1.	Agency Name				Date Stamp	California 802	
	San José Fire Department		RECEIVED	Form OUZ			
	Division, Department, or Reg	ion (if applicable)	No	For Official Use Only			
	Bureau of Administrative Se	ervices			NOV 1 8 2021	and the second second second second	
	Designated Agency Contact	(Name, Title)			City of San Jose	Approved weather the second	
	Lynda De Santiago				Office of the City Clerk	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	district Re-			an and the second production of the	
	408-794-6982	lynda.desantiago@	@sanjoseca.g	lov	Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation	1. 1940.9 m	9 (s. 1. 74)	and Revealed and the second	6.50	
	an other and the second sec				Each Ticket/Pass \$ 93		
	Event Description: Jo Koy		and the second second	Date(s) 11	<u>_ 12 _ 21</u>	the fillent fille store a	
		Provide Title/ Expl	anation			and the second second	
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗆	If no: San Jos	e Arena Authority	the second s	
	Was ticket distribution made	at the behest . Voo		lf yes:	alan generati selahili sana se		
	of agency official?	at the benear 165			Official's Name (Last, First)	Normalism of the solution of t	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.) identify an indivi	and a substance and a second	an a	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe ti	e the public purpose made pursuant to the agency's policy		
	San José Fire Department		16		Concourse Suite C-11, in recognition of planning and implementation of 2019 SJFD Women's Boot Camp event.		
	 Caller of a standard state of a state of the	and a second second Second second second Second second	4			n ten 1986a SBB minori ad 1 SBB n server angiantasian	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	bllowing:	
	-ar lio state (s or Refs mils - Altri Salas an - Altri Salas Altri	n - E Frank A Daerreta - A Daerreta	lf chec	monial Role D Other C	하는 하는 것 같아? 가운 것	
	ke ^d i davoti si serendi si d ^{ia} ne serendi si serendi si	Ma bashir Basari ang Katabéran Katabéran	Sene madellet Literref Barri	Cerer		Income	
	C. Name of Outside C (Include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made pur	suant to the agency's policy	
		n 1935 de la companya de la company En la companya de la c En la companya de la c	Allinaise inte 19 - Marcola		al an allan an indiana. An an		

W				nt Oap	51011, 1	91.111	C Offici
5	Signature	of Ageney Head	or San	José	Firent	Depar	tment

(month, day, year)

Comment:

Title



Agency Name

San José Fire Department

3. Recipients

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San . Admi	José Fire Department - Bureau of nistrative Services and Bureau of Field	14	Staff received tickets for themselves and a guest.
Oper	ations.		Staff names: Lynda De Santiago, Laura Black, Athena Trede, Brittani Llorente, Maryann Fritz, Mariela Figueroa,
			Amy Flores
		4	Parking Pass provided to Lynda De Santiago, Laura Black, Athena Trede, Mariela Figueroa
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Estrada,Hector (former employee)	2	Ceremonial Role Other K Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Ceremonial Role" or "Other Ceremonial Role" or "Other" describe below:
	ан _с		Ceremonial Role Other I Income Income If checking *Ceremonial Role" or "Other" describe below:
			Ceremonial Role Dother Dother 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
			and the second se

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name SarPale Stamp VEC City of San Jose OT C (2) Distributions Form

	Division, Department, or Region (if applicable)			2019 DEC LI		,		
	San Jose Fire Department - Fire Communications				2019 DEC II PM I	: 49		
	Designated Agency Contact (Name, Title)							
	Jennifer Burnham, Supervising Public Safety Dispatcher			Amendment (Must Pro	Vide Explanation in Part 3.))		
	Area Code/Phone Number E-mail				na na manana manana ang kang kanana na mang na mang na mang kang na mang na mang na mang na mang na mang na man	2		
	408 794 1284 jennifer.burnham@sanjoseca.gov		Date of Original Filing:	(month, day, year)				
2.	Function or Event Inform	nation		a Charles and Charles and Directory				
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$	7.00	-
	Event Description: Sharks vs. Rangers hockey game Provide Title/ Explanation			Date(s) <u>12</u>	<u>, 12 , 19 </u>	//	-	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🛛	1988 - Maritana Indonesia n arawa	Arena Authority Name of Source		
	Was ticket distribution made	at the behest	Yes 🖄	No 🗌	If yes: <u>Sapien,</u>	Robert Official's Name (Last, First)		_

3. Recipients

of agency official?

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Jose Fire Communications	2	Employee recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Darmousseh, Scarlet	2	Ceremonial Role Other S Income It checking "Ceremonial Role" or "Other" describe below: Employee recognition
9-		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

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 Robert Sapien Fire Chief 12/3/2019

	Robert Sapien	Fire Chief	12/3/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	RECENTE A	Public Document
1.	Agency Name		and an in Course an address Namen in	San	Jose City Clerk	California 802
	City of San Jose				D+-10	
	Division, Department, or Region (if applicable) 2019				OTCLA. CII PM 1:49	For Official Use Only
	San Jose Fire Department -	Fire Communication	2017 01	-011 FM 1:49		
	Designated Agency Contact (Name, Title)				
	Jennifer Burnham, Supervis	ing Public Safety Dis	patcher		Amondmont (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Side Explanation in Part 3.7
	408 794 1284	jennifer.burnham@	sanjoseca.go	vc	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			10	0.50
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖 🖡	ace Value of	Each Ticket/Pass \$ <u>18</u>	9.50
	Event Description: Poptopia	a concert Provide Title/ Explar	nation	Date(s) <u>12</u>	<u>, 5 , 19</u> .	//
	Ticket(s)/Pass(es) provided			f no: <u>San Jose</u>	e Arena Authority	
				Sanien	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	No 🗌 丨	f yes: <u>Sapien,</u>	Official's Name (Last, First)	
3.	• Use Section A to identify the agen		Number		lual. • Use Section C to identi	
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe til	e public purpose made purs	uant to the agency's policy
	San Jose Fire Communica	ations	8	Employee re	ecognition	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	and the	Identify one of the fo	llowing:
	Stevens, Jessica		2		nonial Role Other X king "Ceremonial Role" or "Other" des ecognition	New Color (1997)
	Garcia, Tania		2		nonial Role Other X king "Ceremonial Role" or "Other" des cognition	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant 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. Robert Sapien Fire Chief 12/3/2019 Print Name Title (month, day, year) Signature of Agency Head or Designee

Comment: _



Agency Name

City of San Jose

3. Recipients

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:
Earhart, Kristin	2	Ceremonial Role Other Other Income If checking "Ceremonial Role" or "Other" describe below: Employee recognition
Alcantar-Kirk, Monica	2	Ceremonial Role Ceremonial Role Other Income Income Englished Below:
		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

Agency Report of: <u>Ceremonial Role Events and Ticket/Pass Distributions</u> <u>A Public Document</u> <u>A Public Document</u> <u>San Jose City Clerk</u> <u>California</u> <u>802</u>

1.	Agency Name			San	Jose City Clerk	California 802	
	City of San José				Contraction of the second seco	Form OUZ	
	Division, Department, or Region (if applicable) 2010 D				OTC LA	For Official Use Only	
	Fire Department - Bureau of	Administrative Servi	ices	2013 0	LUII PM 1:49		
	Designated Agency Contact (Name, Title)			7		
	Athena Trede, Administrative	e Officer	Amendment (Must Pro	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)	
	408-794-6953	athena.trede@sanj	oseca.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tick	ket policy? Yes	⊠ No⊡ F	ace Value of	Each Ticket/Pass \$	9.50	
	Event Description: 99.7 NOW! Presents Poptopia			Date(s) <u>12 / 05 / 19</u>			
	Event Description.	Provide Title/ Explan			//		
	Ticket(s)/Pass(es) provided	by agency? Yes [f no: San Jose	e Arena Authority			
		Name of Source					
	Official's Name (Last, First)						
	of agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	City of San José - Bureau of Services	Administrative	15	Employee R	ecognition		
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Dulin, Ryan		1	20022200200	nonial Role D Other D king "Ceremonial Role" or "Other" desc Recognition	Income Income	
	Williams, Reginald		4	0.000-00000000	nonial Role DOther Marking "Ceremonial Role" or "Other" desc Recognition	Income	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	

4. Verification

I have read and understand FPRC Regul	ations 18944.1 and 18942. I have ver	ified that the distribution set fort	h above, is in accordance
with the requirements.			
(V X ())	Robert Sapien, Jr.	Fire Chief	12/11/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____



Agency Name

City of San José

3. Recipients

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:
Ray, Erica	3	Ceremonial Role Other Income Income Ceremonial Role" or "Other" describe below:
De Santiago, Lynda	4	Ceremonial Role Other Income Income Ceremonial Role" or "Other" describe below: Employee Recognition
Figueroa, Mariela	3	Ceremonial Role Ceremonial Role Other Ceremonial Role Other Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document** San Joate Stamp Clar 1. Agency Name California Form City of San Jose OTC LG 2019 DEC 11 PM 1: 48 For Official Use Only Division, Department, or Region (if applicable) San Jose Fire Department - Fire Communications Designated Agency Contact (Name, Title) Jennifer Burnham, Supervising Public Safety Dispatcher Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408 794 1284 jennifer.burnham@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 129.95 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: J Balvin concert Date(s) 10 / 17 / 19 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No K Name of Source If yes: Sapien, Robert 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 San Jose Fire Communications Employee recognition 4 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Herrmann, Christina If checking "Ceremonial Role" or "Other" describe below. 2 Employee recognition Other X Income Ceremonial Role Gonzales, Marisa If checking "Ceremonial Role" or "Other" describe below: 2 Employee recognition 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 Robert Sapien Fire Chief 12/3/2019

	rioboli ouploit	i ne enter	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

	gency Report of:				
	eremonial Role Even	ts and Ticket/Pass Dis	stributions	AF	Public Document
1.	Agency Name City of Sa	in Jose		Date Space EIVEL San Jose City	Form OUZ
	Division, Department, or Reg	ion (if applicable)		MALK	For Official Use Only
	Five Commu			2018 NOV 19 AM	10: 53
	Designated Agency Contact ((Name, Title)			
	Jennifer	Burnham		Amendment (Must Prov	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			
4(087941284	Jennifer, burnhamasa	njosera-gov	Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation		·	nh A
	Does the agency have a tick		Face Value of I	Each Ticket/Pass \$ _2_	19.50
	Event Description: Fleet	Provide Title/Explanation	Date(s)	, 21, 18	
	Ticket(s)/Pass(es) provided	by agency? Yes 🗆 No 🛱		Name of Source	thonty
	Was ticket distribution made of agency official?	e at the behest Yes \square No \square	If yes: <u>pre</u>	Official's Name (Last, First)	uet
				ar	tis Theobson

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Juse five Communicat	ims 16	Employee Recognition
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ 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 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

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.

harlotte Endicott Div. Chief Print Name 11/15/18 (month, day, year) Signature of Agency Head or Designee

Comment:

	gency Report of: eremonial Role Events and Ticket/P	ass Distri	butions	AI	Public Document
-	Agency Name CITY OF SAN JOSE Division, Department, or Region (if applicable)			REBATEVStemp	California Form 802
	Division, Department, or Region (<i>if applicable</i>) <u>FILE DEPARTMENT</u> Designated Agency Contact (Name, Title)		2017	HRW 10M MAR 15 AM 10: 36	For Official Use Only
	BRIAN KN DEN BROGKE Area Code/Phone Number E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	408-794-1283 BRIAN. VANDIER	NBROEKE	C CA. LOV	Date of Original Filing:	(month, day, year)
2.	Function or Event InformationDoes the agency have a ticket policy?Yes [Event Description:DISUEY OU ICE			<i>4 c</i> Each Ticket/Pass \$, _ <u>25,_201</u> 7	12.00
	Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes [of agency official?	nation DNo ⊡ If	no: SAN		CHIEF
3.	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number			ual. • Use Section C to identif	
	SAN JOSE FIRE COMMUNICATIONS	16	EMPLOYE	EE RECOLMITING	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the foll	owing:
				onial Role DOther D ing "Ceremonial Role" or "Other" descri	ibe below:
				onial Role D Other D ng "Ceremonial Role" or "Other" descri	Income 🔲
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	Verification				

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.

AS\$ #342	CURATS P. JAUBSON	FIRE CHIEF	3/8/17	
Signature of Agency Head or Designee	Print Name	Title	(mohth, day, year)	
Comment:				

	eremonial Role Ever				21- 2000 1 min	Public Document
1.	Agency Name			San	RECIDATE Stamp Jose City Clerk	California Form 802
	City of San Jose Division, Department, or Reg	nion (if annlicable)			FRED IOM	For Official Use Only
	Fire Department	Jon (<i>n</i> approable)		2017 F	AR 28 PM 1:59	
	Designated Agency Contact	(Name Title)				
	Chief Curtis Jacobson, Fire					۰ ۱
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	(408) 535-8100	webmaster.manag	er@sanjosec	a.gov	Date of Original Filing: _	(month, day, year)
2.	Function or Event Info	mation				1
	Does the agency have a tic	ket policy? Yes	🛛 No 🗆 🗏	Face Value of	Each Ticket/Pass \$ <u>92</u>	.00
				Date(s)		, ,
	Event Description: Disney on Ice Provide Title/ Explanation					//
	Ticket(s)/Pass(es) provided by agency? Yes X No			f no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes		f yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes			
	City of San Jose Fire Con	nmunications	16	Employee R	ecognition Event	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	가슴 승규가 있었다. 이번 것 같은 것 같		llowing:
				1	onial Role D Other description of the other other of the other o	Income
					onial Role D Other desc	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant 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 regulations and the regulations of the regulation of the regilation of the regulatio

Dueñas Norberto N Signature of Agency Head or Designee Print Name Title 🕻 (month, day, year) Comment:

. Age	ency Name		Carto	Date Stamp	California 802
	ity of San bse, F sion, Department, or Region (If Applicable	<u>freD</u>	epartment	CIO PM 3:43.	Form OUZ For Official Use Only
<u>N</u> Desi	in Cole Arcuita ignated Agency Contact (Name, Title)			a pouro	9
~~~	dministrative assista a Code/Phone Number [E-mail	nt		Amendment (Must pro	vide explanation in Part 3.)
-86	794- nicole.	araiza	escripsecage	Date of Original Filing: _	(Month, Day, Year)
. Fur	nction or Event Information			10	57 AA
Does	s the agency have a ticket policy?	Yes 🔟 No	Face Value o	f Each Ticket/Pass \$ 上	22.00
Ever	nt Description <u>Usher Conce</u> Provide Title/Expl	anation	Date(s)	<u>, 24, 14</u>	<u> </u>
Ticke	et(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: <u>San</u>	bse avena Name of Sour	luthonty
	ticket distribution made at the behest agency official?	No 🗌 Yes ື	⊠ If yes: <u>\o≺</u>	res, Kuben Official's Name (La	st, First)
	<b>ipients</b> Section A to identify the agency's department or u	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Cit	ry of San Jose,	16	Employee T	Lecognition 8	Event
Fi	re Dept. Fiscal Unit				
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	<b>j</b> :
				Other	Income
			If checking "Ceremonia Ceremonial Role		Income
 C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role	I Role" or "Other" describe below:	Income
 C.	Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremonia Ceremonial Role	I Role" or "Other" describe below:	Income

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

____

(Month, Day, Year)

Comment: _____

Title

Agency Report of: Ceremonial Role Events and Ticl	(et/Pass	Distributions
1. Agency Name	and a second	Date Stamp California 000
San Jose Fire Dept- Division, Department, or Region (IMApplicable)	· · · ·	2014 JAN 34 AM 9: 3 Form OUZ For Official Use Only
Bureau of Fire Pr Designated Agency Contact (Name, Title)	reventi	ion
Area Code/Phone Number [E-mail	incipa	Office Spec Amendment (Must provide explanation in Part 3.)
408-535-7700 belen. 1 2. Function or Event Information	avalos.	Date of Original Fillng:
	Yes 🔲 No 🛛	Face Value of Each Ticket/Pass \$
Event Description <u>Concert</u> Provide Title/Expla		Date(s) <u>01_30_2014</u>
	Yes 🗌 No [	If no: <u>City of San Jose / San Jose Arena Auth</u> .
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Dellinger Johnny & Tiorres, Kuben Auting Fire Marshal Official's Name (Last, Hirst) Acting Fire Chief
3. Recipients • Use Section A to Identify the agency's department or u	nlt. • Use Sec	tion 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
Bureau of Fire Prevention	16	Team building & team appreciation
(23+2)	Number of	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income II.
<u></u>		Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
4 Verification	1	

4. Verification

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

elluser HC mul nny Print Name (Month, Day, Year) Signature of Agency Head or Des iee

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions City Clark & Continuation Sheet 2014 JAN 34; AM 9:39



#### Agency Name

#### 3. Recipients

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Β.	Nəme of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
			Ceremonial Role Cher I Income Income Information of the Checking "Ceremonial Role" or "Other" describe below:	ī
			Ceremonial Role Other I Income	Ξ
			Ceremonial Role Other I Income Income	Ξ
			Ceremonial Role Other I income Income	3
<u>с.</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 policy	_