description Valentine's Super Love Jam Concert If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Was ticket distribution made at the behest No X Yes □ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) 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 of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Recognition for Youth Development Programs Smythe Boys & Girls Club 8 Levin Boys & Girls Club Recognition for Youth Development Programs 8 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. FRED MCCASULUD PROGRAM DIRUCTOR Print Name Signature of Agency Head or Designee Title (Month, Day, Year)

Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk A Public Document California For Official Use Only Division, Department, or Region (If Applicable) Designated Agency Contact (Name_Title) Amendment (Must provide explanation in Part 3.) Date of Original Filing: (ASI) 53207 (Month, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: . Name of Source Was ticket distribution made at the behest If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

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

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

Agency Report of: Ceremonial Role Events and Tic	kot/Pass	Distributions	RECEIVED	
1. Agency Name HOWER Middle Sho Division, Department, or Region (If Applicable)	w l		Date Stamp 015 FEB 18 AM 9:	California 802 For Official Use Only
Designated Agency Contact (Name, Title) The Code/Prione Number E-mail	School istant	District Principal	☐ Amendment (Must pro	,
2. Function or Event Information Does the agency have a ticket policy? Event Description Frovide Title/Exp Ticket(s)/Pass(es) provided by agency?	Yes□ No	NVCKS _{Date(s)} 17	f Each Ticket/Pass \$	20 &
Was ticket distribution made at the behest of agency official?	Note Yes		Name of Sourc	
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 identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
toover Middle School Teachers	24	Reward tac Sellitur	thers through	mndom
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	J:
		Ceremonial Role If checking "Ceremonia	☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Income 🔲
		Ceremonial Role [Other I al Role" or "Other" describe below:	Income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy

4. Verification

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

EMILY EQUICITY

Signature of Agency Head or Designee

Frint Name

Comment:

Agency Report of: Ceremonial Role Events and Tid	ket/Pass	Distributions	RECEIVED San Jose City Cl A Public Document
1. Agency Name Hower Middly School Division, Department, or Region (If Applicable San Jose Unifical School Designated Agency Contact (Name, Title)	Date Stamp 2015 FEB 18 AM 9 Form 802 For Official Use Only		
	ni@siv	Sd.ora	Date of Original Filing:(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description **Royde Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest	Yes No No Yes Yes No No Yes	□ If no:	Name of Source
of agency official? 3. Recipients			Official's Name (Last, First)
A. Name of Agency, Department or Unit Hoover Middle School Street	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy Tounts With teacher datum.
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:
		Ceremonial Role If checking "Ceremon	Other Income Income Income Income
· .		Ceremonial Role	Other Income Inc
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
4. Verification I have read and understand FPPC Regulations 18944.1 and Signature of Agency Head or Designee Comment:	18942. I have ve WY Fint (Vari	rified that the distribution set for WCMI AS	orth above, is in accordance with the requirements. SISTANT PNNG FA 2/10/15 Title (Month, Day, Year)

California 802 Form 802 For Official Use Only Notice explanation in Part 3.) (Month, Day, Year)
(Month, Day, Year)
st, First)
y an outside organization. o the agency's policy
g:
Income 🔲
o the agency's policy
the requirements. LU73. / 4// (Month, DayWest)

•	Agency Name			Date Stamp	California 802
	Sonta Clara County Proba	Yen	200	DEC 12 AM 9:04	roilii • • -
	Division, Department, or Region (If Applicable)			1 & Mail	For Official Use Only
	Marmet Wilkims Property Designated Agency Contact (Name, Title)	Botion	Courselor		
	Area Code/Phone Number E-mail			Amendment (Must provid	e explanation in Part 3.)
1	(08) 573-3249 Marmet-Will	liams@prov	54904019	Date of Original Filing:	Month, Day, Year)
		111111111111111111111111111111111111111			122
	Does the agency have a ticket policy?	Yes □ No	Face Value o	f Each Ticket/Pass \$	105
	Event Description Tiple Ho Show	1 5,0	Date(s) <u></u>	3,14	
	Ticket(s)/Pass(es) provided by agency?	Yes 🕅 No	☐ If no:	Name of Source	
	Was ticket distribution made at the behest of agency official?	No X Yes	If yes:	Official's Name (Last,	First)
	Recipients • Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an Individu	ial. ● Use Section C to identify a	n outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to th	ne agency's policy
	Santa Clara County Probation Edge/Peak Program	0	and Cultural Awa	ventle System, help Provinces in the Commun youth have never after	Ity I
,	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
•			Ceremonial Role [☐ Other ☐ al Role" or "Other" describe below:	Income [
			Ceremonial Role	Other al Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to th	e agency's policy
	Verification				

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	s Distributions	RECEIVED San Jose City Cler'A Public Document
Area Code/Phone Number E-mail 2. Function or Event Information	este ination Yes No No Yes	Havaling Face Value of Date(s) If no:	Date Stamp 14 NOV 26 PM 3: For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filling: (Month, Day, Year)
3. Recipients			
Use Section A to identify the agency's department or u Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	T .	al. • Use Section C to identify an outside organization.
RoFfeled Students	8	This will	beguen to Students
B. Name of Individual	Number of Ticket(s)/	who have	Toolfton for good growing
(Last, First)	Pass(es)		Other Income Inc
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other Income Income Infancial Income Infancial Income Infancial Income Infancial Income Infancial Infancia
·			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to the agency's policy
4. Verification I have read and understand FPPC Regulations 18944.1 and 1 Signature of Agency Head or Designee Comment:	8942. I have ve	Main Te	rth above, is in accordance with the requirements. Title (Month, Day, Year)

Agency Report of: RECEIVED San Jose City Clarbublic Document Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California Form For Official Use Only M Mail 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) Function or Event Information Face Value of Each Ticket/Pass \$ 3 Does the agency have a ticket policy? Event Description Date(s) Provide Title/Explanation Yes No 🗆 Ticket(s)/Pass(es) provided by agency? Name of Source Was ticket distribution made at the behest No ✓ Yes □ If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Identify one of the following: Ticket(s)/ Pass(es) Kailani Success in School Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

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.

White Salthair Teacher

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Yea



gency	/ Name								
	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.								
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
<u>В</u> .	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:						
Co	acpal, King	2	Ceremonial Role Other II If checking "Ceremonial Role" or "Other" describe below: For Success in School	Income					
	, years		Ceremonial Role Other Interpretation of the Ceremonial Role or "Other" describe below:	Income					
			Ceremonial Role Other In the Community of the Community o	Income					
•			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income					
<u>C.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli	су					
				_					
									

Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions San Jose City (A Public Document 1. Agency Name Date Stamp California 2814 OCT 20 AM Form City of San Jose For Official Use Only Division, Department, or Region (If Applicable) M Mail San Jose Arena Authority **Designated Agency Contact (Name, Title)** Shelly Wang, Administrative Assistant Amendment (Must provide explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: 408-977-4780 wang@sjaa.com (Month, Day, Year) 2. Function or Event Information \$44.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description Disney on Ice Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No 🗆 Name of Source If yes: Shelly Wang, Administrative Assistant Was ticket distribution made at the behest No ☐ Yes 🗵 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Boys & Girls Club of Silicon Valley Recognition of city students 16 5040 N. 1st Street, San Jose 95002 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.

Fred McCasland Director of Program Services 10.07.14

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

Date Stamp California 802 Form 802 For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Each Ticket/Pass \$ 44 Name of Source Official's Name (Last, First)
Form For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Fach Ticket/Pass \$ Name of Source
Amendment (Must provide explanation in Part 3.) Date of Original Filing:
Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$
Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$
Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$
Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$
Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$
Anne of Source
Name of Source
Name of Source
Name of Source
Official's Name (Last, First)
Use Section C to identify an outside organization.
purpose made pursuant to the agency's policy
ing
ing
lentify one of the following:
Other Income Income Cole" or "Other" describe below:
Other Income Income Del" or "Other" describe below:
ourpose made pursuant to the agency's policy
above, is in accordance with the requirements. Soc Director 10/14/1 Development (Month, Day, Vear)

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

	REGI	civil	l ar		
an	Jose	City	Clark	Public	Documen

1.	Agency Name City of San Jose			2	Date Stamp 1140CT 20 AM 9: (AT Waj)	California 802 Form Cofficial Use Only
	Division, Department, or Regi San Jose Arena Authority Designated Agency Contact (n may	, , , , , , , , , , , , , , , , , , , ,	
	Shelly Wang, Administrative	Assistant			Amendment (Must prov	vide explanation in Part 3)
		E-mail				rao ospianaion in rait os,
	408-977-4780	wang@sjaa	a.com		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					\$44.00
	Does the agency have a ticket	-	Yes 🗵 No	—	f Each Ticket/Pass \$	
	Event Description Disney on	Ice Provide Title/Exp	olanation	Date(s)0	, 15 , 14	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Source	20
	Mas tisket distribution made a	t the behost		Shelly	/ Wang, Administrative	
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	⊠ If yes:	Official's Name (Las	st, First)
3.	Recipients • Use Section A to identify the agency	r's department o	r unit. • Use Sec	tion B to identify an individu	ral. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	r					
	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the following	j:
				Ceremonial Role	Other al Role" or "Other" describe below:	Income 🔲
				Ceremonial Role	Other all Role" or "Other" describe below:	income 🔲
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	Boys & Girls Club of Silicon 137 N. White Road, San Jos	Valley se 95127	16	Recognition of city s	students	
	Verification I have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have vel	rified that the distribution set fo	orth above, is in accordance with th	he requirements.
	20 ~~~		Fred McCa	sland Dire	ctor of Program Service	es 10.07.14
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)

Agency Name		· · · · · · · · · · · · · · · · · · ·	San Jose City City Date Stamp	California Q
EMQ Families First			2014 OCT 16 AM 8.	Form O
Division, Department, or Region (If Applicable,			- ···· - · · · · · · · · · · · · · · ·	ਹ ∳or Official Use Onl
Day Arra Region			ot Mail	
Bay Avea Region Designated Agency Contact (Name, Title)		······································	-	
Darren DeMonsi, Asso	C. Dire	ctor of Dev		
Area Code/Phone Number E-mail			Amendment (Must provid	le explanation in Part 3.)
-364-4058 Idemonsi Oemqff.org			Date of Original Filing:	(Month, Day, Year)
Function or Event Information				0.64
Does the agency have a ticket policy?	Yes □ No	Face Value o	f Each Ticket/Pass \$	200
Event Description Shavks gas	me	Date(s)	, 27, 14	1 1
Provide Title/Expla	nation	Date(3)		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	☐ If no:	Name of Source	
Was ticket distribution made at the behest		-		
of agency official?	No ☐ Yes	Ll If yes:	Official's Name (Last,	First)
Recipients		· · · · · · · · · · · · · · · · · · ·		
Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individu	al. • Use Section C to Identify a	n outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to t	he agency's policy
EMQ Families First				
Residential Program	24	Group ha	one for kid	5
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
		Ceremonial Role I If checking "Ceremoni	Other al Role" or "Other" describe below:	Incom
		Ceremonial Role [Other al Role" or "Other" describe below:	Incom
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to th	ne agency's policy
(iniciaue address and description)	Pass(ès)	-		
Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve. 		nth above, is in accordance with the 1550c. Directory of Delecopme	1

Agency Report of: Ceremonial Role Events and Ti	cket/Pass	s Distributionsូ	RECEIVED in Jose City Clerk	A Public Document
1. Agency Name			Date Stamp	California Q02
Division, Department, or Region (If Application)	to baker	Department	OCT 10 PM 2: 48 BT Weil	For Official Use Only
Edge Peak Program Designated Agency Contact (Name, Title)				
Marmet Williams Page Area Code/Phone Number E-mail	batton C	ounsday	Amendment (Must pro	ovide explanation in Part 3.)
408) 573-3249			Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes ☐ No	_	f Each Ticket/Pass \$	206
Event Description SharKs VS Ar	Zona Coy	Date(s)	76,14	
Ticket(s)/Pass(es) provided by agency?	Yes No	☐ If no:	Name of Sour	
Was ticket distribution made at the behest	No Yes	—		ce
of agency official?	No ∠ Yes	If yes:	Official's Name (La	est, First)
3. Recipients • Use Section A to identify the agency's department of	or unit. • Use Se	ection B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	
Santa Clara County Probatton Edge Programs	24	The Community	sity and cultural a	wareness in Juveniles
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other at Role" or "Other" describe below:	Income 🔲
		Ceremonial Role	Other al Role" or "Other" describe below:	Income 🔲
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
4. Verification	-1 40040 14			the consideration
I have read and understand FBPC Regulations 18944.1 at Signature or Agency Head or Designee		III AM S Proping	Suffey Coun Son Title	(Month, Day, Year)
Comment:				

. Agency Name		© Part State	Date Stemp SEP -3 PM 2: 46	California 802
Division, Department, or Region (If Applicable,		4017	St Mail	For Official Use Only
Designated Agency Contact (Name, Title)	an)		
Shelly Wang			Amendment (Must provide	explanation in Part 3.)
Area Code/Phone Number E-mail	Dain	a.00m	Date of Original Filling:	lonth, Day, Year)
Function or Event Information		01.0011	(A)	10 1-01
Does the agency have a ticket policy?	Yes No	☐ Face Value o	f Each Ticket/Pass \$ \(\bigcup C	y earth
Event Description BONE Provide Title/Expla	Supation	Date(s) 💆	9314	
·	mellom Yes ⊠i No [☐ If no:		
		≤ 1	Name of Source	
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes:	Official's Name (Las) F	irst)
Recipients Use Section A to Identify the agency's department or use.	nit. • Use Sec	tion 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 pub	ic purpose made pursuant to the	e agency's policy
amy Echteen Selike	8	formly pend	ZHOIT WAINOU	XUS ETNE
Deaf F5 Unit	(121 12 TOS	ther o	
R Name of Individual	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following:	
(Last, First)			Identify one of the following: Other al Rote" or "Other" describe below:	income [
(Last, First)		If checking "Ceremon Ceremonial Role	Other	income [
C. Name of Outside Organization (include address and description)		If checking "Ceremon Ceremonial Role If checking "Ceremon	Other al Role" or "Other" describe below:	In co me [
(Last, First) Name of Outside Organization	Pass(es) Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other al Rote" or "Other" describe balow: Other al Rote" or "Other" describe balow:	In co me [

Comment: MS. Wang Represents how Organization Well/
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



Agency	Name		
	SHY HIPPO	San	770
	ipients	unit - Lina Ca	otion D to identify an individual Lies Contion C to identify an outside avanturation
	THE RESERVE TO SERVE THE S	Number of	ction B to identify an individual. • Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
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200	FL MIT FE	18	Pamile > to enu comments and
			tocether
			165ett 161
	I TO THE EXPLORATION OF THE PERSON OF THE PE		
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	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 "Olher" describe below:
	*****		Ceremonial Role Other Income Income
			If checking "Ceremoniel Role" or "Olher" describe below:
-			Ceremonial Role Other Income Income
			If checking "Geremoniel Role" or "Other" describe below:
<u>C.</u>	Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	(Include address and description)	Pass(es)	

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	RECEIVED s Distributions San Jose City ClerkA Public Document	
1. Agency Name		Date Stamp California Q 1 2	
Santa Clara Country Plo Division, Department, or Region (If Applicable	bation/	TEdyc Programs 4 SEP 10 PM 2:5 Form For Official Use Only	
Designated Agency Contact (Name, Title)	<u> </u>	Dation Counsely	
(408) 573-3249 Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)	
	lliams@	Date of Original Filing:	
2. Function or Event Information	i	162 138	
Does the agency have a ticket policy? Event Description Ring My Brothus	Yes□ No { <i>Barnum</i>		
Provide Title/Expl	anation	Circus /	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	of If no: HP Pavillem @ San Jose Ticket Distribution Pri	vgrm
Was ticket distribution made at the behest of agency official?	No X Yes	S	
Recipients Use Section A to identify the agency's department or	unit. • Use Se	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	
Santa Clara County Probation Edge/Peak Program	16	At RISK Youth experiencing a public function the circus.	
B. Name of Individual	Number of Ticket(s)/ Pess(es)	Identify one of the following:	
		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)/ Pass(es)		
4. Verification I have read and understand FPPC Regulations 18944.1 and Signature of Agenty Head or Designee		verified that the distribution set forth above, is in accordance with the requirements. Williams Probation Counser I 9/2/11 (Month, Day, Year)	
Comment:			

Ceremonial Role Events and Tic	ket/Pass	RE(Distributions)	SEIVED a City Clark	A Public Document
Designated Agency Contact (Name, Title)	t S	5 2014 JUN 1	Date Stamp 2 PM 2: 41 AT Mail	Form 802 For Official Use Only
Area Code/Phone Number E-mail 2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Title/Expl	Yes No	Face Value o	Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes No No No No No Yes		Official's Name (L	May
 Recipients Use Section A to identify the agency's department or 	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Family of Wilden Service Deaf F5	9 10,	allue (rock indivi	quals & their
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role [Other Other Other" describe below:	Income
		Ceremonial Role [Other I	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant f	to the agency's policy
1. Verification I have read and understand FPPC Regulations 18944.1 and Signature of Agelicy, Head or Designee Comment:	18942. I have ver	hara Pro	gram Cour	(Month, Day, Year) FPPC Form 802 (4/12) 36/ASK-FPPC (866/275-7772)
in July in	t MV WH	ATION TO THE PARTY OF THE PARTY		
VX	OW D	NINC		



Agency N	ARACIA S	an Z	DSC ,
3. Reci		unit. • Use Se	oction B to identify an individual. • Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
705	of Deaf FS	16	then family nembers erry
			Community evento together
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	WARRANT THE COLUMN TO THE COLUMN		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
WALL TO THE RESERVE T			

	onial Role Events and Ticl	ket/Pass	RECEIVED Distributions See City Clerk A Public Document
+ P (Y	cy Name (1) (1) (2) (1) (5) n, Department, or Region (If Applicable,	m 20	Date Stamp 6 PM 2: 36 California 802 Form For Official Use Only
Design	ated Agency Contact (Name, Title)	(an)	
Area 6	ode/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)
$\bigcirc\bigcirc$	1 +44 M	<u> 2000</u>	Pate of Original Filing: (Month, Day, Year)
Does th	tion or Event Information ne agency have a ticket policy? Description Provide Title/Expla	Yes No [Face Value of Each Ticket/Pass \$ 12 X 10 + Clot
Ticket(s)/Pass(es) provided by agency?	Yes Ø No [If no:
	eket distribution made at the behest ency official?	North (Yest	If yes: Official's Name (Last, First)
3. Recip		ınit elise Sect	ction B to Identify an Individual. ● Use Section C to Identify an outside organization.
	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
imily	ECHIDAN SENICO	16	assist on beat tamilies to
)eat	Chit		
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
			·
M F	ad and understand FPPC Regulations 18944.1 and	te 100	erified that the distribution set forth above, is in accordance with the tequirements. Title (Month, Day, Year)
Comm	nent: CAC HOLD	Print Name	For Ms Wars and Paylin Ta
	DISTRIBUTION !) NOON	FPPC Form 802 (4/12) FPPC Toth-Pree Helpline: 866/ASK-FPPC (866/275-7772)



Agency Name HP POWING AT SAM	J 20	se Ostribution Quoran
3. Recipients	nit alisa Sar	etion B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
Cernila, EChildren Sarv	Pass(es)	Assit our Deaf families to en
Coff Nit	19 14	widn't be obe to do so
150 W Silan St		
San Jose (A 95124		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income If checking "Ceremoniel Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		·

Agency Report of:

Comment: _

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		nonial Role Even	ts and Tic	ket/Pass	Distributions S	RECEIVED an Jose City Clark	A Public Documen	
Stores and	and the same of th	ency Name				Date Stamp	California Q 🗘 🤈	
	City	of San Jose		AFEB-7 PH 3: 4	den haraman da de karaman da da karaman da k			
	Divis	sion, Department, or Reg	ion (If Applicable		For Official Use Only			
	San	Jose Arena Authority						
		ignated Agency Contact	(Name, Title)	***************************************				
	She	lly Wang, Administrative	e Assistant					
		Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)	
		-977-4780	wang@sjaa	.com		Date of Orlginal Filing:	(Month, Day, Year)	
2.	Fur	nction or Event Infor					(Moniii, Day, real)	
						of Each Ticket/Pass \$	192	
	Ever	nt Description Newhall P	ark Volunteer	Recognition				
	•					Name of Source	е	
		ticket distribution made a agency official?	at the behest	No ⊠ Yes	☐ If yes:Officiel's Name (Last, First)			
3.		cipients Section A to identify the agenc	y's department or	ial. • 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			
	Newhall Neighborhood Association		18	Recognition for the involvement of City residents and staff for their efforts in the construction of Newhall Park, San Jose, CA.				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	:		
		(Los), r noy		Pass(es)	Ceremonial Role If checking "Ceremoni	Other	Income	
			9,8500 -		Ceremonial Role If checking "Ceremoni	Other	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		
Endered S	3.							
4.		ification read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	diled that the distribution set fo	orth above is in accordance with t	he requirements	
	\leq	mul Ore		Shelly W		dministrative Assistant	01/22/14	
	7	Signatule of Agency Head of Oesignee		Print Nam	θ	Title	(Month, Day, Year)	

Agency Report of:

RECEIVED

Ceremonial Role Events and Ticket/Pass Distributions Clark

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Ι.	Agency Name		Date_Stamp	California 802		
	City of San Jose			2014 FEB	·	Form For Official Use Only
	Division, Department, or Regi	on (If Applicable		For Official Ose Offig		
	San Jose Arena Authority					
	Designated Agency Contact (Name, Title)				
	Shelly Wang, Administrative	Assistant				
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
	(408) 977-4780	wang@sjaa.	com		Date of Original Filing:(Month, Day, Year)	
2. [Function or Event Inform	nation			and the second	
	Does the agency have a ticket	policy?	f Each Ticket/Pass \$.	192		
	Event Description SJAA Boar	d Recognition		Date(s) 12	, 12 , 13	
	Everir Describrion	Provide Title/Expl	anation		Processed Processes and Proces	Participant the Proposed With the State St
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	lf no:	Name of S	
	NAC- Clabak distribution made o	4 4ba babaa4				ource
	Was ticket distribution made a of agency official?	t the benest	No 🛛 Yes	If yes:	Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agency	's department or	al. • Use Section C to Ide	ntify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant to the agency's policy		
	San Jose Arena Authority Bo			o recognize the volu	nteer service of the SJA	
			24	Board members.		
	The control of the co					
			Nombon of			
	B. Name of Individua	l	Number of Ticket(s)/ Pass(es)		identify one of the follow	ving:
					Other al Role" or "Other" describe below	Income [
					Other	Income [
					Other al Role" or "Other" describe below	Income [
			Number of			Income [
	C. Name of Outside Organi (Include address and des		Number of Ticket(s)/ Pass(es)	If checking "Ceremonl		Income [
			Ticket(s)/	If checking "Ceremonl	al Role" or "Other" describe below	Income [
			Ticket(s)/	If checking "Ceremonl	al Role" or "Other" describe below	Income [
			Ticket(s)/	If checking "Ceremonl	al Role" or "Other" describe below	Income [
	Verification	cription)	Ticket(s)/ Pass(es)	If checking "Ceremonl	al Role" or "Olher" describe below	Income [
1 .	(Include address and desc	cription)	Ticket(s)/ Pass(es)	If checking "Ceremonl Describe the publication set for	al Role" or "Olher" describe below	Income In

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

A Public Document

1.	Agency Name				Dat e Stamp	California 202		
	San Jose Arena Authority		4:54	Form OUZ				
	Division, Department, or Regio	n (If Applicable,	O'SC	For Official Use Only				
	Designated Agency Contact (Na	ame, Title)						
	Shelly Wang, Administrative A	Assistant		., , , , , , , , , , , , , , , , , , ,				
	Area Code/Phone Number E	-mail				ovide explanation in Part 3.)		
	408-977-4780	wang@sjaa.	com		Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inform					160		
	Does the agency have a ticket p		f Each Ticket/Pass \$	100				
	Event Description Board Reco	gnition Provide Title/Expl	1813					
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	Name of Source			
	Was ticket distribution made at of agency official?	No ☐ Yes	If yes:	Official's Name (L	ast, First)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to Identify an outside organization.							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to the agency's policy			
	San Jose Arena Authority Bo Directors	19	Recognition for Are	ena Authority Board members involvement.				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followle	ng:		
				Ceremonial Role	iel Role" or "Other" describe below: Other iel Role" or "Other" describe below:	Income 🔲		
	C. Name of Outside Organiz (Include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	Ilc purpose made pursuant	to the agency's policy		
4.	Verification I have read and understand FPPC Regulated of Astrony Head on Dasignee Comment:	ions 18944.1 ənd	I 18942. I have ve Shelly W Print Nam	ang A	orth above, is in accordance with Administrative Assistan Tille			