. Agency Name		-54	RECEIVED	Date Stamp	California 802
City of San José		ទនា	Jose City C	erk	
Division, Department, or Regio		0	R ea		For Official Use Only
Department of Parks, Recrea	tion and Neighborh	ood Services	AN 18 PM 3	: 39	
Designated Agency Contact (N	lame, Title)				
Amy Chamberlain, Analyst I	• 			Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(408) 793-5506	amy.chamberlain@)sanjoseca.g	ov	Date of Original Filing:	(month, day, year)
. Function or Event Inform	nation				
Does the agency have a ticke	et policy? Yes	🛛 No 🗖 🖡	Face Value of I	Each Ticket/Pass \$ <u>1</u> 2	29.50
Event Description: Childish G	ambino (Concert)		Date(s) <u>12</u> /		
	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provided b	oy agency? Yes	🛛 No 🗖 🛛	f no:	Name of Source	
Was ticket distribution made a	at the behest. Voc I		f yes:		
of agency official?			J	Official's Name (Last, First)	
Recipients Use Section A to identify the agency	v's department or unit.	T O d D d			2.5
		Use Section B to Number			
A. Name of Agency, Depart					ify an outside organization. suant to the agency's policy
A. Name of Agency, Depart Strategic Partnerships Unit Recreation, and Neighborho	tment or Unit (Parks,	Number of Ticket(s)/	Describe the Recognition of	public purpose made pur	suant to the agency's policy licated 20-25 hours of
Strategic Partnerships Unit	tment or Unit (Parks, ood Services)	Number of Ticket(s)/ Passes	Describe the Recognition of	public purpose made pur of evaluators who dec	suant to the agency's policy licated 20-25 hours of
Strategic Partnerships Unit Recreation,and Neighborho B. Name of Indivi	tment or Unit (Parks, ood Services)	Number of Ticket(s)/ Passes 16 Number of Ticket(s)/	Describe the Recognition of time to the Sa	e public purpose made pur of evaluators who dec afe Summer Initiative.	suant to the agency's policy licated 20-25 hours of ollowing:
Strategic Partnerships Unit Recreation,and Neighborho B. Name of Indivi	tment or Unit (Parks, ood Services)	Number of Ticket(s)/ Passes 16 Number of Ticket(s)/	Describe the Recognition of time to the Sa Ceremo If checki	e public purpose made pur of evaluators who dec afe Summer Initiative. Identify one of the f	suant to the agency's policy licated 20-25 hours of ollowing: Income

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

Amy Barnwell Staff Specialist Print Name Title

_____ D1-18-2019 (month, day, year)

Comment: ____

1	Agency Name				Data Stamp	Calif	fornia 000
	City of San Jose				San Date Stampy	UIUI Ec	orm ^{ia} 802
	Division, Department, or Region (if applicable	le)			Dh - CTC	Fo	r Official Use Only
	Parks, Recreation & Neighborhood Services				019 JUN 21 PM	1:20	
	Designated Agency Contact (Name, Title)						
	Xochitl Montes						
	Area Code/Phone Number E-mail	Amendment (M	lust Provide Expla	anation in Part 3.)			
		tes@sanjoseca	.gov		Date of Original Fili	ing:(month,	day, year)
2.	Function or Event Information					1000	
	Does the agency have a ticket policy?	Yes 🛛 No	J F	Face Value of	Each Ticket/Pass \$	\$ <u>129</u>	
	Event Description: WWE				<u>, 10 , 19</u>	,	-
	Event Description	Title/ Explanation		2611		/_	/
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No 🖸	K I	f no: SAP Cer	ter - San Jose Ticl	ket Dirstribut	tion Program
			i.	6	Name of Source		
	Was ticket distribution made at the behas	st Yes 🗖 No 🛛		f yes:	Official's Name (Last, F	First)	
	of agency official?						
3.	• Use Section A to identify the agency's department	or unit. • Use Sectio	n B to	identify an individ	ual. • Use Section C to i	identify an outsi	de organization.
э.	Use Section A to identify the agency's department of Agency, Department or Unit	Numl of Tick Pass VICES	ber et(s)/ ies	Describe th	e public purpose made		A CONTRACTOR
э.	• Use Section A to identify the agency's department	Numl of Tick Pass	ber et(s)/ ies		e public purpose made		A CONTRACTOR
э.	Use Section A to identify the agency's department of Agency, Department or Unit	Numl of Tick Pass VICES	ber et(s)/ ses ber et(s)/	Describe th	e public purpose made	pursuant to th	A CONTRACTOR
5.	• Use Section A to identify the agency's department of A. Name of Agency, Department or Unit Parks, Recreation & Neighborhood Ser B. Name of Individual	Vices 2 Numl of Tick Pass Vices 2 Numl of Tick	ber et(s)/ ses ber et(s)/	Describe th City Policy M	e public purpose made lanual 1.2.7 Identify one of t	pursuant to th	A CONTRACTOR
5.	• Use Section A to identify the agency's department of A. Name of Agency, Department or Unit Parks, Recreation & Neighborhood Ser B. Name of Individual	Vices 2 Numl of Tick Pass Vices 2 Numl of Tick	ber et(s)/ ses ber et(s)/	Describe the	e public purpose made lanual 1.2.7 Identify one of t onial Role Othe ing "Ceremonial Role" or "Othe	the following:	e agency's policy
3.	• Use Section A to identify the agency's department of A. Name of Agency, Department or Unit Parks, Recreation & Neighborhood Ser B. Name of Individual	Vices 2 Numl of Tick Pass Vices 2 Numl of Tick	ber et(s)/ es ber et(s)/ es	Describe the	e public purpose made lanual 1.2.7 Identify one of t onial Role Othe ing "Ceremonial Role" or "Othe	the following:	e agency's policy
5.	• Use Section A to identify the agency's department of A. Name of Agency, Department or Unit Parks, Recreation & Neighborhood Ser B. Name of Individual (Last, First) Name of Outside Organization	Vices 2 Vices 2 Num of Tick Pass Vices 2 Num of Tick Pass Num of Tick Pass Num of Tick Tick Compass Num of Tick Compass Num	ber et(s)/ ees ber et(s)/ es	Describe the	e public purpose made lanual 1.2.7 Identify one of t onial Role Othe ing "Ceremonial Role" or "Othe onial Role Othe	the following:	e agency's policy

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 Mart	Xochitl Montes	Community Coordinator	0/20/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

•	onial Role Even	its and Tic	ket/Pass	Distributions	RECEIVED San Jose City of	A Public Document
1. Agen	cy Name			j	Date Stamp	California 802
City of	San José			2(19 TOPA MA SA	
Divisio	n, Department, or Reg	ion (If Applicable)		is minito intra-	For Official Use Only
			eation & Ne	ighborhood Services		
Design	ated Agency Contact	(Name, Title)				
Veroni	ca Schulte, Senior A	nalyst			Amendment (Must pr	rovide explanation in Part 3.)
Area Co	ode/Phone Number	E-mail				ovide explanation in Part 3.)
(408)7	93-5597	veronica.sch	ulte@sanjo	seca.gov	Date of Original Filing: _	(Month, Day, Year)
2. Funct	ion or Event Infor	mation				
Does th	e agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$225.00/\$86.00
Event E	NHL Hock	ey Game		Date(s)4	, 12 , 19	1 1
	escription <u>NHL Hock</u>	Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: San Jo	se Arena Authority Name of Sou	Irce
Was ticl	ket distribution made a	at the hehest		If yes: Schult		
	ncy official?		No 🗌 Yes	If yes:	Official's Name (La	ast, First)
3. Recip		y's department or u	ınit. ● Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. N	lame of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
	Parks, Recreation and Neighborhood Services		8	Recognition for participation in the Park Ranger Working Grouevaluate the Park Ranger Program Service Model.		
B.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role [If checking "Ceremonia	Identify one of the followin Other I Other I Role" or "Other" describe below:	ng: Income
				Ceremonial Role	Other I	Income
C .	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
4. Verific		lations 18944 1 and	18942. have ve	rified that the distribution set for	rth above, is in accordance with	the requirements
	TATA		Veronica S		Senior Analyst	4/15/19
- V Signa	ature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
Comme	t -					

.

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

RECEIVED

				U Date Stamp	A Public Docume
Agency Name				019 APR -4 PM 2:	
City of San José				DITHIV - A LU Z.	For Official Use Only
Division, Department, or Reg	gion (If Applicabl				
Administrative Services Div	/ Parks, Reci	reation & Ne	ighborhood Services		
Designated Agency Contact	(Name,Title)		· · · · · · · · · · · · · · · · · · ·		
Veronica Schulte, Senior A	nalyst			[
Area Code/Phone Number	E-mail	,		Amendment (Must pro	ovide explanation in Part 3.)
(408)793-5597	veronica.scl	nulte@sanjo	seca.gov	Date of Original Filing: _	(Month, Day, Year)
Function or Event Info	mation	· ·		· · · · · ·	
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$225.00/\$86.00
Event Description <u>NHL Hoc</u>	key Game Provide Title/Exp		Date(s)3	<u>, 30 , 19 </u>	///////
Ticket(s)/Pass(es) provided b		Yes No	If no: San Jo	ose Arena Authority Name of Sour	700
Mos ticket distribution meda	at the behave		Schu		
Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes: Schu	Official's Name (La	ist, First)
- ·					
• Use Section A to identify the agend	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to Identii	y an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Parks, Recreation and Neig Services	ghborhood	24		ticipation in the Park Ra Ranger Program Service	
B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followin	
			Ceremonial Role	Other L al Role" or "Other" describe below:	Income
			Ceremonial Role	Other Other al Role" or "Other" describe below:	Income
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	If checking "Ceremoni		
		Ticket(s)/	If checking "Ceremoni	al Role" or "Other" describe below:	
	scription)	Ticket(s)/ Pass(es)	If checking "Ceremoni	al Role" or "Other" describe below: ic purpose made pursuant to	• the agency's policy
(include address and des	scription)	Ticket(s)/ Pass(es)	If checking "Ceremoni Describe the publ	al Role" or "Other" describe below: ic purpose made pursuant to rth above, is in accordance with i	• the agency's policy
(include address and des	Iations 18944.1 and	Ticket(s)/ Pass(es)	If checking "Ceremoni Describe the publ rified that the distribution set fo	al Role" or "Other" describe below: ic purpose made pursuant to	• the agency's policy

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RECEIVEN San Jospatestamplark 1. Agency Name California Form City of San Jose ZOT9 MAR 33 PM 12: 53 For Official Use Only Division, Department, or Region (if applicable) Parks, Recreation and Neighborhood Services- Capital Division Designated Agency Contact (Name, Title) Nicolle Burnahm, Deputy Director Amendment (Must Provide Explanation in Part 3.)

nicolle.burnham@sanjoseca.gov

2. Function or Event Information

E-mail

Area Code/Phone Number

408-535-3520

Does the agency have a ticket policy? Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ 225 and 82
Event Description: Sharks vs. Blackhawks	Date(s) <u>3 / 28 / 19</u> //
Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠	If no: San Jose Arena Authority
	Name of Source
Was ticket distribution made at the behest Yes □ No ⊠ of agency official?	If yes:

Date of Original Filing:

(month, day, year)

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
Parks, Recreation and Neighborhood Services	24	Staff gratitude and recognition for committing their time and energy making San José a stronger community.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role D Other I Income I Income I Income I Income II Income I Inc
		Ceremonial Role Dother D Income I Incom
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 regujirements.

at BEHALF of Nicolle Burnham **Deputy Director** 3/29/19 125 ncy Head or Designee Print Name Title (month, day, year) Signature o Comment:

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



Agency Name

City of San Jose

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
		•
	Number	te sum and the second
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Cother Income Income Income Income
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role Other Income I
interest in the second		Ceremonial Role D Other I Income I Inco
		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
~		

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$225 and \$85.

NAME	I AM A FORM 700 REPORTER SIGNATURE
1 Patricia Olague	- Molegne
2 Zacharics Mondez	
3 JASON CONDIT	
4 Christy Naz	- MAD
5 Cauri Yarwasky	
6 CHILS HERBERT	
7	A Caroting Carossega
8)	
9 Selong Ubandu	Acen der
10 Envigue DeAnder	- E-Du
11 Jaudech Shergill	J Bip
12 NOLAN BERTUCA	1 Che Dut
13 ROBIN WELTER	- Malin Miller
14 Richard Avalos	- Find Ders
15 Bligh Tiowell	Bet Timel,
16 Paneta Velasco	, Panel, V.

ORGANIZATION PRNS- Capital Team TIME 7:30PM EVENT DATE March 28, 2019 LOCATION SAP Center (Sharks vs. Blackhawks)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RECEIVED San JOS Date Stamp OTK 1. Agency Name California OTC M Form City of San José For Official Use Only JAN -2 AM 9:22 Division, Department, or Region (if applicable) 7019 Parks, Recreation and Neighborhood Services Designated Agency Contact (Name, Title) Veronica Schulte Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 408-793-5597 veronica.schulte@sanjoseca.gov (month, day, year) 2. Function or Event Information 225 and \$82 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: <u>NHL Sharks Game</u> Date(s) ____/ 22 / 18 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 D No X 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes PRNS ASD and Parks Staff & HR Staff In recognition of the work accomplished to minimize the 24 Parks staff vacancy rate. Number Β. Name of Individual 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 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.

Im	Veronica Schulte	Senior Analyst	1/2/19
^U Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$329.

NAME	I AM & FORM 700 REPORTER SIGNATURE
1 Dan Greeley	
1 Dan Greeley 2 Teresa Meyer Calvert	I function
3 Torie OREILUI	P , M
4 JEFF (SOME 2)	e forte 110
5 Jort SAAVEMA	- Jell form the and i
6 Stephanie Duran	
7 Mike Jone,	mille
8 An Vota	× A A
9 Brandon Cosper	
10 STORE RYAN	BEAM
11 Veronica Schulte	C ATAAT
12 Manjit Atwal	
ORGANIZATION	TIME EVENT DATE LOCATION

PRNS – 2018 Parks Maintenance

TIME 1:00PM

December 22, 2018

Sharks v. Kings

1.	Agency Name				Date San VED	California 802 Form
	City of San Jose				San Jose City (
	Division, Department, or Reg	jion (if applicable)	orca	For Official Use Only		
	Parks Recreation and neighborhood Services				2018 NOV 26 PM	4: 12
	Designated Agency Contact	(Name,Title)				
	Tony Daly Food & Beverag	e manager			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				vide Explanation in Fait 6.9
	408 794 6427	tony.daly@sanjose	eca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	⊠ No⊡ I	Face Value of	Each Ticket/Pass \$ <u>\$22</u>	22/\$86
	Event Description: Sharks	VS. Wild		Date(s) <u>11</u>		1 1
		Provide Title/ Expla	nation			Mana
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🖾 🛛	f no: San Jose	Arena uthority - Shelly Name of Source	wang
	Was ticket distribution made	e at the behest ves		f yes:		
	of agency official?	103		·	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, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	Parks Recreation & Neigh Services/HHPZ	iborhood	24	Recognition Parks Divisio	of collaborative exception.	onal work within the
			Number			
	B. Name of Ind (Last, Fir	작품의 가장 방법을 가지 않는 것 같이 많이 있는 것 같이 많이 했다.	of Ticket(s)/ Passes		Identify one of the foll	owing:
	See Attached List of Recip	pients.		If check	onial Role DOther X ing "Ceremonial Role" or "Other" deson of collaborative exception on.	
					onial Role Other Ding "Ceremonial Role" or "Other" descri	Income
	C. Name of Outside O (include address and		Number	Describe the	e public purpose made pursu	ant to the agency's policy
	(include address and		of Ticket(s)/		ことになっていたい。 かいていたい ちちょう しょうけいたち ひろう かくないがい	

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.

And m	JUSTIN Long	Deputy Director	11/26/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Form 802

Section 3.B.

<u>Name</u>	<u>Tickets</u>
Laura Alauger	1
Anthony Teschera	1
Shalanda Walker	1
Yadira Ibanez	1
Samantha Camacho	1
Kelly Walsh	1
Melissa Keo	1
AJ Wells	1
Joe Vaccaro	1
Salina Teas	1
Shannon Heimer	1
Amy Du	1
Justin Long	1
Tony Daly	1
Kiersten McCormick	1
Mario Day	1
Aileen Milich	1
Willie Martinez	1
Justin Immamra	1
Julio Serrano	1
Thomas Griffen	1

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** RECEIVE A Public Document 1. Agency Name Sel Date Stamp 1. California Form City of San José JUNN For Official Use Only Division, Department, or Region (if applicable) 2018 MAY 14 AM IO: 3 Parks, Recreation and Neighborhood Services Designated Agency Contact (Name, Title) Veronica Schulte, Analyst II C Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 08/10/18 408-793-5597 veronica.schulte@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{329}{2}$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: U2 Concert 05 07 18 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗆 If no: Name of Source If yes: <u>Schulte</u>, Veronica Was ticket distribution made at the behest Yes X 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.

A. Name o	f Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jo	sé, PRNS	16	Recogniton of City of San José employees for participation & planning of the Citywide Employee Giving Campaign.
В.	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 D Other I Income I Inco
	e of Outside Organization le 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.

AK2	Angel Rios, Jr.	Director	5/11/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$329.

	NAME	I AM A FORM 700 REPORTER SIGNATURE
1	KARI DAVISSON	- hari Zausson
2	VERONICA SCHULTE	- Man
3	Dean Casale	1 De Cele
4	Ryan Sheelen	Ayan Sheelen
5	Andrea Maestre	annest
6	Arnot Rivs	- Chilling 2
7	LAUVA BLACK	· Aller Dlack !
8	Lynda De Santiago	Demonstrati
9	Pats cartes	- False Cert 1
10	Teresa Meyer Colvert	- Julie -
11	Matt Cano	DAta for Matt Cano
12	2	

ORGANIZATION PRNS – 2016 Giving Campaign TIME 8:00PM

EVENT DATE May 7, 2018 LOCATION U2 Concert

	gency Report of: eremonial Role Events and Ticket/P	ass Distr	ibutions	A Public Document
1.	Agency Name		= 11	Date Stamp VEL California 802
	City of San Jose		× .	San Jose City C Form 802
	Division, Department, or Region (if applicable)	For Official Use Only		
	Parks, Recreation and Neighborhood Services	2018 MAR 15 AM D: 51		
	Designated Agency Contact (Name, Title)			
	Alex Niles - Analyst II			Amendment (Must Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail			
	(408) 535-3570 X35592 alex.niles@sanjose	eca.gov		Date of Original Filing: (month, day, year)
2.	Function or Event Information			00F (with)/00 (lower)
	Does the agency have a ticket policy? Yes	X No 🗆 F	Face Value of	Each Ticket/Pass \$ 225 (suite)/86 (lower)
	Event Description: SJ Sharks vs. Washington Ca Provide Title/ Explai	apitals [/ 10 / 18 / / / / / / / / / / / / / / / / /
	Ticket(s)/Pass(es) provided by agency? Yes [] No⊠ I	f no: <u>SAP Cer</u>	iter
			f yes: <u>Rios Jr,</u>	Name of Source
	Was ticket distribution made at the behest Yes	No 🗌 🕛	ryes: <u></u> ,	Official's Name (Last, First)
	of agency official?			
	• Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy
	City of San Jose - Parks, Recreation and Neighborhood Services	24		ented to City staff in recognition of their forts as grant application raters.
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:
				ionial Role D Other I Income I
				ionial Role D Other D Income I Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e 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.,

Signature of Agency Head or Designee

Matr Cano Assr. Diector 3/13/2018 Print Name Title (month, day, year)

Comment: ____

Agency Name			Date Stamp	California
City of San José		201	1. IAN IO DU A.A	Form OU2
Division, Department, or Region (If Applicable)	I		0 JAN 19 PM 3:0	For Official Use Only
Administrative Services Div Parks, Recre	ation & Ne	ighborhood Services		
Designated Agency Contact (Name, Title)				
Veronica Schulte, Analyst				vvide explanation in Part 3.)
Area Code/Phone Number E-mail				wide explanation in Part 3.)
(408)793-5597 veronica.sch	ulte@sanjo	seca.gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information		_		\$225.00/\$86.00
	Yes 🛛 No		f Each Ticket/Pass \$	φ220.00/φ00.00
Event Description <u>NHL Hockey Game</u> Provide Title/Expla		Date(s)01	<u>, 13 , 18 </u>	//
		San Jo	se Arena Authority	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sour	се
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Schult	e, Veronica	
of agency official?			Official's Name (La	st, First)
Recipients • Use Section A to identify the agency's department or u	nit. • 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	o the agency's policy
Parks, Recreation and Neighborhood Services	24	Staff recognition for Through Action Tea	participation with the E m.	Employee Engagemen
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin Other	g: Income [
		in checking bereindine		
		Ceremonial Role	Other I	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia		
Verification	Ticket(s)/ Pass(es)	If checking "Ceremonia Describe the publi	I Role" or "Other" describe below: c purpose made pursuant to	o the agency's policy
Verification The address and description Verification The address and description The address and description The address and	Ticket(s)/ Pass(es)	If checking "Ceremonia Describe the public Describe the public	I Role" or "Other" describe below: c purpose made pursuant to	o the agency's policy

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are \$0.00. \$725 - Surta \$86 - Sents

	NAME	I AM A FORM 700 REPORTER	SIGNATURE	í \$
1	Mile Jones		Meshal Sm	
2	Patsy contez		Palot	REL
3	Veronicer Schutte		NAM	
4	ALVIN GALANG		- Age	
5	Amy Chamberlain		Child	\sim ,
6	Yu-Den Huang		\mathcal{A}	nf
7	Manicela Anila		March	land
	Amanda camera			l
9	Torre Openin			
10	Davielle Torralba			
	Alex Nuño-Lin			
12	2 Terena Meyer - Calver	<i>t</i> □	Julien	

ORGANIZATION PRNS – Employee Engagement Through 7:30PM

TIME

EVENT DATE January 13, 2018

LOCATION Sharks v. Coyote NHL Game

Action Team

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RECEIVED 1. Agency Name O S Date Stamp California CITY OF SAN JOSE Form OT V Division, Department, or Region (if applicable) For Official Use Only 201 NOV 21 AM 10:21 PARKS, RECREATION AND NEUHBORHOOD SERVICES Designated Agency Contact (Name, Title) VERONICA SCHULTE, ANALYST II **Amendment** (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail VERONICA SCHULTE@SANJOSECA GOY Date of Original Filing: 408-793-5597 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _26.50 Does the agency have a ticket policy? Yes 🖾 🛛 🗆 Event Description: KATY PERPY CONCERT Date(s) _____ / 14 / 17 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 D No K 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes RECOUNTION FOR DEPAPETMENT 2016 EMPLOYEE CIVING CAMPMON LIASONS 16 TICKETS CITY OF SANJOSE EMPLOYEES & PARHING PASSES (MULTIPLE DEPARTME

в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Coremonial Role" Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role C Other I Income I Inco
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.

ASSISTONT QINEGADI Signature of Agency Head or Designee

Comment:

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$0.00.700 %0

1 Andrew Andrule	I AM A FOR	M 700 REPORTER SIGNATURE	ŔP
2 Lupe Gonzalez		The Aon	
3 AND TYOM		Junipus	pp
4 Melrose Cacal		male	PP
5 Virian Do		1 0 mento	PP
6 MEUSSA ESPINOZA		Maxx	PP
7 Lyncha De Santiago		Amle Dhils	βP
8 Patsy cortez		Hardelt	
9 Michelle SAECHAD		AA	PP
10			

ORGANIZATION PRNS – Giving Campaign Team 2016

TIME 7:00PM

EVENT DATE November 14, 2017

LOCATION Katy Perry Concert

Q.

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$0.00.

	NAME	I AM A FORM 700 REPORTER	SIGNATURÉ	
1	Teresa Neyer-Calvort		SIGNATURE	no.
2	, ,			·
3				
4				1
5				
6				
7				
8				
9				
1()			

ORGANIZATION PRNS – Giving Campaign Team 2016 TIME 7:00PM EVENT DATE November 14, 2017

LOCATION Katy Perry Concert

. Agency Name			10. 5. 1 T	Date Stamp	California 002
City of San José				otto	Form 802
Division, Department, or F	Region (If Applicabl	e)	20171	AUX ZI AMIU·24	For Official Use Only
Capital Division - Parks,	Recreation & N	eiahborhood	Services		
Designated Agency Conta					
Janine Bray, Acting Staff	Specialist				
Area Code/Phone Number	•			Amendment (Must pr	rovide explanation in Part 3.)
(408)793-4304	janine.bray@	@sanjoseca.	gov	Date of Original Filing: .	(Month, Day, Year)
. Function or Event Inf					\$200.50
Does the agency have a tie		Yes 🛛 No		of Each Ticket/Pass \$	
Event Description Katy Pe	erry Concert Provide Title/Exp	lanation	Date(s)1	<u>, 14 , 17</u>	///
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No	If no: San Jo	ose Arena Authority Name of Sol	1000
Was ticket distribution mad	lo at the behast		, Janin		irce
of agency official?	le at the periest	No 🗌 Yes	If yes: Janin	Official's Name (L	ast, First)
• Use Section A to identify the ag	ency'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, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
PRNS - Capital Division		16	Staff recognition for Design process.	r planning and participa	ation in the St. James
B. Name of Indivi	dual	Number of Ticket(s)/		Identify one of the followir	10:
(Last, First)		Pass(es)	* Ceremonial Role		income П
				ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
			in oncoking coronion		
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	iniinin oo oo oo oo				
· · · · · · · · · · · · · · · · · · ·				· · · · · ·	
Verification	· · · ·	L			
I have read and understand FPPC R	egulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
Mark	Na	t Gro		Assistant apect	or 11/16/2017
	inee	Print Nam		Title	(Month, Day, Year)

Comment: _

2⁵., 15

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are \$200.50.

	NAME		I AM A FO	ORM 700 REPORTER	SIGNATURE
1	Betty	Ramirez		2 Tickets	All flund
2	Yu-Wen	Huang	×	2 Tickets	KRug
3	Rebekah	Ross	X	_ 2 Tickets	Rebelah Pors
4	David	McCormic	Þ	* 3 Tickets	Setting
5	Veronica	Schulte		2 Tickets	MUTIT
6	Rocio	Reyes		2 Tickets	PR
7	CJ	Ryan	X	2 Tickets	Calhani A Ryen
8					
9					
10					

ORGANIZATIONTIMEEVENT DATELOCATIONPRNS – St. James Design Committee7:00 pmNovember 14, 2017Katy Perry Concert - SAP

.

Agency Name			Date Stamp	California	
Parks. Recreation and Neighbo	chood St	ruices	ian Jose City Cler	Form	* 802
Division, Department, or Region (if applicable)			OTC ME		al Use Only
Tacharias Mondez - Recreat	tion Progra	m specialist	17 AUG 28 AM 9:5		
Designated Agency Contact (Name, Title)		1			
408-1-4(7) Zacharias.mondez	@Smjoreco	2.900	Amendment (Must Pro	vide Explanation	in Part 3.)
Area Code/Phone Number E-mail	5	0			
			Date of Original Filing:	(month, day, ye	ear)
Function or Event Information		· · · · · · · · · · · · · · · · · · ·	U	1	
Does the agency have a ticket policy? Yes	No⊡ F	ace Value of E	ach Ticket/Pass \$ 👖	129.50	
Event Description: Konfrick lamar -	Recognition	Date(s) 68 (12,17	1	,
Event Description: <u>Fortick lamar</u>	lanation Jo Sta	malers	T in A	<u> </u>	ـــــــــــــــــــــــــــــــــــــ
		fno: <u>Juh</u>	Name of Source	Hutho	rity
Was ticket distribution made at the behest Yes		f yes: <u>She</u>	1. Mane		U
of agency official?	No 🗌 👖	- <u> </u>	Official's Name (Last, First)		
			/		
Recipients					
Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to i	identify an individu	I. • Use Section C to identif	fy an outside org	anization.
-	• Use Section B to i Number of Ticket(s)/ Passes		I. • Use Section C to identif		
• Use Section A to identify the agency's department or unit.	Number of Ticket(s)/ Passes		public purpose made pursu and where use apands of the	uant to the ager	ncy's policy
• Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Department of Portuge, Lecreat	Number of Ticket(s)/ Passes	Describe the Those I deh The Partic	public purpose made pursu and where use apands of the	uant to the ager I to see	ncy's policy
• Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Department of Portuge, Lecreat	Number of Ticket(s)/ Passes	Describe the Those I deh The Partic	public purpose made pursu and where use apands of the	uant to the ager Land to see Morney P(Somethers Month	ncy's policy
• Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Department of Portus, Lecreat and Nerry how have Sorviers - D.C.	Number of Ticket(s)/ Passes 3 1 6 Number of Ticket(s)/	Describe the Those tech The partic Program te Comple	public purpose made pursu ets where use ipands of the and their co they the 6th	uant to the ager Young P(Wonthing Month	ncy's policy
• Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Department of Portus, Lecreat and Nerry how have Sorviers - D.C.	Number of Ticket(s)/ Passes 3 1 6 Number of Ticket(s)/	Describe the Those Hich The partic Program to Comple Ceremon If checking Ceremon	public purpose made pursu ets where use itands af the and their la and their la they the 6th Identify one of the fol ial Role Other D	uant to the ager	project.
• Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Department of Portus, Lecreat and Nerry how have Sorviers - D.C.	Number of Ticket(s)/ Passes 3 1 6 Number of Ticket(s)/	Describe the Those Hoch The partic Program to Comple Ceremon If checking	public purpose made pursu and were use and their la fing the 6th Identify one of the fol ial Role Other Other descri- ial Role Other Other descri-	uant to the ager	Income
• Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Perour two of Portug, Lecreat and Work how have Sorviers - P.C. B. Name of Individual (Last, First) Name of Outside Organization	Number of Ticket(s)/ Passes	Describe the Those Hoch The partic Program to Comple Ceremon If checking	Public purpose made pursu ab Were Use yands af the and their Ca they the 6th Identify one of the fol ial Role Other Other 'Ceremonial Role" or "Other" descri-	uant to the ager	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.

The	Zaeharias Mandez	Recreation Program	8/25/2017
Signature of Agency Head or Designee	Print Name	Spectaul ist	(month, day, year)
Comment:			

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RECEIVED Date Stamp I K 1. Agency Name California WIOM Form City of San Jose For Official Use Only 112 PM 3:33 Division, Department, or Region (if applicable) 2017 Parks, Recreation, and Neighborhood Services Designated Agency Contact (Name, Title) Alex Niles - Analyst II Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 793-5592 alex.niles@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{99.95}{2}$ Does the agency have a ticket policy? Yes 🛛 No 🗖 Event Description: Total Package Tour - NKOTB Date(s) _06 04 17 Provide Title/ Explanation If no: SAP Center - San Jose, CA Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source If yes: Duenas, Norberto - City Manager, City of San Jose Was ticket distribution made at the behest Yes X 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Distribution of Tickets to City Officials - Approved Use of City of San Jose, Parks, Recreation, and 16 Neighborhood Services - SPU City Box to Recognize Staff (City Policy 9-11, Page 2) Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremoniai 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

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 reguirements.

Mas	MOTT Cons	ASS. MONT QUEEDI 6	19/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: <u>I have read an</u>	I reviewed FPPC Reg 1	8944.1 and 18942, -AL	/

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

1. /	Agency Name			Sà	Jose City Clerk	California Form 80
	City of San Jose			يا ت ب	Pool only chark	
Ī	Division, Department, or Reg	jion (if applicable)		2017	APR 20 AM 10: 55	For Official Use Only
i	Parks, Recreation and Neig	hborhood Services		2017	HILLO HILLO JU	
Ī	Designated Agency Contact	(Name, Title)				
	Michael Jones, Sr. Office S	pecialist			Amendment (Must P	rovide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				
	(408) 793-4186	michael.jones@sa	njoseca.gov		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation				
ļ	Does the agency have a tic	ket policy? Yes	⊠ No⊡ F	Face Value of	Each Ticket/Pass \$ <u></u>	222 / \$86
I	Event Description: <u>Sharks</u>			Date(s) <u>4</u>	, 4 , 17	1 1
		Provide Title/ Expla	nation			
-	Ficket(s)/Pass(es) provided	by agency? Yes		f no: San Jose	Arena Authority - She	elly wang
١	Nas ticket distribution made	at the behest. You		f yes:	Nume of Course	
·	of agency official?	far the benedit fes			Official's Name (Last, First)	
3.	Recipients					
; <u> </u>	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 ident	ify an outside organization.
3.	•		Use Section B to Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
 5.	• Use Section A to identify the ager	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
5.	Use Section A to identify the ager A. Name of Agency, Deparks, Recreation and Ne Services / Parks Division	artment or Unit ighborhood	Number of Ticket(s)/ Passes 24 Number	Describe th Recognition	e public purpose made purs of collaborative excep חו.	suant to the agency's policy tional work within the
;.	Use Section A to identify the ager A. Name of Agency, Deparks, Recreation and Ne Services / Parks Division	artment or Unit ighborhood vidual	Number of Ticket(s)/ Passes 24	Describe th Recognition	e public purpose made purs	suant to the agency's policy tional work within the
	Use Section A to identify the ager A. Name of Agency, Deparks, Recreation and Ne Services / Parks Division B. Name of Indi	artment or Unit ighborhood vidual st)	Number of Ticket(s)/ Passes 24 Number of Ticket(s)/	Describe th Recognition Parks Divisio	e public purpose made purs of collaborative excep on. Identify one of the fo onial Role Other X ing "Ceremonial Role" or "Other" des of collaborative excep	suant to the agency's policy tional work within the pllowing:
	Use Section A to identify the ager A. Name of Agency, Deparks, Recreation and Ne Services / Parks Division B. Name of Indi (Last, Fire)	artment or Unit ighborhood vidual st)	Number of Ticket(s)/ Passes 24 Number of Ticket(s)/	Describe th Recognition Parks Divisio	e public purpose made purs of collaborative excep on. Identify one of the fo onial Role Other X ing "Ceremonial Role" or "Other" des of collaborative excep	suant to the agency's policy tional work within the pllowing: Income cribe below: tional work within the Income
	Use Section A to identify the ager A. Name of Agency, Deparks, Recreation and Ne Services / Parks Division B. Name of Indi (Last, Fire)	artment or Unit ighborhood vidual st) ients	Number of Ticket(s)/ Passes 24 Number of Ticket(s)/	Describe th Recognition Parks Division Cerem If check Recognition Parks Division Cerem If check	e public purpose made purs of collaborative excep on. Identify one of the fo onial Role Other X ing "Ceremonial Role" or "Other" des of collaborative excep on. onial Role Other X	suant to the agency's policy tional work within the pllowing: Income cribe below: tional work within the Income

Verification 4.

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

More Caro Assistorit Director 4/1917 Print Name Title (month, day, year)

Comment: _



Agency Name

City of San Jose

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		·
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income I Income I Income I
		Ceremonial Role Conter
		Ceremonial Role Conter Conter Income Income Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other I Income I Inco
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
	-	

Form 802 Section 3. B.

<u>Name</u>	Tickets
Trede, Troy	1
Trede, Athena	1
Magahiz, Maxine	1
Castro, Adriel	1
Trujillo, Lorenzo	1
Moreno, Eddie	1
Keltner, John	1
Cameron, Steve	1
Guerrero, Joseph	1
Rios, Yazmin	1
Martinez, Angie	1
Muscatell, Rory	1
Conklin, Mark	1
Cotillon, Jimmy	1
Rubio, Manuel	1
Ale, Alex	1
Jones, Michael	1
Saenz, Larry	1
Flores, Jr., Nasario	1
Petersen, Dale	1

City of San Jose			<u>.</u>	ME Date Stamp	California 002
ony of San Juse			Sai	Jose City Clerk	Form OUZ
Division, Department, or Regi	on (if applicable)		0017	Spec IOM	For Official Use Only
Parks, Recreation and Neigl	hborhood Services		ZULI	MAR 28 PM 1:59	
Designated Agency Contact (Name, Title)				
Angel Rios, Director				Amendment (Must Pro	vide Explanation in Part 3)
Area Code/Phone Number	E-mail				
(408) 535-8100	webmaster.manage	er@sanjosec	a.gov	Date of Original Filing:	(month, day, year)
2. Function or Event Inform	nation	· · · ·			
Does the agency have a tick	et policy? Yes [No 🗌 🛛	Face Value of I	Each Ticket/Pass \$ <u>49.</u>	50 .
Event Description: <u>Twenty C</u>	Dne Pilot Concert Provide Title/ Explai	nation	Date(s) <u>2</u>	<u>, 10 , 17 –</u>	
Ticket(s)/Pass(es) provided			f no:	Name of Source	
Was ticket distribution made of agency official?	at the behest Yes [t yes:	Official's Name (Last, First)	
 Recipients • Use Section A to identify the agend 	cy'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	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
City of San Jose Youth Co	mmission	16	Recognition	Event	
	vidual	Number	8 2011/01/01/01/01/01		
B. Name of Indiv		of Ticket(s)/		Identify one of the foll	owing:
B. Name of Indiv (Last, Firs				Identify one of the foll	Income
		of Ticket(s)/	If check	onial Role	ibe below:

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.

Norberto 11 eprou N/M Signature of Agency Head or Designee Print Name day, year) /(month,

Comment:

Agency Report of: Geremonial Role Events and Ticket/F	Pass Distr	ibutions	А	Public Document
1. Agency Name <u>City of San (ose / PRNS</u> Division, Department, or Region (<i>if applicable</i>)	Departi	nentsa	RECENTED	California Form 802 For Official Use Only
Manbeth Havasz, D Designated Agency Contact (Name, Title)	eputy J	Directions	DEC 15 PM 3: 33 EP 10M	
Area Code/Phone Number E-mail Sar (408) 793-5514 Marybeth.	joseca. havasze	gov P	Date of Original Filing: .	rovide Explanation in Part 3.) (month, day, year)
Event Description: <u>Stevie Nicks (</u> Provide Title/ Expla	ONCENT C anation	Face Value of I Date(s) <u>12</u> F no:	Each Ticket/Pass \$ Name of Source Official's Name (Last, First)	150.00 12, 14, lle
 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 	P Use Section B to i Number of Ticket(s)/ Passes			ify an outside organization.
Coleman Soccer Facility	1.6	Recogni	tion fer dire	t involvement
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	In city	Identify one of the fo	<u>Ofect</u> ~
			onial Role D Other ing "Ceremonial Role" or "Other" des	
			onial Role D Other D other of "Other" des	
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 requirements.

Muylitharasz	Mambeth Haras	2 Peputy Pipector	12/15/16
Signature of Agency Head or Designee	F rint Name	Title	(month, day, year)
Comment: City employees why	o attended this	event were very ap	preciative
opthe recognition.			EPPC Form 802 (2/2016)

PARKS, RECREATION & NEIGHBORHOOD SERVICES

Coleman Soccer Facility Project Recognition

Event: SAP Center

Stevie Nicks Concert on 12/14/17; 7:00 p.m.

Recipient Name	# of Tickets	Parking Pass Given	Signature
Marybeth Harasz	2	No	manfuthdalasz
Agatha Ng	2	Yes	Ack 4
Scott Arnold	XO	declined	DECLINED.
Kari Davisson	2	No	Jari Davisson
Rodney Rapson		Ves	Zodus per
Jason Condit	2	Yes	Car Car
Kathy LeVeque	2	No	Kothlas Isvegue
Veronica Schulte	2	Ves	Villatta
Luplia Ibarra	2	Yes	Spana
Peter Testa	1	NO	TAN AD



Building Community Through Fun

gency Report of: eremonial Role Events and Ticket/P	ass Distri	butions		A Public Document
Agency Name	4		GEIVE Date Stamp	California 802
<u> Decreation and Community Sensies</u> , Division, Department, or Region (if <i>applicable</i>)	PRNS		se City Clark	For Official Use Only
Keila (isneros Recreation Lee Designated Agency Contact (Name, Title)	roler	2016.000	21 PM 3:28 SP 10M	
(408) 793 - 5594				st Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	o sanjose (a	gov	Date of Original Filin	g:(month, day, year)
Function or Event Information				
Does the agency have a ticket policy? Yes	ZÍ No 🗆 🕞	ace Value of E	Each Ticket/Pass \$	303
Event Description: Bellator MMA Provide Title/Explan	D	ate(s) <u>//</u> /	19,16	//
Ticket(s)/Pass(es) provided by agency? Yes	ZÍNo□ If	no:	Name of Source	
Was ticket distribution made at the behest Yes		yes:		
of agency official?		, · 	Official's Name (Last, Fir	5t)
Recipients • Use Section A to identify the agency's department or unit.		lentify an individu	ual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made p	pursuant to the agency's policy
Parks, Recreation and	24	Recognit	tion of Summe	r Park Activation Sta
Parks, Recreation and Neighborhood Services				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of th	e following:
Hernandez, Marco			onial Role Other ng "Ceremonial Role" or "Other"	
			nial Role D Other ng "Ceremonial Role" or "Other"	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made p	ursuant to the agency's policy

ification

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 7

Keila Cisnens Recreation Leader 11/18/16 Print Name Title (month, day, year)

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** RECEIVEN **A Public Document** 1. Agency Name San Jospatestamplerk California Dept of Parks, Rec + Neighborhaud Division, Department, or Region (if applicable) Form Happilt 1010 NOV -9 PM 3: 20 For Official Use Only PIOM Ni Lulla Burnham, Parks Manag Designated Agency Contact (Name, Title) 408 794-6519 Area Code/Phone Number E-mail **Amendment** (Must Provide Explanation in Part 3.) Date of Original Filing: 408-7946519 nicolk. burnhame sanjoseca.gov (month, day, year) 2. Function or Event Information Yes You Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Event Description: Sharks v. Penquins Provide Utle/ Explanation Date(s) 11 , 5 , 16 Ticket(s)/Pass(es) provided by agency? Yes V No lf no: _ Name of Source If yes: Burnham, Nicol Was ticket distribution made at the behest Yes Von of agency official? 3. **Recipients** PICASC SEE a Hached • 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 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 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 Agently Head or Designee Print Name Parks Manager

Comment:

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest.

	NAME	I AM A FORM 700 REPORTER	R SIGNATURE	
1	Das greeten		Ord wells	Seat
2	Julia Serveno		25	Seat
3	Yadira Galindo	- Ulito	& Halinsto	pkg + Seatt box
4	Kiersten McCormitk	B Aunt	Alak	Scattbox
5	Chey (John) Lue		her due	pkg+box(2 fix)
6	Taylor Cameron	- IKCL	\sim	pkg tbox
7	Judy Roberto	- Chidy	Roberto	Seat tpkg
8	Angelo Maarchi		ÓM	scat PKG
9	Willie Martinez	1 min		Stad box
10	Justin Imamura		-(2	box
		\sim		

PRNS – Happy Hollow Park and Zoo

ORGANIZATION

time 7:30PM EVENT DATE November 5, 2016 LOCATION Sharks v. Penguins

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest.

NAME	I AM A FORM 700 REPORTER SIGNATURE	
1 Nicolle Burnham	P Au Sr	Seat 4 box
2 Tony Dely		Seat
3 Rebecca Marguez	I Part	box
4 Angela Salcedo		bax + pkg
5 Mario Day		Seat
6 Jorathan Ismail	a tenothen birnice	box + pkg
7 Arlinda Duffy		box
8 Mandy Maquire	- Malan	hax
9 Amber Rindy	- ma	box toka
10 Kelley Walsh	Keelin Labolash	box + pks
Randy Adams	V Pengeren	2 bac + pkg
ORGANIZATION	TIME EVENT DATE LOCATION	
PRNS – Happy Hollow Park and Zoo	7:30PM November 5, 2016 Sharks v. Penguins	

. Agency Name		San Jos Pate Stamp lerk California 802					
Farths Decreation and Division, Department, or Region (if appli	d Neighbarhood S	Form OOZ For Official Use Only					
ED Solic. Recreation	-	2016 OCT 26 AM 10: 47					
Designated Agency Contact (Name, Title)		FP IOM					
		Amendment (Must Provide Explanation in Part 3.)					
Area Code/Phone Number E-mail		Date of Original Filing:					
408 / 13 3330 Ed.son	is@ Sanjose (a.gov	(month, day, year)					
2. Function or Event Information	/	1-70.00					
Does the agency have a ticket policy?		ace Value of Each Ticket/Pass \$ _ 1 / 0					
		Date(s)					
Prov Ticket(s)/Pass(es) provided by agenc	Provide Title/ Explanation						
		Name of Source					
Was ticket distribution made at the be of agency official?	ehest Yes 🗌 No 🗌 🧍	YES:Official's Name (Last, First)					
 Recipients • Use Section A to identify the agency's departm 	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 U	nit Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
A. Name of Agency, Department or U. PARKS Recrection & Weishb	nit of Ticket(s)/ Passes						
	nit of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
B. Name of Individual	nit of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy Recognition of Vive CalleST TEAM Fire					
B. Name of Individual	nit of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy Recognition of Vive CalleST TEAM EFT Identify one of the following: Ceremonial Role Other					

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.

Keila Cisnenos <u>Reconcertion Leader</u> 10/25/16 Print Name Title (month, day, year) Signature of Agency Head or Designee

Comment: ____

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

С	eremonial Role Even	ts and Ticket/F	ass Distr	ibutions		A Public Document	
1.	Agency Name				Date Stamp	California Form 802	
	City of San José						
	Division, Department, or Region (if applicable)				-	For Official Use Only	
	Parks, Recreation & Neighborhood Services						
	Designated Agency Contact (Name, Title)						
	Veronica Schulte, Staff Spe	cialist		st Provide Explanation in Part 3.)			
	Area Code/Phone Number E-mail						
	408-793-5597	veronica.schulte@	sanjoseca.go	v	Date of Original Filir	g: <u>07/18/16</u> (month, day, year)	
2.	Function or Event Infor	mation				052	
	Does the agency have a ticl	ket policy? Yes [Each Ticket/Pass \$	253			
	Event Description: Sting & F	Peter Gabriel Concer Provide Title/ Explan	<u>, 14 , 16</u>	/			
					Name of Source		
	Was ticket distribution made	at the behavior of the	1.	f yes:			
	Was ticket distribution made of agency official?	at the benest Yes		yes	Official's Name (Last, Fir	st)	
3.	• 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, Depa		Number of Ticket(s)/ Passes			oursuant to the agency's policy	
	Parks, Recreation & Neigh	borhood Services	16			epartment representatives mbined Giving Campaign.	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of th	e following:	
	1 ()				onial Role D Other ing "Ceremonial Role" or "Other		
					onial Role Other ing "Ceremonial Role" or "Other"		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant 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.

Veronica Schulte Staff Specialist 7-18-16 Print Name Title (month, day, year) Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Name				an Jose City Clerk	California Q	
City of San Jose		•	201	SMAY II PM 4:3	Form OU	
Division, Department, or Reg	ion (If Applicabl		For Official Use Only			
Parks, Recreation and Neighborhood Services						
Designated Agency Contact		- -				
Teresa Meyer-Calvert, Staf	f Specialist					
Area Code/Phone Number	·		Amendment (Must pro	vide explanation in Part 3.)		
408-793-4186	teresa.meye	er-calvert@s	anjoseca.gov	Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information						
Does the agency have a ticke		Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	222.00	
Event Description Sharks Game (NHL Hockey) Date(s) 03 / 22 / 16						
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	図 If no:	Name of Sour	се	
Was ticket distribution made a of agency official?	No 🛛 Yes	If yes:	Official's Name (La	st, First)		
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, Departme		Number of Ticket(s)/ Pass(es)	-	lic purpose made pursuant to		
Parks, Recreation and Neighborhood Services		22	Recognition for a co Division.	ollaborative or "TEAM" e	effort within the Park	
					<u> </u>	
B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	F	
See Attached List of Recipie	ents	,	Ceremonial Role [Other Other other describe below:	` Income	
				Other I other	Income	
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy	
				·		
	ations 18944 1 and	18942 have ver	ified that the distribution set for	th above is in accordance with th	e requirements	
Verification have react and understand FPPC seguin				th above, is in accordance with the $\frac{1}{1000} + \frac{1}{1000} + \frac{1}{10000} + \frac{1}{10000000000000000000000000000000000$		

FPPC F	orm	802	(4/12
FPPC Toll-Free Helpline: 866/ASK-FPPC	(866/	275-	7772

Comment: ...

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.)

1	Athena Trede
2	Sarah Sanchez
3	Troy Trede
4	Andre Morrow
5	Patricia Rivera
6	Randy Adams
7	Jeff Gomez
8	Tony Daly
9	Lynda De Santiago
10	Duane Lindsay
11	Hugo Romo
12	Jena Sorrells
13	Joe Borja
14	Joe Guerrero
15	Danilo Carrasco
16	Brandon Casper
17	Nicolle Burnham
18	Alex Pearson
19	Steve Hammack
20	Teresa Meyer-Calvert
21	Gina Aning
22	Jaime Ruiz

Ceremonial Role Events and Tick	verrass	s Distributions RECEIVED A Public Docum	nen
1. Agency Name <u>PRNS</u> , <u>Seven</u> Trees Division, Department, or Region (If Applicable)	Com	San Jose Cilpate Starp <u>munity Center</u> 2016 MAR -8 AM 11: 30 California Form For Official Use Only)2
Dota Liou - Gera Designated Agency Contact (Name, Title)	ontola	gy Specialist	
Area Code/Phone Number E-mail 408/794-1690 dosa.iou	u@Sar	Date of Original Filing:	
. Function or Event Information	- 1	9 0	
Does the agency have a ticket policy?	Yes 🕅 No	Face Value of Each Ticket/Pass $\frac{3}{2}$	
Event Description Lan Jose Barda Com Provide Title/Explain	dor Ice	Hokey Bate(s) 3, 13, 2016	
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	If no:	
Was ticket distribution made at the behest of agency official?	No Yes		
Recipients Use Section A to identify the agency's department or use	nit. • Use Se	ection 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	
Seven Trees Community Center	8	Teen Voluntees Recognition - Ticke Were given to Teens Who Volunteer on 2 Basis '	725 525
		Basiz	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
		Ceremonial Role Other Income	
		Ceremonial Role Other I 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	

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. NION

Print Name

630

(Signature & Agency Head or Designee

Gesonto Cia

4

Н

(Month, Day,

	/
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
8	Teen Volunteer Recognition - Ticket's W given to Teens who volunteer on a segula Basis
Number of Ticket(s)/ Pass(es)	Identify one of the following:
	Ceremonial Role Other I Income I Income I Income II Checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other I Income
	Ceremonial Role Other I Income
	Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Number of Ticket(s)/ Pass(es)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name San () Date Stamp California 180 Form mte For Official Use Only 2016 80 ision, Department, or Region (If Applicable) AH 11: 30 Cented Store Seven Trees Community Designated Agency Contact (Name, Title) Gerontology DODEN Niou Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 408/194-1690 iou@ganjoseca. **Date of Original Filing:** dosa. (Month, Day, Year) 2. Function or Event Information 50.00 Does the agency have a ticket policy? Yes 🕅 No 🗆 Face Value of Each Ticket/Pass \$ Event Description Lan Jose 15. Montrea bate(s) 2 201 Provide Title/Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes No 🗌 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 B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to identify the agency's department or unit. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Voluntees Recognition - Tickets Seven Trees Community were 8 to our senior volunteers Cenlex Number of Β. 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: 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) Verification 1 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 & Agency Head or Designee

jour Print Name

Gerontolop

Comment: .

Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of Ticket(s)/	ction B to identify an individual. • Use Section C to identify an outside organiz Describe the public purpose made pursuant to the agency's poli		
Seven Trees Community Enter, prus	Pass(es)	Volunteer Recognition - Tickets were to our Senior Volunteers in differently	Siv	स्त <u>हेर</u> 2
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role D Other D If checking "Ceremonial Role" or "Other" describe below:	Income	
		Ceremonial Role D Other If checking "Ceremonial Role" or "Other" describe below:	ncome	
		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	ncome	
		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	ncome	
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 polic	;y	

		Distributions RECEIVED	A Public Documen
. Agency Name		San Jose Cibate stamp	California 802
<u>PRNS</u> , <u>Seven</u> Trees C Division, Department, or Region (<i>If Applicable</i>)	ommun	ity Centres Toms Man 10:54	For Official Use Only
Dora Liou - Geronto Designated Agency Contact (Name, Title)	logy 2	pecialist mon 1	
Area Code/Phone Number E-mail 408/794 - 1670 dosa. Tra	ou@3ai	Date of Original Filing	provide explanation in Part 3.) :
. Function or Event Information	N 2		100
Does the agency have a ticket policy?	YesX No	-	4/: Z
Event Description Disney on Ic	nation	Date(s) - 2 - 2 - 16	///
Ticket(s)/Pass(es) provided by agency?	Yes X No	If no:	Source
Was ticket distribution made at the behest of agency official?	NOK Yes	If yes:	(Last, First)
Recipients Use Section A to identify the agency's department or use	nit. ● Use Se	ction B to identify an individual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursua	nt to the agency's policy
Saven Trees Community Center	8	Recognition of Voluntee Ann Chow, Ruby Gipson, B	ob Fink & Hury
		,	0
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the follow	
B. Name of Individual (Last, First)	Ticket(s)/	Identify one of the follow Ceremonial Role Dother I If checking "Ceremonial Role" or "Other" describe below	ving:
B. Name of Individual (Last, First)	Ticket(s)/	Ceremonial Role D Other	ving: Income
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	Ceremonial Role Dother Difference of the Ceremonial Role Ceremonial Role" or "Other" describe below	ving: Income
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role Dother Difference of the Ceremonial Role Office of "Other" describe below	ving: Income



gency Name	ρ.	DOULS CLUDE T
Daven Trees Community Ce Recipients	nles,	PRNS. Gity of San Jose
-	ınit. • Use Se	ection 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
Seven Trees Community Centers		Recognition of our senior Volunteers
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income I Income
		Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income
	,	Ceremonial Role Other I 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

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

RECEIVED

. Agency Nan	ne					Date Stamp or A	
City of San Jo				2	916 FEB	10 PM 2053	For Official Use Only
Division, Depa	rtment, or Reg	i on (If Applicable)				For Official Use Only
Administrative	e Services Div.	- Parks, Recr	eation & Ne	ighborhood Service	s		
Designated Ag	ency Contact (Name, Title)					
Veronica Schu	ulte, Acting Se	nior Analyst					<u> </u>
Area Code/Pho	one Number	E-mail				mendment (Must pro	vide explanation in Part 3.)
(408)793-5597	7	veronica.sch	ulte@sanjo	seca.gov	Date	of Original Filing:	(Month, Day, Year)
. Function or	Event Inform	nation					455 AA
Does the agend	•		Yes 🛛 No		e of Each	Ticket/Pass \$	\$55.00
Event Descripti	on <u>Valentine's</u>	Old School	Throwback	Jam Date(s)	02 / 1	2 , 16 _	
Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: San	Jose Are	na Authority Name of Sour	ce
Was ticket distr of agency offic		t the behest	No 🗌 Yes	If yes: Sch	nulte, Ver	onica Official's Name (La	st Eirst)
						Unicial's Name (La	
 Recipients Use Section A to i 	identify the agency	's department or I	unit. ● Use Se	ction B to identify an indiv	ridual. ●Us	e Section C to identify	y an outside organization.
	gency, Departme		Number of Ticket(s)/ Pass(es)) the agency's policy
	Finance, City A	Auditor, &		Staff recognition	f		
Retirement Se			18	campaign as a co		pation in the anr member or depa	
Retirement Se			18 Number of Ticket(s)/ Pass(es)		ommittee		irtment liaison.
Retirement Se	Prvices		Number of Ticket(s)/	campaign as a co	Identify	member or depa	irtment liaison.
Retirement Se	Prvices		Number of Ticket(s)/	Campaign as a co Ceremonial Rol If checking "Cerem Ceremonial Rol	Identify e C (nonial Role" or '	member or depa	artment liaison.
Retirement Se	Prvices	zation	Number of Ticket(s)/	Campaign as a co Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren	Identify e C (nonial Role" or " e C (nonial Role" or "	member or depa	artment liaison.
Retirement Se	ervices lame of Individua (Last, First)	zation	Number of Ticket(s)/ Pass(es)	Campaign as a co Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren	Identify e C (nonial Role" or " e C (nonial Role" or "	member or depa	artment liaison. 3 3 Income
Retirement Se	ervices lame of Individua (Last, First)	zation	Number of Ticket(s)/ Pass(es)	Campaign as a co Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren	Identify e C (nonial Role" or " e C (nonial Role" or "	member or depa	artment liaison. 3 3 Income
Retirement Se	Prvices	sation ription)	Number of Ticket(s)/ Pass(es)	Campaign as a co Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren Describe the p	Identify e () nonial Role" or ' e () aconial Role" or ' ublic purpo	member or depa	Income C
Retirement Se	Prvices	zation ription)	Number of Ticket(s)/ Pass(es)	campaign as a co Ceremonial Rol If checking "Cerem Ceremonial Rol If checking "Cerem Describe the p	Identify e Identify e Identify onnial Role" or " a Identify a Identify	member or depa	Income C

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

A Public Document

				A l'ublic Documen
. Agency Name			San Date Stampin Jose City Clar	California 802
City of San Jrse	<u>,</u>		. Why Cler	For Official Use Only
Division, Department, or Region (If Applicable		Saula Rac	¹¹⁶ JAN 26 PM 3: 1	
Parks, Decreation and Neight	porhood o	RNices Rept.	11 3: 1	
Designatéd Agency Contact (Name, Title)				
Keila Cismenos			Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Number E-mail 408 193 8994 Ceilo	a. Cisner	os@sanjozca.gov	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information	/			88
· ·	Yes 🗹 No		f Each Ticket/Pass \$	80
Event Description <u>Hickey Grame (Shan</u> Provide Title/Exple	MSVS.K		, 24 , 16	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗹 No	□ _ If no:	Name of Sour	
Was ticket distribution made at the behest			Name of Sour	ce
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	o the agency's policy
City of San Jose, Parks	8	Recognition or	f Outstanding te	pam
<u>Recreation</u> and Neighborhood	0	performance	f Outseanding te and project s	vicess
Services			U. U	
Viva CalleSJ Event Team B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
			Other I al Role" or "Other" describe below:	Income
		Ceremonial Role	Other	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
Verification I have read and understand FPPC Regulations 18944.1 and			th above, is in accordance with t	· · · · · · · · · · · · · · · · · · ·

of Agency Head or Designee Ignatu

Comment: _

Keila <u>Lisnens</u> Print Name

He creation <u>Uqaer</u> Title

1/2/16 (Month, Day, Year)

Agency Report of:

Agency Name			No. of the second s	RECEIVED Ose Coale Stampk	California 802
City of San Jose			s	MB Raite	Form 802
Division, Department, or R	Region (If Applicable)	2016 FE	B-3 PM 3: 19	For Official Use Only
Department of Parks, Re	creation & Noigh	orbood Sen	lices Hanny Hollow		
Designated Agency Conta	-				
		nuicor			
Mario Day- Acting Amuse				Amendment (Must pro	ovide explanation In Part 3.)
408-794-6446	Mario.Day@	sanioseca.o	IOV	Date of Original Filing: _	dente Den March
Function or Event Inf					(Month, Day, Year)
Does the agency have a tio		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	220.00
	• •				
Event Description	Provide Title/Expla	anation	Date(s)	2416	//
Ticket(s)/Pass(es) provided			if no. San Jo	se Arena Authority	
noneria in gaareat provider	a by agoney f	Yes 🗌 No		Name of Sou	rce
Was ticket distribution mad	le at the behest	No 🛛 Yes	If yes: Wang	, Shelly	
of agency official?			-	Official's Name (La	ast, First)
• Use Section A to Identify the age A. Name of Agency, Depar		Number of Ticket(s)/		al. • Use Section C to Identi ic purpose made pursuant I	
City of San Jose, PRNS, Park & Zoo	Happy Hollow	Pass(es) 24	Recognition for sup	ervisory team at Happy	/ Hollow Park & Zoo
B. Name of Indivi	idual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Other Control of the tell of tell	Income
				Other	Income
			Ceremonial Role	I Role" or "Other" describe below:	
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	If checking "Ceremonia		o the agency's policy

Comment: _

<u>General Manager 1-22-16</u> Title (Month, Day, Year)



Memorandum

TO: Norberto Dueñas, City Manager

FROM: Angel Rios, Jr.

SUBJECT: REQUEST FOR USE OF THE

DATE: 12-07-15

CITY BOX

12/16/15 Date Approved

The Parks, Recreation and Neighborhoods Services Department is requesting the use of the City Box at SAP Center for an upcoming NHL Sharks game in recognition of the supervisory team at Happy Hollow Park & Zoo.

The team of HHPZ supervisors has earned a celebratory event for their hard work and to also reenergize them for continued success in staff and program supervision. The Happy Hollow Supervisory Team consists of program leads and managers who collectively oversee the quality operations of Happy Hollow, achieving \$7.4 million in revenue last fiscal year and attracting over 462,000 visitors last year, an all time high for Happy Hollow. They have worked very long hours with limited resources to provide the best possible guest experience, high quality animal exhibitory, which led to a record attendance and revenue earning year. Their dedication to the line staff is demonstrated in their development of an All-Staff Training and Team Kick Off meeting held at the beginning of the our summer season, creation of a part time staff mentoring program, and a staff appreciation party at the end of the summer for our approximately 200 full time and part-time staff.

In keeping the City's RECOGNIZE! Initiative, I am pleased to nominate 20 members of the 2015 supervisory staff at Happy Hollow Park & Zoo for the use of the City Box at SAP center. Thank you for your consideration of this request.

Date: Yet to be determined

Responsible party: Per the Ticket Distribution Policy the responsible party will be Kiersten McCormick, Assistant General Manager, who will also be in attendance at the game. She can be reached at (408) 794-6406 or via email at <u>Kiersten.McCormick@sanjoseca.gov</u>.

Matilan be

ANGEL RIOS, JR., Director Department of Parks, Recreation & Neighborhood Services

For questions, please contact Gina Aning, General Manager at (408) 794-6519.

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** 1. Agency Name Date Stamp California Gity of Sun Jose Division, Department, or Region (If Applicable) Form DEC 1 5 2015 For Official Use Only Parks, Reercation and neighborhood fice of the City clean Jose Designated Agency Contact (Name, Title) Services Dept Mil ET Mil mil ET [D:35am Keila Cimeros Area Code/Phone Number [E-mail **Amendment** (Must provide explanation in Part 3.) 409 793-5594 Veni La Circan a construction of Original Filing:

	ter in our pera.c	revero;	(Month, Day, Year)
2.	Function or Event Information	•	
	Does the agency have a ticket policy?	Yes 🗹 No	□ Face Value of Each Ticket/Pass \$ _ 99 · 60
	Event Description <u>Music (once</u> Provide Title/Expl	r+ (the u	seekend) Date(s) 12, 6, 15
	Ticket(s)/Pass(es) provided by agency?	Yes 🗹 No	If no:
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	Official's Name (Last, First)
3.	• Use Section A to identify the agency's department 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
	City of Sundose Parks Recreation and Neighborho Services	od 16	Recognition of outstanding team performance & project success.
	Services Viva Calless Event Team		
	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 I 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

4. Verification

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

Keila ature of Agency Head or Designee

<u>Cisnerus</u> Print Name

Recreation Leader

12/14/15 (Month, Day, Year)

Comment: .

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

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name <u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>		(REC Date Stamp	California Form 802
	Division, Department, or Region (If Applicable	ə)		DEC 1 3 2015	For Official Use Only
	Parks, Recreation and Nei Designated Agency Contact (Name, Title)	ghborhu	oud Services Dept.	City of San Jose ffice of the City Clerk Mail ET 10:354	
	Keila (ISNEYOS Area Code/Phone Number E-mail			Amendment (Must pro	
		meros Q	Sanjoseca.gov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information Does the agency have a ticket policy?	Yes 🗹 No			188
	Event Description Hockey Gume (Sh	<u>AY ICS VS. L</u> ^{Janation}	$\frac{19}{10}$ Date(s) <u>12</u>	, 5 , 15	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗹 No	🗌 If no:	Name of Sour	
	Was ticket distribution made at the behest	No 🗌 Yes	☑ If yes:		
	of agency official?			Official's Name (La	st, First)
3.	Recipients • Use Section A to identify the agency's department or	unit. • Use Sec	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	o the agency's policy
	City of San Jose, parks Accreation and Neighborhood Service	\$	Recognition of performance a	nd project su	team
	VIVA CalleST Event Team				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other	Income
			Ceremonial Role	Other D Il Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
4.	Verification				

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

Keila 14/15 Cisneros eader 2 Korreation nature of Agency Head or Designee Print Name Title (Month, Day, Year) Sig

. Agency Name	ts and Tic	n an an the second s	San Josi	Gity Glork Date Stamp	A Public Documer	
City of San Jose			140 ⁰ -		California 802	
Division, Department, or Reg	ion (If Applicable	•)	7015 060	1 P 3: 06	For Official Use Only	
			-			
Parks, Recreation and Neig Designated Agency Contact						
				·		
Teresa Meyer-Calvert, Staff Area Code/Phone Number	E-mail	,		Amendment (Must pi	rovide explanation in Part 3.)	
408-793-4186		r-calvert@sa	anjoseca.gov	Date of Original Filing: .		
. Function or Event Infor			injoseca.gov		(Month, Day, Year)	
Does the agency have a ticke			Eace Value o	f Each Ticket/Pass \$	222.00	
- /		Yes 🛛 No				
Event Description Sharks Ga	Provide Title/Expl	anation	Date(s)		///	
Ticket(s)/Pass(es) provided by					ر) ب ^ر در	
noveria)/r assies) hiovided b	у адепсу (Yes 🛛 No 🛛		Name of Sol	irce	
Was ticket distribution made a	at the behest	No 🛛 Yes 🛛	If yes:			
of agency official?	na stavan da Malan			Official's Name (L	ast, First)	
. Recipients						
Use Section A to identify the agency's department or units		Init. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	ify an outside organization.	
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Parks, Recreation and Neighborhood			llaborative or "TEAM"	effort within the Parks	
Services			Division.			
B. Name of Individua		Number of				
D. Name of multituda (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			Ceremonial Role	Other	Income	
See Attached List of Recipie	ents		If checking "Ceremonia	l Role" or "Other" describe below:		
	<u>, , , , , , , , , , , , , , , , ,</u>	-	Ceremonial Role	Other	Income	
				I Role" or "Other" describe below:		
·····						
C. Name of Outside Organi		Number of Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy	
C. Name of Outside Organi (include address and desc			Describe the publi	c purpose made pursuant t	o the agency's policy	
		Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy	
		Ticket(s)/	Describe the publi	c purpose made pursuant t	to the agency's policy	
		Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy	
(include address and des		Ticket(s)/	Describe the publi	c purpose made pursuant t	to the agency's policy	
(include address and desu	cription)	Ticket(s)/ Pass(es)	÷			
	cription)	Ticket(s)/ Pass(es)	÷	c purpose made pursuant t		

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.)

- 1. Aning, Gina
- 2. Arroyo, David
- 3. Burnham, Nicolle
- 4. Carrillo, Daniel
- 5. Formico, Paul
- 6. Garcia, Humberto
- 7. Hammack, Steve
- 8. Lawson, Jane
- 9. Meyer-Calvert, Teresa
- 10. Morales, Dave
- 11. Moran, Diodoro
- 12. Moreno, Ed
- 13. Orozco, Esteban
- 14. Pearson, Alex
- 15. Pollay, Bill
- 16. Pollay, Lisa
- 17. Ruiz, Jaime
- 18. Saavedra, Joshua
- 19. Schamle, Mark
- 20. Schultz, Brian
- 21. Sedillo, Anthony

Agency Report of:

Ceremonial Role Events and Ticl	ket/Pass	Distributions	RECEIVED San Jose City of	A Public Document
Agency Name Seven Trees Commun Division, Department, or Region (If Applicable)		enter 2	Date Stamp Date Stamp DISAUS 25 PM 3:	California Form 802
PRVS 3590 Cas Day 2 Designated Agency Contact (Name, Title)	San Ju	<u>75e, CA95111</u>	proute	•
	<u>n Qsai</u>	njoseca.gov	Date of Original Filing:	ovide explanation in Part 3.) (Month, Day, Year)
Function or Event Information Does the agency have a ticket policy? Event Description $\frac{Ringlin Boo - Cix}{Provide Title/Explanation}$	Yes No	Face Value o	f Each Ticket/Pass \$ ンの ,	<u>42.50</u>
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yeş⊠ No NørÆ Yes		Name of Sou Official's Name (La	
Recipients • Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	iy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
Seven Tsees. Community Controg PRVS	16	Recognition of Casolyn J. Joe Y Mattilon V. S	F Volunteers at Joury, Ruby 14, M B Alex H.	National Night C Watha M. Casulyn
B. Name of individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Other and the selow:	Income
		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 t	o the agency's policy
Verification				
I have read and understand FPPC Regulations-18944.1 and T Signature of Agency Head or Designee	18942. I have ve	tion bo	rth above, is in accordance with ONTO V SPECC	the requirements.

Signature of Agency Head or Designee

Comment: __



Agency Name	1 (e PRAK COM al La Torre
Seven Trees Community • Use Section A to identify the agency's department or the sec		test PRNS GITY of San Jose 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
Zeven Tsees Community Center, PRNS	16	Recognition - tickets gave to Volunteers ab National Night Out '
· .		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Dother D Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other D 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

	ghborhood Ser (Name, Title) ecialist E-mail veronica.sch rmation et policy? key Game Provide Title/Expla by agency? at the behest	vices ulte@sanjo Yes X No anation Yes X No No X Yes	seca.gov Face Value Date(s) If no:	Date of Original Filing: _ of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
epartment, or Rep creation and Nei Agency Contact Schulte, Staff Sp Phone Number 597 or Event Infor gency have a tick ription <u>NHL Hoc</u> ass(es) provided f listribution made official?	ghborhood Ser (Name, Title) ecialist E-mail veronica.sch rmation et policy? key Game Provide Title/Expla by agency? at the behest	vices ulte@sanjo Yes X No anation Yes X No No X Yes	seca.gov Face Value Date(s) 3 If no:	Amendment (Must pro Date of Original Filing: _ of Each Ticket/Pass \$ b Name of Source	For Official Use Only ovide explanation in Part 3.) (Month, Day, Year) 206
creation and Nei- Agency Contact Schulte, Staff Sp Phone Number 597 or Event Infor gency have a tick ription <u>NHL Hoc</u> ass(es) provided b listribution made official?	ghborhood Ser (Name, Title) ecialist E-mail veronica.sch rmation et policy? key Game Provide Title/Expla by agency? at the behest	vices ulte@sanjo Yes X No anation Yes X No No X Yes	□ Face Value	Date of Original Filing: of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
Agency Contact Schulte, Staff Sp Phone Number 597 or Event Infor gency have a tick ription <u>NHL Hoc</u> iss(es) provided f issribution made official?	(Name, Title) ecialist E-mail veronica.sch rmation et policy? key Game <i>Provide Title/Expla</i> by agency? at the behest	ulte@sanjo Yes X No anation Yes X No No X Yes	□ Face Value	Date of Original Filing: of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
Schulte, Staff Sp Phone Number 597 or Event Infor gency have a tick ription <u>NHL Hoc</u> uss(es) provided I distribution made official? S A to identify the agen	ecialist E-mail veronica.sch rmation et policy? key Game Provide Title/Expla- by agency? at the behest	Yes 🛛 No anation Yes 🖾 No No 🖾 Yes	□ Face Value	Date of Original Filing: of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
Phone Number 597 or Event Infor gency have a tick ription <u>NHL Hoc</u> ass(es) provided f listribution made official?	E-mail veronica.sch rmation et policy? key Game <i>Provide Title/Exple</i> by agency? at the behest	Yes 🛛 No anation Yes 🖾 No No 🖾 Yes	□ Face Value	Date of Original Filing: of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
597 or Event Info gency have a tick ription <u>NHL Hoc</u> ass(es) provided I distribution made official?	veronica.sch rmation et policy? key Game Provide Title/Exple by agency? at the behest	Yes 🛛 No anation Yes 🖾 No No 🖾 Yes	□ Face Value	Date of Original Filing: of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
or Event Info gency have a tick ription <u>NHL Hoc</u> ass(es) provided f listribution made official?	rmation et policy? key Game <i>Provide Title/Exple</i> by agency? at the behest	Yes 🛛 No anation Yes 🖾 No No 🖾 Yes	□ Face Value	of Each Ticket/Pass \$ 3 14 15 Name of Sour	(Month, Day, Year) 206 //
gency have a tick ription <u>NHL Hoc</u> uss(es) provided I listribution made official? S A to identify the agen	et policy? key Game <i>Provide Title/Expla</i> by agency? at the behest	anation Yes⊠ No No⊠ Yes	Date(s) <u>3</u> □ If no:	3 , 14 , 15	// rce
ription <u>NHL Hoc</u> iss(es) provided I listribution made official? S A to identify the agen	key Game Provide Title/Expla by agency? at the behest	anation Yes⊠ No No⊠ Yes	Date(s) <u>3</u> □ If no:	3 , 14 , 15	// rce
iss(es) provided l listribution made official? S A to identify the agen	at the behest	Yes 🛛 No No 🖾 Yes	☐ If no:	Name of Sou	
iss(es) provided l listribution made official? S A to identify the agen	at the behest	Yes 🛛 No No 🖾 Yes	☐ If no:	Name of Sou	
listribution made official? S A to identify the agen	at the behest	No 🛛 Yes	_	Name of Sou	
official? S A to identify the agen			☐ If yes:		
A to identify the agen	cy's department or u	unit e Uso So			
	cy's department or u	unit allea So			
of Anonas Dana de			ction B to identify an individ	ual. • Use Section C to identif	fy an outside organization.
of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	o the agency's policy
reation and Nei	ghborhood	24		rticipating in the Parks, vices consumer outreac	
Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
an da Tan an Bhian a ta ta a Tan Tanaka da a			Ceremonial Role If checking "Ceremor	Other D	Income
					Income
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
		ne of Outside Organization ide address and description)	ide address and description) Ticket(s)/	ne of Outside Organization Number of Ticket(s)/ Describe the put	ne of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to

Verification 4.

et e i a

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.

lair

Interim Assistant Caro Print Name

31 5 18, (Month, Day, Year)

Comment: .

Signature of Agency Head or Designee

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Title

heeror

TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are \$98- \$206.

NAM	E RECEIVED 2 TICKETS & PA	RKING PASS	I AM A FORM 700 R	REPORTER
1	Yu-Wen Huang	\mathbb{P}	?	0 July
2	Yu-Wen Huang Loson Cousi		2	V
3	Maylith Harasa			man with Haras
4			·	- jutto
5	Shirlee Victoria			V JVict
6	NES ZSUTTY		-	V 13 Jana
7				1 Anar Arausson
8	KARI DAVISSON	ł	í	B. Juli
9	Jon Moog	E		- kt they
10	Jon Moog Maryann Casorla Cassie Hunter	M		
11	Cassie Hunter	4		0 (Kant
	2 Moth NGUYEN			
			•	
OR	GANIZATION	TIME	EVENT DATE	
PI	RNS – EE Recognition Team	1:00 PM	March 14, 201	015 San José Arena, NHL Sharks Game

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

Comment: _

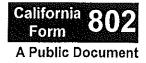
				A Public Documer
Agency Name			Date Stamp	California 802
City of SANJOSE				
Division, Department, or Region (If Applicable)				For Official Use Only
PRNS, RCS				
Designated Agency Contact (Name, Title)				
Mary D' Meara, Recreat Area Code/Phone Number E-mail	10n SI	iverintendiam 1		provide explanation in Part 3.)
(108) 535-3578 mary.	, Ormea	re sonjosecagy	Date of Orlginal Filing:	(Month, Day, Year)
Function or Event Information			.4	la au
Does the agency have a ticket policy?	Yes 🖄 No	Face Value of E	Each Ticket/Pass \$_	206
Event Description Sharks Hockey Provide Tille/Expla	((AMC nation		, 15, 15	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: <u></u>	JOSP ARENA Name of Sc	ource (
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	Ø∶ lfyes:	<u>Official's Name (</u>	
• Use Section A to Identify the agency's department or u	nit. 🔹 Use Sec	tion B to identify an individual.	• Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant	t to the agency's policy
B. Name of Individual	Number of Ticket(s)/		dentify one of the follow	100.
(Last, First)	Pass(es)			
JULIS, Phil	2	-	Other D tole" or "Other" describe below. Reccentiti	Income [CM OUtstanduna S
ROSS, KIM	2		Other Other describe below:	ON OUTSTANding S Income [
		Employer Re	contrion (sutstanding Service
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)		purpose made pursuant	v

FPPC Form 802 (4/12) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-7772)

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1 OF JON JOSE



Agency Name

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3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Martiner, Jessica	2	Ceremonial Role Other D' Income D H checking "Ceremonial Role" or "Other" describe below: Employee. Recognition Outstanding Service
Gott, Tracey	2	Ceremonial Role D Other D Income D Il checking "Ceremonial Role" or "Other" describe below: Employee Recognition OUTOFAMAIN (RVVia
Beck, Justin	2	Ceremonial Role Other Dincome Income Directing "Ceremonial Role" or "Other", describe below: Employee Recention OUTOFAMMIN SPIVIC
Kramer, Christy	2	Ceremonial Role Dither Dither Dither Dither describe below: If checking "Ceremonial Role" or "Other describe below: Employee Reconnition DuthFunding SPINICE
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
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		

SAN'SOSE



Agency Name

11

3. Recipients

-64

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>.</u>		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
(Vutodio, Marlo	2	Ceremonial Role Other Dincome Income I Il checking "Ceremonial Role" or "Other describe below: EMPLOYEE Recognition Whithanding PENCE
Patania, Ronnie	2	Ceremonial Role Diher Diner Income Income Income Ceremonial Role or "Other describe below: It checking "Ceremonial Role" or "Other describe below: Employee Decegnition Outification Specific
Mendez, Zach	2	Ceremonial Role Olher DI Income Income I Ir checking "Ceremonial Role" or "Other" describe below: E-Mplayee Recognition OUTStanding SPIVICE
Barnwell, Anny	2	Ceremonial Role Other Dr Income Income I Understand Role or "Other" describe below: Il checking "Ceremonial Role" or "Other" describe below: Employee Recossition Outstanding Service
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 Name

ty OF JUN TOSÉ C

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
{(Last, First)	Pass(es)	
QUIDINFORT, ANTHONY	****	Ceremonial Role Other Dincome Income I If checking "Ceremonial Role" or "Other" describe below: EMPIMEL RECOGNITION OUT standing Service
Bray, Janine	, and the second se	Ceremonial Role Other Dincome Income Income Income Ceremonial Role or Other describe below: Il checking "Ceremonial Role" or "Other" describe below: ZMPLOYCE RECOGNITION Outstanding Service
<u> </u>		Ceremonial Role Other Income I
		Ceremonial Role Other I Income I 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 Tic	ket/Pass	Distributions	RECEI	VED in A Public Document
1. Agency Name <u>Seven Toces Community</u> Division, Department, or Region (If Applicable <u>Dosa Ziou Gerontolo</u> Designated Agency Contact (Name, Title) 408/794-1690	enter, gy <	PRNS pecialist	Date Stamp 2014-007-8 MT MQU)	California 802 Form 802
408/174-16/ Area Code/Phone Number E-mail 408/1944-1714 dosa-1	ion@50	in acca. So		rovide explanation in Part 3.) (Month, Day, Year)
 2. Function or Event Information Does the agency have a ticket policy? Event Description Sharks V4. Letter Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? 	Yes X No <u>s Arg-el</u> Anation Yes X No NOX Yes	e≤ Date(s)	Name of Sol	/
3. Recipients • Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit Seven Totes Community Centres	Init. • Use Sec Number of Ticket(s)/ Pass(es)	Describe the pub Staff &	ial. • Use Section C to ident lic purpose made pursuant Recogn?	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following of the fol	ng:
		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

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.

Saperalist 10/1/14 Print Name Gerontology Signature or Designee

Comment: ___

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

_



Ag	ency Name		
	Seven Trees	Com	imunity Center
3.	Recipients		
	Use Section A to identify the agency's department or u		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
	Seven Trees Community	8	Recognition / Volunteess
	Center /	0	F /8 staft
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
		Pass(es)	Ceremonial Role Conter Ceremonial Role Other Income Income
-			Ceremonial Role D Other D Income I Inco
-			Ceremonial Role Other I Income Income I Income I Income II checking "Ceremonial Role" or "Other" describe below:
-			Ceremonial Role Dther 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** JUS Bate Stamp 101K 1. Agency Name California Form Safe School Campus Initiative Program 2811 四日3:44 For Official Use Only Division, Department, or Region (If Applicable) PRNS Community Services Division SSCI Program Designated Agency Contact (Name, Title) Alex Toscano (Youth Outreach Worker I) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-373-7687 Alex.Toscano@sanjoseca.go (Month, Day, Year) 2. Function or Event Information \$82 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description SJ Sabercats VS Orlando Predators 5 3 14 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 No Ves 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Safe School Campus Initiative Program Public Purpose for the Distribution to Youth Program Participants 16 California Youth Outreach/Breakout Public Purpose for the Distribution to Youth Program Participants 8 Ministries program Number of Name of Individual B. 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)

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

Loor Signature of Agency Head or Designee

Comment: _

	gency Name				Date Stamp	California 802
Cit	ty of San Jose			20	4 MAY - 6 PH 2: 6	Form OUZ
Div	vision, Department, or Reg	ion (If Applicable)		ANUERA	For Official Use Only
Ра	irks Recreation & Neighbo	orhood Service	es, Parks Div	vision	house	
De	signated Agency Contact (Name, Title)		,		
Те	resa Meyer-Calvert, Staff	Specialist			Amendment (Must provide	e evelopetion (n. Dert 2.)
Are	ea Code/Phone Number	E-mail				explanation in Part 5.)
40	8-793-4186	teresa.meye	r-calvert@sa	anjoseca.gov	Date of Original Filing:(٨	Month, Day. Year)
Fι	unction or Event Infor	mation				192.00
	es the agency have a ticke		Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	192.00
Eve	ent Description <u>San Jose S</u>	Sharks Game Provide Title/Expl	anation	Date(s)	0120	
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: San Jo	ose Area Authority Name of Source	97 J97 107 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	as ticket distribution made a f agency official?	at the behest	No 🛛 Yes	□ If yes:	Official's Name (Last, I	First)
	ecipients					
			Number of		al. • Use Section C to identify a	
A.	 Name of Agency, Departme 	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to th	ne agency's policy
	ty of San Jose, PRNS De arks Division Staff Membe		24	City Employee Rec (Names on attache		
				· · · · · · · · · · · · · · · · · · ·		
В.	Name of Individua (Lasi, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
В.	Name of Individua (Lasi, First)	al	Ticket(s)/	Ceremonial Role		Income [
В.	Name of Individue (Last, First)	al	Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role	Identify one of the following:	Income [Income [
B.	Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role	Identify one of the following: Other ial Role" or "Other" describe below: Other Other	
B. C.	Name of Individua (Last, First) Name of Outside Organ (include address and des	nization	Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following: Other ial Role" or "Other" describe below: Other Other	Income [
B. 	(Last, First)	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following: Other Ial Role" or "Other" describe below: Other Ial Role" or "Other" describe below:	Income
B. 	(Last, First)	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following: Other Ial Role" or "Other" describe below: Other Ial Role" or "Other" describe below:	Income [

Comment: ___

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.)

1. Adams, Randy

2. Albayalde, Joe

3. Aning, Gina

4. Carrillo, Daniel

5. Castro, Adriel

6. Chairez, Raul

7. Dietrick-Reyes, Jody

8. Grijalva, Tina

9. Hammack, Steve

10. Hunter, Cassie

11. Iglesias, Melina

12. Jones, Mike

13. Mefferd, Greg

14. Meyer-Calvert, Teresa

15. Morrow, Andre

16. Perez, Roed

17. Rodriguez, Albert

18. Saavedra, Joshua

19. Sanchez, Sarah

20. Shields, Ginny

21. Solis, Alfredo

22. Thomas, Katherine

23. Trede, Athena

24. Trede, Troy

eremonial Role E				Date Slamp	California 000
Safe School Campus I	Initiative		2014 M	AR 19 PM 1:08	Form OUZ
Division, Department, o					For Official Use Only
PRNS Community Ser	vices Division				5
Designated Agency Cor					
Alex Toscano (Youth C	Outreach Worker I				
Area Code/Phone Numb		<u> </u>			rovide explanation in Part 3.)
408-794-1630	Alex.Toscano	@sanjosed	ca.gov	Date of Original Filing:	(Month, Day, Year)
Function or Event I	Information			n nen en e	¢00.00
Does the agency have a		Yes 🗵 No		f Each Ticket/Pass \$	
Event Description	harks VS Toronto M	aple Leafs	Date(s)3	, 11 , 14	//
	Provide Title/Explai	nation			
Ticket(s)/Pass(es) provi	ded by agency?	Yes 🗵 No	□ If no:	Name of So	urce
Was ticket distribution m	hade at the behest	No 🗖 Yes			
of agency official?			If yes:	Official's Name (Last, First)
Recipients			40-000 10-000 20/24-000 1000 10-000 20-000 2000 2000 2000 2		
Use Section A to identify the	e agency's department or u		ction B to Identify an Individu	ual. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, De	epartment or Unit	Number of Ticket(s)/	Describe the pub	llc purpose made pursuant	to the agency's policy
		Pass(es)		ne parpere muer parenan	
Alex Toscano					
Alex Toscano		Pass(es)			ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/			ith Program Participants
		Pass(es) 8 Number of	Public Purpose for	the Distribution to You Identify one of the follow	ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/	Public Purpose for	the Distribution to You	ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/	Public Purpose for	the Distribution to You Identify one of the follow Other	ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/	Public Purpose for Ceremonial Role	the Distribution to You Identify one of the follow Other	Ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/	Public Purpose for Ceremonial Role If checking "Ceremon	the Distribution to You Identify one of the follow Other	ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/	Public Purpose for Ceremonial Role If checking "Ceremon	the Distribution to You Identify one of the follow Other Identify one of the follow Identify one of the follow Other Other Other Other	Ith Program Participants
B. Name of In		Pass(es) 8 Number of Ticket(s)/	Public Purpose for Ceremonial Role If checking "Ceremon	the Distribution to You Identify one of the follow Other Identify one of the follow Identify one of the follow Other Other Other Other	Ith Program Participants
B. Name of In (Last, Fi	irst)	Pass(es) 8 Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	the Distribution to You Identify one of the follow Other Identify one of the follow Identify one of the follow Other Other Other Other	Ith Program Participants
B. Name of In (Last, Fi	irst)	Pass(es) 8 Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	the Distribution to You identify one of the follow Other isl Role" or "Other" describe below: Isl Role" or "Other" describe below:	Ith Program Participants
B. Name of In (Last, Fi	irst)	Pass(es) 8 Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	the Distribution to You identify one of the foilow Other isl Role" or "Other" describe below:	Ith Program Participants
B. Name of In (Last, Fi	irst)	Pass(es) 8 Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	the Distribution to You identify one of the follow Other isl Role" or "Other" describe below:	Ith Program Participants
B. Name of In (Last, Fi	irst)	Pass(es) 8 Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	the Distribution to You identify one of the follow Other isl Role" or "Other" describe below:	Ith Program Participants
B. Name of In (Last, Fr C. Name of Outside (include address a	irst)	Pass(es) 8 Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	the Distribution to You identify one of the follow Other isl Role" or "Other" describe below:	Ith Program Participants
B. Name of In (Last, Fi	e Organization and description)	Pass(es) 8 Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	the Distribution to You Identify one of the foilow Other Identify one of the foilow Identify one of the foil Identify one of the	Ith Program Participants
B. Name of In (Last, F) C. Name of Outside (Include address a Verification	e Organization and description)	Pass(es) 8 Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Public Purpose for Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	the Distribution to You Identify one of the foilow Other Identify one of the foilow Identify one of the foil Identify one of the	th Program Participants

Agency Report of: Ceremonial Role Events and Tick	et/Pass Distributions	RECEIVED Jose City Clock	A Public Document
I. Agency Name CITY of SAN JOSE Division, Department, or Region (If Applicable)	PARKS OTVIS: HHR	Date Stamp	California 802 Form 802
PANKS, <u>AECREPTTON</u> Designated Agency Contact (Name, Title)			
NEGTNA ANDNG, G Area Code/Phone Number E-mail 408794-6519 GDNA.A	NONGESANDUSECA.60	Date of Original Filing: _	vide explanation in Part 3.) (Month, Day, Year)
2. Function or Event Information	Yes No K Face Value	of Each Ticket/Pass \$ 	178.00
	Yes □ No 2 If no: No 2 Yes □ If yes:	Norme of Sour	ce 🖌
 Recipients Use Section A to Identify the agency's department or u A. Name of Agency, Department or Unit 	Number of	duai. • Use Section C to identif	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es) Ceremanial Role If checking "Cerem	Identify one of the followin Other Other Onial Role" or "Other" describe below:	g: Income
	Ceremonial Role If checking "Carem	onial Role" or "Othar" describe below:	Incame
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Describe the pu Pass(es)	ublic purpose made pursuant t	o the agency's policy
HAPPY HOLGW FOUNDATION	16 MAJOR DO	NORRECOGNE	TEON For SUPPORT

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)
Comment:			FPPO F 000 (4/40)



January 13, 2014

Ticket/Pass Distribution for California Form 802 Justin Timberlake, 1/19/2014 Happy Hollow Foundation Major Donor ticket recipients

Chris Soden Angela and Dave Delgado Matt and Kerry James Kevin and Chris Kelley Andy and Heather Lerner Charlie McCollum Patty O'Malley and guest (tbd) John and Sachie Tang Lori and Kristi Yamaguchi

pectfully submitted, Res

Heather Lerner Executive Director Happy Hollow Foundation 408 277-3498

A	gency Report of:) City Clorb	
	eremonial Role Events and Tick	et/Pass	Distributions	n an thair an thairtean an thairt	A Public Document
1.	Agency Name		$\sum_{i=1}^{n} \left(\left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array}\right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array}\right) \right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \end{array}\right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \end{array}\right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \end{array}\right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \end{array}\right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \end{array}\right) + \left(\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 $	7 Date Stamp	California Form 802
	CITY OF SAN JUSE	· · · · · · · · · · · · · · · · · · ·	and the second	•	For Official Use Only
	Division, Department, or Region (If Applicable)		PARKS DIV-		
	PARKS, RECREATION & NEIGH .	SVCS -	HHPE		
	Designated Agency Contact (Name, Title)		· <u>·····</u> ······························		
	REGINA ANING, GENERAL	MANA	GER	Amondmont (Music	provide explanation in Part 3.)
	Area Code/Phone Number E-mall 408 794 6519 GINA. AN	ING QS	AN JOSECA.GOV	Date of Original Filing:	
2.	Function or Event Information			IFT POLICY, NOT TO EXC	
		∕es 🔲 No	Face Value c	of Each Ticket/Pass \$ _	192.00
,	Event Description SHARKS GAME Provide Title/Explan	ation	Date(s)	, 2 , 14	<u></u>
		∕es 🔲 No	If no: <u>SAN</u>	JUSE ARENA AU Name of Sc	1770217Y
÷	Was ticket distribution made at the behest of agency official?	No 🗹 Yes	☐ If yes:	Official's Name	(Last, First)
3.	• Use Section A to identify the agency's department or un	alt. • Use See	ction B to identify an Individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuan	t to the agency's policy
	CITY OF SAN JOSE - PRNS DEPT.	20	CITY EMPLOYED	E RECOGNITION	1
	HAPPY HOLLOW SUPERVISORY STOFF		(SEE ATTACHG) SITET PR-NA	MES)
	B. Name of Individual (Losi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremon	Other describe below:	Income
				Other Inter Dither Dither Dither Dither Dither Dither Dither describe below:	Income
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
		·.			
					•
4	Verification	18942, I have v	verified that the distribution set	forth above, is in accordance v	vith the requirements.

Uleful Acus Signature of Agency Head of Designee REGINA ANING-Print Name

REC. SUPERINTENDENT TILO

1/7 114 (Month, Day, Year)

Comment: ..

Happy Hollow Park Zoo Supervisory Staff City Suite - Sharks Tickets 1-2-14

Seat Number			
1	Vanessa	Rogier	
2	Gina	Aning	
3	Steve	Motzkus	
4	Judy	Roberto	
5	Dani	Hayslett	
6	Willie	Martinez	
7	Chris	Boyer	·
8	Tony	Daly	
9	Xochitl	Montes	
10	Denise	Soden	
11	Shannon	Heimer	
12	Angelo	Marchi	
13	Mario	Day	
14	Heather	Vrzal	
15	Jennifer	Sorrells	
16	Melissa	Young	
17			did not use
18			did not use
19			did not use
20			did not use

.

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions	RECEIVED	A Public Document
. Agency Name		0.880	Date Stamp	California 000
Seven Tores Community Center	- PRAK	City of san Jose		Form 802
Division, Department, or Region (If Applicable		san jese.	1:00 AM 9:02	For Official Use Only
Dosa Liou - Gesontol Designated Agency Contact (Name, Title)	•	pecialist		
408/794-1690				
	ou@sa	injoseca.pov	. ☐ Amendment (Must p. Date of Original Filing: .	rovide explanation In Part 3.) (Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🕅 No	Face Value o	of Each Ticket/Pass \$ _	38
Event Description Disney on Ic	e anotion), <u>25, 13</u>	//
Ticket(s)/Pass(es) provided by agency?	Yes 🙇 No	🔲 If no:	Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🗶 Yes	If yes:	Official's Name (I	Ləst, First)
. Recipients		anan sa Malakina da kara sa ka		
Use Section A to identify the agency's department or		ction B to identify an Individu	ial. • Use Section C to Ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	llc purpose made pursuant	
Zeven Toees Community	1	Recognition	- Lissette Ro Bob Paziani	dorguez (2)
Centes-	8	of Voluntoers	BOB Pasiani	(A) Marylyin Barman (1)
			Mattilon Vanc	, <u>Masilyn Berman (1</u>) Les horst (2)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
			Other D ial Role" or "Other" describe below:	Income 🗌
			Other is a construction of the construction of	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuant	to the agency's policy
l. Verification				
I have read and understand FPPC Regulations 18944.1 and	i 18942. I have v	erified that the distribution set f	orth above, Is in accordance wi	th the requirements.
D. D. D.	~ 4		sontology Spec	10/5c/1
Signature of Agency Head or Dasignee	<u>or</u> Print Nari		SUNVINITY SPEC	(Month, Day, Year)

Signature of Agency Head or Dasignee

Comment: _

Ĺ



<u>Salen</u> Agency Name

enter Trees <u>Community</u>

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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
8	Volunteer Recognition -
Number of Ticket(s)/ Pass(es)	Identify one of the following:
	Ceremonial Role Dother Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Dother Difference Income
	Ceremonial Role Other Income Income Income Income
	Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·
	Number of Ticket(s)/ Pass(es)

Agency Report of: Ceremonial Role Events and Ticl	(et/Pass	Distributions	RECEIVED	A Public Document
1. Agency Name	990-000-00-00-00-00-00-00-00-00-00-00-00	<u>Qan 9</u>	Date Stamp	California 002
Seven Trees Community Division, Department, or Region (If Applicable)	ty Co	2nte 8 2013 AU	G28 AM 9:42	Form OUZ For Official Use Only
		Jose, CA95111 pecialist		
Area Codé/Phone Number E-mail	V	•	Amendment (Must p	rovide explanation In Part 3.)
408/794-1690 dosa. 1:00	@ sanja	seca.gov	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?	Yes 🖄 No	Face Value of	Each Ticket/Pass \$ _	38
Event Description Ringling Bor. Cit	r <u>CUS</u> nation	Date(s)	124,13]
	Yes 🙇 No		Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name (L	.əst, First)
 3. Recipients • Use Section A to Identify the agency's department or use 	ınit. • Use Sec	tion B to identify an individu	al. • Use Section C to Ident	lfy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	to the agency's policy
Seven Trees Community Center	4	Recognition Tickets gave to	- Edgar Osti	z & Monica Gallyot
B. Name of individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Ceremonial Role [If checking "Ceremonia	Other D al Role" or "Other" describe below:	Income
		Ceremonial Role	Other and the contract of the	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			มากการการการการการการการการการการการการกา	a filoson ar an aga ga an
I have read and understand FPPC Regulations 18944.1 and	l 18942. I have v	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.

Signature of Agency Head or Designae Dora Ziou Geron tology Sepcialist 08/26/13 Month, Day, Year)

Comment: _



Agency			(ato-
	<u>even Trees Comm</u> sipients	/	
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	ction B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
50	enter Trees Community	4	Recognition - tickets gave to Edgas Ostiz & Monita Gallot
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
<u></u>			Ceremonial Role Other Income Income
			Ceremonial Role Other Other Income
			Ceremonial Role C Other Income Income
			Ceremonial Role D Other D Income I Income I 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
			·
1			

Agency Report of: Ceremonial Role Events and Т

	RECEIVED	
San	Jose City Cler	Ŀ

A Public Document
SAFR 23 ANPate Stamp Enter For Official Use Only
<u>95111</u>
Amendment (Must provide explanation in Part 3.)
Date of Original Filing:
Face Value of Each Admission \$
Date(s) <u>4 , 2 , 1 }</u>
f no:
behest of an agency official?
t) and Title
 Check the Income box If the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Volunteer Recognition
Jolunteer Recognition
Income
Income

3. Verification

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

3 pecialist Gerontolop Signature of Agency Head or Designee Print Name

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

Agency Report of: RECEIVED **Ceremonial Role Events and** San Joso City Clork **Ticket/Admission Distributions** A Public Document 1. Agency Name 2: 28 Date Stamp 2013 APR -- 5 Division. Region (if applicable) Øèpartment, or Street Address

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Date of Original Filing: Area Code/Phone Number E-mail HØ8 しつ -900 post nse ca 2. Function, Event, or Ceremonial Role Information Title

Mmer e

Title Walk to r Brain Injury	Face Value of Each Admission \$ 130^{60}
Description San De Sharles night Gr	Date(s) 4, 5, 13
The COMMiHee Ticket(s)/Admission(s) provided by agency? Yes □ No Ø	If no: San Jox Arena Authon by Nome of Source

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

Yes 🗖 No 🕅 If yes: _

ეკმ

Designated Agency Contact (Name, Title,

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Best Liz	١	Yes 🗹 , No 🗖	Thank Committee members
Hawkins, Louren	1	Yes ⊿́ No □	Thank committee Members
Garcia Melissa	1	Yes Ǿ No D́	Thank committee members
VMC Bran Researchust	11	Yes D No 🗖	Thomas committee mentions
Services for Bran Dyn	2	Yes 🗖 No 🔽	That committee mentions

3. Verification

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

Signature of Agency Head or Designee

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

California

Form

Amendment (Must provide explanation in Part 3.)

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Sen Jose City Clork A Public Document Date Stamp 6 California 802
Date Stamp 6 California 802
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5123
Amendment (Must provide explanation in Part 3.)
Date of Original Filing:
J
Face Value of Each Admission $ \frac{30.00}{20}$
Date(s) 4, 5, 13
Fno: Stan Jose Smarks Authority Name of Source
behest of an agency official?
t) and Title
 Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or
organization.
Thank Committe Member
Income
Income
Income
Income

I have read and understand FPPC Regulations 18944.1 and 18942. I have is in accordance with the provisions. Print Name COMMIHE NEMDER 3/29/13

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

Signature of Agency Head or Designee

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

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San	1080	City	്പട്ടെപ്പ	ublic	Docu	mont

	-		
I. Agency Name <u>PRVS</u> , <u>Seven</u> Trees Division, Department, or Region (if application)	<u>Counting n</u>	ity Co	Date Stamp <u>tex</u> 2013 FEB 2 1 AM 9: California 802 For Official Use Only
<u>3590 (av D& San</u> Street Address	Jose, a	CA 951	
Dora Liou - Gera Designated Agency Contact (Name, Title)	ontology	Spec	Amendment (Must provide explenation in Part 3.)
$\frac{408/794 - 169D}{\text{Area Code/Phone Number}} = \frac{408}{\text{E-mail}}$	iou@ 50	injosec	Date of Original Filing:
. Function, Event, or Ceremonial R	ole Informat	tion	
Title Disney on Ice			Face Value of Each Admission \$ 7
Description Dase to Da	ream		Date(s) <u> </u>
Ticket(s)/Admission(s) provided by a	igency? Yes	K No 🗆	If no:
Ticket(s)/Admission(s) provided by a Was the distribution to persons ident Yes □ No ☑ If yes: The identity of recipient(s) and the	tified below n Official's i	nade at the Name (Last, F	Name of Source
Was the distribution to persons ident Yes I No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	tified below n Official's i	nade at the Name (Last, F	 Name of Source behest of an agency official? irrst) and Title Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Was the distribution to persons ident Yes No Yes If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	tified below n Official's i e explanatio Number of Admission(s)/	nade at the Name (Last, F on: Agency	 Name of Source behest of an agency official? <i>First) and Title</i> Check the Income box If the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, description. If not income, description.
Was the distribution to persons ident Yes I No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	tified below n Official's / e explanatio Number of Admlssion(s)/ Ticket(s)	nade at the Name (Last, F on: Agency Official Yes 🗖	 Name of Source behest of an agency official? First) and Title Check the Income box If the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, description.
Was the distribution to persons ident Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) Tola Williams Senior Polyaam Address, Description) Tola Williams Senior Polyaam Address, Community	tified below n Official's / e explanatio Number of Admlssion(s)/ Ticket(s)	nade at the Name (Last, F on: Agency Official Yes No	 Name of Source behest of an agency official? First) and Title Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Lunas New Yeas Celebsacian & Income Valentine's Day Dance
Was the distribution to persons ident Yes No If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) Tota Williams Series Polystam at Series Community	tified below n Official's / e explanatio Number of Admlssion(s)/ Ticket(s)	nade at the Name (Last, F on: Agency Official Yes No Yes Yes Yes Yes	Source

On P	Dora Liou	Gerontology Specials/	2/19/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

eremonial Role Event				Date Stamp	Collifornia
Agency Name Safe School Campus Initiativ	10		2013 EI	B21 PM 2:01	California 802
Division, Department, or Regio			201311	D 21 11 2.01	For Official Use Only
PRNS Community Services					
				12220-0120-020-020-020-020-02-020-02-02-02-02-02	
Alex Toscano (Youth Outrea	E-mail			Amendment (Must p	rovide explanation in Part 3.)
408-7941630	Alex.Toscand	@saniosec	a.gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform					(WOMII, Day, Tear)
Does the agency have a ticket		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$80
Event Description Sharks VS				, 5 , 13	//
Event Description	Provide Title/Explai	nation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes 🔀 No	🗂 lf no:		4
		_		Name of So	urce .
Was ticket distribution made at of agency official?	t the benest	No 🗌 Yes	☐ If yes:	Officíal's Name (I	Last, First)
Recipients				DA WEDDAWYS MINISCHOL AND AN	
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 iden	tify 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
Alex Toscano		8	Public Purpose for t	he Distribution to You	uth Program Participants
B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ticket(s)/		Identify one of the follow Other I Other I Role" or "Other" describe below:	ing:
		Ticket(s)/	If checking "Ceremoni Ceremonial Role	☐ Other □	
	zation	Ticket(s)/	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	Other Other describe below: Other Other	Income
(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	Other All Role" or "Other" describe below: Other All Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the pub	Conter Conter Conter describe below: Conter	Income
C. Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the pub	Other d Role" or "Other" describe below: Other d Role" or "Other" describe below: lic purpose made pursuant orth above, is in accordance wi	Income