	gency Report of: eremonial Role Ever	its and Ticket/P	ass Distr	ributions	BECEIVED AI	Public Document
1.	Agency Name Sa			There are been 1 3 km big	California 802	
	City of San Jose				AT (N	. 6/11/1
	Division, Department, or Reg	ion (if applicable)		2010	DEC -7 PM 3: 05	For Official Use Only
	Transportation			20101	111 3. U3	
	Designated Agency Contact	(Name, Title)				
	John Ristow, Acting Directo	or of Transportation			[] A	1. 5 in 6 in Barah
	Area Code/Phone Number	E-mail	******		Amendment (Must Pro	vide Explanation in Part 3.)
	408-535-3845	john.ristow@sanjo	seca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			92	Ф22 <i>E</i>
	Does the agency have a tic	ket policy? Yes [⊠ No 🔲 🗆	Face Value of l	Each Ticket/Pass \$ <u>⁸²⁻</u>	\$ 225
	Event Description: Sharks v	/ Devils Provide Title/ Explai	 nation	Date(s) <u>12</u>	, 10 , 18	
	Ticket(s)/Pass(es) provided	•		If no:	Name of Source	
	Was ticket distribution made	e at the behest Ves I	□ No⊠ 「	If yes:	Official's Name (Last, First)	
	of agency official?	1631	_ 140 EZ	•	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
	See attached list for name	S	23	If check	onial Role Other ing "Ceremonial Role" or "Other" described challenge Staff Recogni	
					onial Role Other Officer on "Other" descri	Income _
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
	Varification					
	Verification I have read and understand FF	PPC Regulations 18944.	1 and 18942.	I have verified ti	hat the distribution set fort	h above, is in accordance
	with the requirements.		n Ristow	A	cting Director of DOT	12/7/2018
	Signature of Agency Head or Design Comment:	ee Pr	int Name		Title	(month, day, year)

Sharks Game - Sharks vs Devils @ 7:30 PM Monday, December 10, 2018

First Name	Last Name	Quantity of Tickets
David	Sanchez	1
Diana	Reyes	1
Scott	Ogilvie	1
Katherine	Estrada	1
Sharon	Lee	2
Dennis	Yu	1
Tesfu	Medhin	1
Kevin	O' Connor	1
Florin	Lapustea	1
Joseph	Tran	1
Jesse	Alvarez	1
Thomas	Martinez	1
Peter	Bennett	1
Michael	Coelho	1
Cordell	Bailey	1
Eric	Newton	1
Tina	Smith	1
Jose	Guerra	1
Frank	Cody	1
Russel	Hansen	1
John	Ristow	1
Jim	Bittner	1

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of San Jose IOM M For Official Use Only Division, Department, or Region (if applicable) APR 24 AM 10: 30 Transportation **Designated Agency Contact (Name, Title)** Jim Ortbal, Director of Transportation ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-3845 jim.ortbal@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 86 to \$225 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs Ducks 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 🛛 If yes: of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income See Attached List for names If checking "Ceremonial Role" or "Other" describe below: 24 Staff Recognition Other Income \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

vith the requirements.			
	Jim Ortbal	Director of Transportation	4/23/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Sharks Game – Sharks vs Ducks @ 7:30 pm Monday, April 16, 2018

<u>Last Name</u>	Quantity of Tickets
Fontes	2
Johnson	2
Silvers	2
Reyes	2
Villagomez	2
Dominguez	2
Newton	1
Pomeroy	1
Calderon	1
Hon	2
Alvarez	2
Ortiz (retiree)	2
Ernst (retiree)	2
	Fontes Johnson Silvers Reyes Villagomez Dominguez Newton Pomeroy Calderon Hon Alvarez Ortiz (retiree)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California City of San Jose For Official Use Only 70 / CEC 15 AMIL: 08 Division, Department, or Region (if applicable) Transportation, Auditor's & Environmental Services MC Designated Agency Contact (Name, Title) Jim Ortbal, Director of Transportation Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: 408/535-3845 Jim.Ortbal@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{$77 (8) $86 (16)}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v. Senators Date(s) ___/_ Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Sykes, Dave 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Transportation, Environmental Services, & Employee recognition in connection with the City's 2017 24 Auditor's (see attached list) Green Trip Challenge Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last. First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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: _

SHARKS VS. SENATORS

December, 9, 2017

Department of Transportation Attendees

Last Name	First Name
Bailey	Cordell
Novello	Gina
Estrada	Katherine
Lapuesta	Florin
Ristow	John
Qayoumi	Ahmad

SHARKS VS. SENATORS

December, 9, 2017

Environmental Services Department

Last Name	First Name
Wong	Wanda
Begiebing	Maria
Velasquez	Carlos
Preto-Gomez	Jose
Gire	Jon
Cisneros	Kiela
Magday	Behilma
Mora	Rebecca
Ody	Phillip

SHARKS VS. SENATORS

December, 9, 2017

Auditor's Department

Last Name	First Name
Rodrock	Robert
Harvey	Brittney
Janssen	Jourdan
Yani	Eli
Houston	Michael

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name San Jopate Stamp Clar California City of San Jose For Official Use Only Division, Department, or Region (if applicable) 7MOY - 7 PM 1: 49 Transportation Designated Agency Contact (Name, Title) Jim Ortbal, Director ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 408/535-3845 Jim.Ortbal@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 225 (16), \$86 (8) Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Sharks v. Maple Leafs game Date(s) __10 / 30 Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Sykes, Dave 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 Department of Transportation Employee recognition in connection with the City's 2017 24 (See attached list) Green Trip Challenge 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 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. Jim Ortbal Director Signature of Agency Head or Designee

Agency Report of:

Comment:

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



of San Jose						
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
r		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:				
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: (SEE ATTACHED SHEET FOR ADDITIONAL NAMES)				
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				

Sharks vs. Maple Leafs October 30, 2017

Department of Transportation Attendees

Last Name	First Name
Stanke	Brian
Qayoumi	Ahmed
Athavale	Anjali
Berryhill	Katherine
Vu	Nguyet
Castro	Vanessa
Bittner	Jim
Collado	Emil
Smith	Tina
Avila	Armando
Tanhueco	Kyle
Bailey	Cordell
Alog	Reena
Moody	Doug
Lapuesta	Florin
Duong	Kenneth
Ogilvie	Scott
Abarca	Angel
Ristow	John
Moresco	Shawn
Lee	Sharon

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

	RECI	EIVEL)			
an	Jose	City	Cla	Public	Docume	ent

1.	Agency Name			al Saidheal Saidh air an Ann an A	Date Stamp	California 802	
	City of San Jose				2013 APR 18 'AM 10:	Form OUZ	
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only			
	Department of Transportation	on					
	Designated Agency Contact (Name, Title)					
	Jim Ortbal, Assistant Directo	or	Amendment (Must prov	vide evalenation in Port 2.)			
	Area Code/Phone Number E-mail					nue explanatium in Part 3.)	
in contraction (jim.ortbal@sanjoseca.gov		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Infor					252.00	
	Does the agency have a ticket policy? Yes X No			☐ Face Value o	f Each Ticket/Pass \$	253.00	
	Event Description Employee	Recognition Provide Title/Exp	lanation	Date(s) <u>4</u>			
	Tielesta //Dans (e.e.) provided by			بے ادمی San Jo	ose Arena Authority		
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [X 11 110;	Name of Source	Ce Control	
	Was ticket distribution made at the behest		No ☐ Yes [☑ If yes: Figon	e, Debra		
	of agency official?				Official's Name (Las	st, First)	
3.	Recipients						
	Use Section A to Identify the agency	y's department or	1	tion B to identify an individu	ial. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	Department of Transportation, Sewer Line Cleaning Crew		24	Employee recogniti	Employee recognition		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
					Other I 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	lic purpose made pursuant to	the agency's policy	
			·				
	Verification						
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I heve ver	rified that the distribution set fo	orth above, is in accordance with th	he requirements.	
	(Jus Q)		James Orl	tbal	Assistant Director	4/16/13	
	Signature of Agency Heed or Designee		Print Name		Title	(Month, Day, Yeer)	
	Comment:						

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

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A Public Document

	•				A L abile Becamen
1. Agency Name			ሳስኒሳ ልጠጥ	Date Stamp	California OOO
City of Son Jos Division, Department, or Region (if applic	2 .		2013 APR -	TO ARE DE UV	Form OUZ
, , , , , , , , , , , , , , , , , , , ,					For Official Use Only
Department of T	•		<u>100</u>		
200 E. Sorvita Classical Designated Agency Contact (Name, Title)	a Str	eet_			
Jim Orthal Ass Area Code/Phone Number E-mail			otex	Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number E-mail	(3)0116	P 1. C		Date of Original Filing	(month, day, year)
408:535-3845 Jim	orthal	@same	OSECOLPOL		(month, day, year)
. Function, Event, or Ceremonial F	Role Informa	tion		-	
Title Saberrouts v. Pre	<u>dators</u>)	Face \	/alue of Each Admi	ssion \$ 82.00
t	1			_	
Description Employee Re	<u>scogrix</u>	<u> 100</u>	Date(s) <u>3 /29/13</u>	<u> </u>
Ticket(s)/Admission(s) provided by	agency? Yes	No K	(If no: Sc	m JOSE Ac Name	ena Authority
Was the distribution to persons ider	ntified below r	nade at the	e behest of	an agency official	?
			,		•
Yes to No □ If yes: Deb	ra tig	ono, C	ety 1	<u>10mager</u>	
			-irst) ang litle	G	,
The identity of recipient(s) and the	ne explanatio	on:			•
Name			1		official claims admission as al performed a ceremonial role,
(Last, First) or	Number of Admission(s)/	Agency Official	also prov	ide a description.	
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public p al roles, performed by an a	urpose, including agency official, individual, or
(name, name of people and		\\\	organizat		
Lacens Hones	2	Yes ☐ No 🛣	8 mo	loyee Recor	anton
<u>Corsen, Homs</u>	0	Yes 🗖	10111	to fee tello	4
Octhal, Jim	2	No 🔼	Empla	ryee Reco	and the lincome
Crapoca Stri		Yes 🗖	- 4	- 300 10ECO	Income
Doule, Kelly	12	No Z	Bound	oueo Rece	<i>p</i> •
		Yes 🗖	1	0	Income
Arevelo, Alice	9	No 🗖	Emplo	yer Recog	
		Yes 🗖		0	. Income
Barres, Rosemany	2	No '⊠	BND1	wyee kec	equition o
Verification I have read and understand FPPC Regulation is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	eve verified ti	nat the distribution of a	admissions, set forth above,
Julo It	TAMES	ONTBK	L MS	SUSTANT DIRE	ECOR 4/2/2013
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
Comment: (Use this space or an attachment t	or any additional i	nformation inc	dudina amandr	nent evalenation 1	
* See attached lesco	- P		_		•

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

A Public Docume	en	t
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1.	Agency Name	Date Stamp California 000							
			Form OUZ						
	Division, Department, or Region (if applica		For Official Use Only						
	Street Address	Street Address							
	Designated Agency Contact (Name, Title)	☐ Amendment (Must pro	ovide explanation in Part 3.)						
	Area Code/Phone Number E-mail				Date of Original Filing: _				
						(month, day, year)			
2.	Function, Event, or Ceremonial R	ole Informa	tion						
	Title			Face \	Value of Each Admission \$				
	Description			Date(s	s)				
	Ticket(s)/Admission(s) provided by a	gency? Yes	™ No □	If no:					
			,		Name of Source				
	Was the distribution to persons ident	tified below r	nade at the	e behest of	f an agency official?	•			
	Yes No lf yes:								
	·	Yes No If yes:Official's Name (Last, First) and Title							
	The identity of recipient(s) and the								
	Name (Last, First)	Number of	Agency	 Check the Income box if the egency official claims admission as taxable income. If the agency official performed a ceremonial role, 					
	or Organization	Official	• If not inc	ovide a description. come, describe the public purpose, including					
	(Name, Address, Description)	Ticket(s)		ceremonial roles, performed by an agency official, individual, or organization.					
	Chama Chen	2	Yes No Yes Yes	END	royee Recog	ncome			
	Chon gr crast					Income			
	Do, Viviam	2	No 🔼	Empl	oyee Recog	gnetion o			
	MCDanials Conic	Q	Yes ☐ No 🛣	Paol	iogee Recoa	Income			
	MCDaniels, Cecura		Yes 🗆	0,130	Income				
	Mitchell, Dave	2	No 焰	Empl	oyee Recogn	whon o			
*	Silva, Joe	\mathcal{A}	Yes ☐ No ☑	Brpl	oyee Recogni	hon 🗖			
3.	Verification								
	I have read and understand FPPC Regulation is in accordance with the provisions.	nat the distribution of adn	nissions, set forth above,						
,	Signature of Agency Head or Designee	Print Nar	me ·		Title (month, day, year)				
	Comment: (Use this space or an attachment fo	,							

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

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1.	Agency Name	Date Stamp California Form								
	Division, Department, or Region (if applica			For Official	Use Only					
	Street Address	-								
	Designated Agency Contact (Name, Title)	☐ Amendment (Must provide explanation in Part 3.)								
	Area Code/Phone Number E-mail				Date of Original Filing: (month, day, year)					
2.	Function, Event, or Ceremonial Role Information									
	Title	eFace \								
	Description			Date(s	s)					
	Ticket(s)/Admission(s) provided by a	ngency? Yes	□ No □	If no:	Name of Source					
	Was the distribution to persons iden Yes □ No □ If yes: The identity of recipient(s) and th	e behest of First) and Title	_	cy official?						
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable li also prov If not inc	k the Income box if the agency official claims admission as le Income. If the agency official performed a ceremonial role, provide a description. Income, describe the public purpose, including contain roles, performed by an agency official, individual, or legislation.					
	Gorcia Joe	\	Yes ☐ No 類			Recogn	ution	ncome		
	Collen, Acian		Yes □ No ⊠			Recear	_	Income		
		\	Yes □ No ⊠	Empl	oyee	Recea	nition	Income		
	Gulzadah, Zahir Khattab, Zahi		Yes ☐ No 類	Emple	oyee	Recogn	ition	Income		
	,		Yes ☐ No ☐	,		<u>a</u>		Income		
	Verification I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 18942. I ha	ave verified t	hat the dist	ribution of adm	issions, set for			
	Signature of Agency Head or Designee	Signature of Agency Head or Designee Print Nam				Title (mor				
	Comment: (Use this space or an attachment fo	ment explan	ation.)							