	jency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	•	A Public Document
1.	Agency Name			Ren le	Date Stamp	California 802
	City of San José			San Jos	OTCML	Form 002
	Division, Department, or Reg	ion (if applicable)		2022 1111		For Official Use Only
	Council District 2			ZUZJ JUL 1	20 PM 12: 05	
	Designated Agency Contact	(Name, Title)			1	
	Kimberly Hernandez				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Music	Frovide Explanation III Fall 6.7
	(408) 535-4902	District2@sanjosec	a.gov		Date of Original Filing	: (month, day, year)
2.	Function or Event Infor	mation				150
	Does the agency have a tick	ket policy? Yes	ace Value of	Each Ticket/Pass \$ _	130	
	Event Description: Jurassic	World Tour Provide Title/ Explan	ation		<u> 8 </u>	
	Ticket(s)/Pass(es) provided		☑ No ☐ If	no: San José	Arena Authority Name of Source	
	Was ticket distribution made	at the hehest Va-	ן איבוסי If	yes:		
	of agency official?	e at the benest Yes L	I NOM	,	Official's Name (Last, Firs	t)
3.	Recipients			1 111	la la Mar Cartian Chaile	autifican autoida agganization
	• Use Section A to identify the ager	ncy's department or unit.		dentity an individ	iuai. • Use Section C to ide	entity an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	Parks, Recreation and Neighborhood Services - Southside Community Center Preschool Program		24	recognition	event	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	e following:
	(200, 17		1 43303		monial Role Other	0
				10.0000000000	nonial Role Other king "Ceremonial Role" or "Other"	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
4.	Verification					
	I have read and understand FI with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	t forth above, is in accordance
	501/	Sergi	o Jimenez		Councilmember	7/13/23
-	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions CEIVED A Public Document 1. Agency Name California Form City of San José PM 1: 37 For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: District2@sanjoseca.gov (408) 535-4902 (month, day, year) 2. Function or Event Information 449 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Eagles concert Date(s) __2 21 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Host of Recognition event District 2 Council office 4 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial-Role" or "Other" describe below Income ___ Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 20 Recognition Event VEP Neighborhood Association 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Councilmember 2/28/23 Sergio Jimenez (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions FORWER A Public Document 1. Agency Name San Jose City Datestamp California **Form** City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: District2@sanjoseca.gov (408) 535-4902 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 133 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Los Temerarios Date(s) _____/_ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Hosts of recognition event District 2 Council office 6 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role If checking "Ceremonial-Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 2 Recognition event Walnut Mobile Home Park Recognition event Roundtable Neighborhood Association 16 4. Verification

have read and unders	tand FPPC	Regulations	18944.1 an	d 18942.	<i>i nave</i>	verified that	the distribution	i set iortii above,	is in accord	arice
with the requirements.	130									
	San									

Sandal	Sergio Jimenez	Councilmember	2/2/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	jency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	RECE	IVEDA F	² ubl	ic Document
1.	Agency Name				San Dale Stal	HITY CIE	Ca	lifornia RN2
	City of San José						20000000	SCHOOL STATE OF THE PARTY OF TH
	Division, Department, or Reg	2022 NOV -4	PM 4:	20	For Official Use Only			
	Council District 2	oteme		-				
	Designated Agency Contact							
	Kimberly Hernandez				Amendmen	t (Must Pro	vide Ex	planation in Part 3.)
	Area Code/Phone Number	ea Code/Phone Number E-mail			7	· (maor)	.,	<i></i>
	(408) 535-4902	District2@sanjosec	a.gov		Date of Origina	I Filing:	(mon	th, day, year)
2.	Function or Event Infor						86	.99
	Does the agency have a tick	ace Value of	Each Ticket/Pa	iss \$	100	.,,		
	Event Description: Camilo o	<u>j 18 j 22</u>	_		J			
	Ticket(s)/Pass(es) provided	Provide Title/ Explands by agency? Yes 5		no: San Jose	é Arena Author			
				• (5.1000)(5.000)	Name of Source	1		
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^{II}	yes:	Official's Name (L	ast, First)		
3.	Recipients • Use Section A to identify the agen		Use Section B to i					
	A. Name of Agency, Dep	of Ticket(s)/ Passes	Describe th	ne public purpose	made purs	uant to	the agency's policy	
	District 2 Council office	4	hosts of rec	ecognition event				
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify or	ne of the fo	llowing	ı:
	(100)	.	1 43303		monial Role kking "Ceremonial-Role" o	Other or "Other" desc	ribe belo	Income _
				300-000 (CO)	monial Role	Other or "Other" desc	ribe belo	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose	made purs	uant to	the agency's policy
	Fiestas Patrias Committee		20	recognition	recognition event			
4.	Verification I have read and understand FR	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribut	ion set foi	rth abo	ove, is in accordance
	with the requirements.	0	o limonos		Councilmer	mher		11/3/22
	Signature of Agency Head or Desig		o Jimenez		Title	iibel		(month, day, year)
	Signature of Agency Head of Desig				.,,,,			Vocasionalist Total Control

	gency Report of: eremonial Role Event	ts and Ticket/Pa	ass Distri	butions	RECENTER	olic Document	
1.	Agency Name				Date Stamp	alifornia QNO	
	City of San José				2022 11011	Form OUZ	
	Division, Department, or Regi	on (if applicable)	2022 NOV -4 PM	For Micial Use Only			
	Council District 2		OTZ MR				
	Designated Agency Contact (Name, Title)	OLCAM				
	Kimberly Hernandez	•					
	Area Code/Phone Number	E-mail			Amendment (Must Provide E	Explanation in Part 3.)	
	(408) 535-4902	District2@sanjoseca	a.gov		Date of Original Filing:	onth, day, year)	
2.	Function or Event Inform	nation			Fach Ticket/Pass \$ 417	(0)	
	Does the agency have a tick	et policy? Yes 2	ace Value of	Each Ticket/Pass \$			
	Event Description: Sharks v	Panthers Provide Title/ Explana	<u> 4 </u>				
	Ticket(s)/Pass(es) provided			no: <u>San Jose</u>	é Arena Authority Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes] No⊠ ^{If}	yes:	Official's Name (Last, First)	······	
3.	Recipients • Use Section A to identify the agence	cy's department or unit. • U	Jse Section B to i	identify an individ	dual. • Use Section C to identify an o	outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant t	to the agency's policy	
	District 2 Council office		4	hosts of rec	recognition event		
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the following	ng:	
					monial Role Other Other king "Ceremonial-Role" or "Other" describe be	Income	
					nonial Role Other Characteristics of the control of	Income	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant (to the agency's policy	
	D2 Neighborhood Leaders	hip Council	8	recognition	event		
	Hellyer Christopher Neighb	oorhood Association	12	recognition	event		
4.	Verification					***	
***	I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	l have verified	that the distribution set forth al	bove, is in accordance	
	2//		o Jimenez		Councilmember	11/3/22	
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stering VEC California 1. Agency Name San Jose City C **Form** City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: District2@sanjoseca.gov (408) 535-4902 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v Oilers Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes recognition event Planning, Building and Code Enforcement 8 Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sergio Jimenez

Print Name

Signature of Agency Head or Designee

Comment:

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

4/8/22

(month, day, year)

Councilmember

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name RECEIVEUP Form City of San José San Jose City Clerk For Official Use Only Division, Department, or Region (if applicable) OTC IN Council District 2 2022 FEB 22 PM 4: 01 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149 Does the agency have a ticket policy? Yes⊠ No□ Date(s) 2 / 19 / Event Description: Los Tigres concert Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Host of recognition event District 2 Council office 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 12 recognition event Close Reid-Hillview Now! 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

Sergio Jimenez

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Councilmember

2/22/22

(month, day, year)

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 418/\$84 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v Jets Date(s) __10 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Recognition event Public Works - City Security 20 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below: 1 Host of recognition event Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Recognition event 3 District 2 Volunteers 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11/3/21 Councilmember Sergio Jimenez (month, day, year) Title Print Name Signature of Agency Head or Designee Comment:

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEIVED 1. Agency Name JOS Date Stamp California **Form** AN DIC City of San José For Official Use Only SEP 30 PM 1:52 Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 105 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Los Angeles Azules Date(s) 9 / 10 / Provide Title/Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes D2 Council office recognition event 6 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income | If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes** recognition event 10 Roundtable Neighborhood Association 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. Sergio Jimenez Councilmember 9/29/21 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp E San Jose City Cle City of San José For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 20 P 4: 50 Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$117}{} Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v Maple Leafs Date(s) 3 3 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other 🔲 Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 8 recognition event Open Space Authority 4. Verification

I have read and understand FPPC Regulations 1	18944.1 and 18942. I	I have verified that the	distribution set i	orth above, is	s in accordance
with the requirements.					

5/1	Sergio Jimenez	Councilmember	2/20/20
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name Form an Jose City Clerk City of San José For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 20 Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . District2@sanjoseca.gov (408) 535-4902 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$69}{} Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice 2 / 23 / Date(s) _ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes participant host District 2 Office 2 Number Identify one of the following: B. Name of Individual of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income _ Other | Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes recognition event Christopher Elementary Home and School 18 Club 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. 2/20/20 Sergio Jimenez Councilmember (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

3	
Ceremonial Role Events and Ticket/Pass Distributions	A Public Document

1.	Agency Name				San	Date Stamp	California Q02
	City of San José				O 11 (1)	Jose City Clark	Form OUZ
	Division, Department, or Regi	ion (if applicable)			20104	100 1 801 6 17	For Official Use Only
	Council District 2				6013 N	OV -4 PM 3: 17	
	Designated Agency Contact (Name, Title)				76	
	Kimberly Hernandez					Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	(408) 535-4902	District2@sa	njoseca	.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	-				
	Does the agency have a tick	et policy?	Yes 🕅	No □ F	ace Value of	Each Ticket/Pass \$ 117	7
			100				
	Event Description: Sharks v	Provide Tit	le/ Explana	tion	Date(s)11		
	Ticket(s)/Pass(es) provided			No⊠ I	f no: <u>San José</u>	Arena Authority	
						Name of Source	
	Was ticket distribution made	at the behest	Yes 🗌	No⊠ I	f yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
-	• Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa			Number of Ticket(s)/		e public purpose made pursi	
				Passes			
							•
	***************************************			Number			
	B. Name of Indi			Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Fin	5()		Passes	_		_
						nonial Role Other Other Other Other Other Other Other	Income Li
					0		
					NORTH NAME OF THE PARTY OF THE	nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income Income
	Name of Outside O	raonization		Number			
	C. Name of Outside O			of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
	D2 Neighborhood Leaders	Committee			recognition e	event	
	22 (10.g/120111000 2000010			8			
4.	Verification						
	I have read and understand FP	PC Regulations	18944.1	and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	with the requirements.						
	h		Sergio	Jimenez		Councilmember	11-4-19
	Signature of Agency Head of Design	ee	Prin	t Name		Title	(month, day, year)
	Comment:						

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

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44							
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1. Agency Name				Date Stamp	California 802			
City of San José				Form OUZ For Official Use Only				
Division, Department, or Region (if applicable)				5997			
Council District 2				2019 NOV -4 PM 3: 17				
Designated Agency Contact (Nam	e,Title)			7				
Kimberly Hernandez				Amendment (Must Prov	ride Explanation in Part 3.)			
Area Code/Phone Number E-n	nail							
(408) 535-4902 Dis	strict2@sanjoseca.g	yov		Date of Original Filing:	(month, day, year)			
2. Function or Event Informat	ion							
Does the agency have a ticket p	oolicy? Yes 🗵	No ☐ F	ace Value of I	Each Ticket/Pass \$ <u>117</u>				
Event Description: Sharks v Jet	S Provide Title/ Explanation	D		<u>, 1 , 19</u> _				
Ticket(s)/Pass(es) provided by a	966		no: San José	Arena Authority Name of Source				
Was ticket distribution made at t of agency official?	he behest Yes	No⊠ ^{If}	yes:	Official's Name (Last, First)				
3. Recipients • Use Section A to identify the agency's d	lepartment or unit. • Use	Section B to i	dentify an individ	lual. • Use Section C to identify	an outside organization.			
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy			
B. Name of Individua	al ,	Number of Ticket(s)/		Identify one of the foll	owing:			
(Last, First)		Passes		nonial Role Other Other king "Ceremonial Role" or "Other" descri	Income Income			
,				nonial Role Other high research	Income Income			
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursu	ant to the agency's policy			
Magic Sands Mobile Home Re	esidents	8	recognition 6	event				
4. Verification I have read and understand FPPC	Regulations 18944.1	and 18942.	I have verified i	that the distribution set fort	th above, is in accordance			
with the requirements.					11 11-19			
Signature of Agency Head or Designee	Sergio C	Jimenez _{Name}		Councilmember Title	(month, day, year)			
Comment:								

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of San José OUC CF For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 249.50 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Mana Date(s) __9 / 28 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes District 2 Council Office Host of recognition event 6 PRNS Project Hope Program City staff recognition for role in neighborhood association 2 formation Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition event Project Hope/ Roundtable Neighborhood 8 Association

Sergio Jimenez

Sergio Jimenez

Councilmember

9/23/19
Title

Comment:

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

4. Verification

	gency Report of: eremonial Role Even	ts and Ticket/P	Pass Distr	ibutions	RECEIVE A P L	ıblic Document	
_	Agency Name				Janipate Stamp II V	California 802 Form	
	City of San José					Form OUZ	
	Division, Department, or Reg	ion (if applicable)			2019 MAY 10 PM 45	For Official Use Only	
	Council District 2					,	
	Designated Agency Contact	(Name, Title)			-		
	Kimberly Hernandez	,					
	Area Code/Phone Number	E-mail			Amendment (Must Provide	e Explanation in Part 3.)	
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing:	month, day, year)	
2.	Function or Event Infor	mation			0.50		
	Does the agency have a tick	ket policy? Yes [⊠ No 🗆 F	Face Value of	Each Ticket/Pass \$ 252		
	Event Description: Sharks v	Blues Provide Title/ Expla	notion [Date(s)5	<u>, 13 , 19</u>		
	Ticket(s)/Pass(es) provided	•		f no: <u>San Jos</u> e	é Arena Authority		
			Name of Source				
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ 「	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify an	outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy		
	District 2 Council Office		1	Host of reco	gnition event		
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the follow	ing:	
					nonial Role	Income C	
				1	nonial Role Other of Other of Coremonial Role of Coremonial Role" or "Other" describe b	Income C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	Santa Clara County Public Investigators unit	Defenders Office -	7	recognition			
	Verification I have read and understand FPF	PC Regulations 18944	1 and 18942	l have verified f	hat the distribution set forth a	bove, is in accordance	
	with the requirements.						
	Signature of Agency Head or Designe		o Jimenez int Name		Councilmember Title	5/10/19 (month, day, year)	
	Comment:						

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dist	ributions	RECEIVED	A Puk	olic Document		
	Agency Name			- 54h .	USO CDate Stamp		116		
	City of San José			2010	2		Form 802		
	Division, Department, or Reg	ion (if applicable)		WIYFE	8 -8 PM 2. 1		For Official Use Only		
	Council District 2				0. 18)			
	Designated Agency Contact	(Name,Title)			†				
	Kimberly Hernandez								
	Area Code/Phone Number	E-mail			Amendment (1	/lust Provide E	xplanation in Part 3.)		
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing:(month, day, year)				
2.	Function or Event Infor	mation				70			
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass	\$			
	Event Description: Gabriel	'Fluffy" Iglesias Provide Title/ Expla		Date(s)2	<u>/ 17 / 19</u>				
	Ticket(s)/Pass(es) provided	•		lf no: <u>San José</u>	Arena Authority Name of Source				
	Was ticket distribution made	at the behest Vesi		If yes:					
	of agency official?								
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to	identify an o	utside organization.		
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose mad	∍ pursuant to	the agency's policy		
	District 2 Council Office	2	Host of reco	gnition event					
	San Jose Police Departme	4	recognition		72				
	B. Name of India (Last, First		Number of Ticket(s)/ Passes	Identify one of the following:					
				1	onial Role Oth ing "Ceremonial Role" or "Oth	er er" describe belo	Income Income		
			,		onial Role Oth	er describe belo	Income		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to	the agency's policy		
	Puerto Rican Civic Club		10	recognition					
4.	Verification					-			
	I have read and understand FPI with the requirements/	PC Regulations 18944.	1 and 18942.	l have verified tl	hat the distribution s	et forth abo	ove, is in accordance		
	5//_	Sergio	Jimenez	Councilmember 2/8/19			2/8/19		
•	Signature of Agency Head or Designe	Pri	nt Name		Title		(month, day, year)		
	Comment:					·			

Ceremonial Role Events and Ticket/Pass Distributions ECEIVER **A Public Document** 1. Agency Name California City Date Stamp Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 115 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Sharks vs. Penguins Date(s) __1 __/__15__/ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes District 2 Council Office Host of recognition event 1 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes South Bay Tenants Union recognition 7 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. Sergio Jimenez Councilmember 1/15/19 Print Name Title (month, day, year) Signature of Agency Head or Designee

Agency Report of:

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	RECEIVED A PI	ublic Document			
	Agency Name				<u> -, , , , , , , , , , , , , , , , , , ,</u>				
	City of San José				OTCA	California 802			
	Division, Department, or Reg	ion (if applicable)		2	1018 OCT 15 PM 2: 41	For Official Use Only			
	Council District 2	, , ,							
	Designated Agency Contact	(Name, Title)	· · · · · · · · · · · · · · · · · · ·		-				
	Kimberly Hernandez	(,							
	Area Code/Phone Number	IE-mail			Amendment (Must Provid	le Explanation in Part 3.)			
	(408) 535-4902	District2@sanjose	ca.gov		Date of Original Filing:	(month, day, year)			
2 .	Function or Event Infor	mation			10.00	1 4 TO 0 C 1000			
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 16@	\$179, 8@\$229			
	Event Description: Marco A	ntonio Solis concert Provide Title/ Expla			<u>1318</u>				
	Ticket(s)/Pass(es) provided			f no: <u>San José</u>	Á Arena Authority Name of Source				
	Was ticket distribution made of agency official?	e at the behest Yes [f yes:	Official's Name (Last, First)					
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	idual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	it to the agency's policy				
	District 2 Office	2	Host of reco	gnition event					
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the follow	ving:				
	Jorge Garcia Celina Carrasco	Jorge Garcia		If check	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: City support staff - recognition				
					Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below:				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's po				
	Havens Neighborhood Ass	ociation	16	recognition					
	Project Hope		2	recognition					
 .	Verification			<u> </u>					
	I have read and understand FPI with the requirements.	1 and 18942. I	have verified ti	hat the distribution set forth a	above, is in accordance				
		Seraio	o Jimenez		Councilmember	10/15/18			
•	Signature of Agency Head of Designe		int Name		Title	(month, day, year)			
	Comment:								

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California San Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 73.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Old School Funk Fest concert Date(s) 9 / 15 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition Shop With A Cop Foundation 8 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 9/6/18 Councilmember Sergio Jimenez Print Name (month, day, year)

Agency Report of:

C	eremonial Role Even	its and Ticket/F	Pass Distr	ributions	RECEIVED A P	Public Document				
1.	Agency Name				San Joses CTP, Cler	California 802				
	City of San José				010	Form OUZ				
	Division, Department, or Reg	ion (if applicable)		2	018 SEP -6 PM 3: 1	For Official Use Only				
	Council District 2				0 LM 2:					
	Designated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·						
	Kimberly Hernandez				Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail			The state of the s					
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing:(month, day, year)					
2.	Function or Event Infor	mation								
	Does the agency have a tick	ket policy? Yes	⊠ No□ I	Face Value of	Each Ticket/Pass \$ 149					
	Event Description: Camila S	Sin Banderas concer	<u>!</u>							
	Ticket(s)/Pass(es) provided	by agency? Yes [If no: <u>San Jose</u>	é Arena Authority Name of Source					
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^I	If yes:	Official's Name (Last, First)					
3.	Recipients				į					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursua	ant to the agency's policy				
	District 2 Office		2	Host of reco	gnition event					
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the follo	wing:					
					nonial Role Other Other Other Ceremonial Role or "Other" describ	Income Income				
					nonial Role Other describ	Income Income				
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	nt to the agency's policy				
	Serenade Neighborhood A	22	recognition							
	Verification I have read and understand FPI	PC Regulations 18944.	1 and 18942.	l have verified ti	hat the distribution set forth	above, is in accordance				
	with the requirements	Corain	limenez		Councilmember	9/6/18				
	Signature of Agericy, Head or Designe		o Jimenez nt Name		Title	(month, day, year)				

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVEL A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Da-Bangg concert 30 Date(s) _ Provide Title/Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition - Indian Flag Raising partners Federation of Indo-Americans of Northern 24 California 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. Sergio Jimenez Councilmember 6/6/18 Signature of Agency Head of Designee Print Name (month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 369 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Andrea Bocelli Date(s) 6 / 15 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role X Other \square 1 Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below: Patty Jimenez (wife) 1 Host of recognition event Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes recognition Los Paseos Neighborhood Association 14 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Councilmember 6/7/18 Sergio Jimenez Print Name Title (month, day, year)

Agency Report of:

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	procivate A	Public Document		
	Agency Name			San		California OOO		
	City of San José		,		DICH	Form OU2		
	Division, Department, or Reg	ion (if applicable)	**************************************	2019	PR IN PM 2:38	For Official Use Only		
	Council District 2			Luiun	11110 117 = 00			
	Designated Agency Contact	(Name, Title)				'		
	Kimberly Hernandez							
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	(408) 535-4902	district2@sanjosed	:a.gov		Date of Original Filing: -	(month, day, year)		
2.	Function or Event Infor	mation				20		
	Does the agency have a tick	ket policy? Yes	⊠ oN ⊠	ace Value of l	Each Ticket/Pass \$ <u>16</u>			
	Event Description: Gloria Tr	revi Vs. Alejandra Gu Provide Title/ Expla	ızman [Date(s) <u>4</u>				
	Ticket(s)/Pass(es) provided	•		f no: <u>Arena A</u> ı	uthority Name of Source			
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^I	f yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes			suant to the agency's policy		
	Council District 2		4	Host particip	ants			
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:		
	(Last, Fire	y	Passes	l .	onial Role Other on "Other" descriptions of "Other" descriptions of "Other" descriptions of the other other of the other of the other of the other othe	income C		
				1	onial Role Other on "Other on "Other" description of "Other" description of "Other" description of the other of the othe	Income C		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy		
	Walnut Mobile Home Resid	lents Group	16	Recognition				
	District 2 Volunteers		4	Recognition				
. '	Verification			<u> </u>				
	I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set for	th above, is in accordance		
(.	Sertal		Jimenez		Councilmember			
	Signature of Agéncy Head or Designe Comment:	ee Pri	nt Name		Title	(month, day, year)		

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Stars 18 Date(s) _ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes South Bay Labor Council recognition event 8 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Jimenez Councilmember 3/2/18 Print Name (month, day, year)

Agency Report of:

	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Dist	ributions	norshill A	Public Document		
	Agency Name	STORES AND THE STORES			Jose Date Stamper R MAR - 6 AM 11: 26	California OOO		
	City of San José			Sar	1000	Form 802		
	Division, Department, or Reg	gion (if applicable)			For Official Use C			
	Council District 2			2018	HUK-D HULL			
	Designated Agency Contact	(Name, Title)			1			
	Kimberly Hernandez							
	Area Code/Phone Number	E-mail			rovide Explanation in Part 3.)			
	(408) 535-4902	District2@sanjose	ca.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	rmation			<i>y</i> -	70		
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 17	0		
	Event Description: Sharks	vs. Canucks		Date(s) 2				
		Provide Title/ Expla		Con look	6 Arona Authority			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵	If no: San Jose	Arena Authority Name of Source			
	Was ticket distribution made	e at the hehest Vani		If yes:	304000 1004000 Telephone			
	of agency official?	s at the seriest 1651			Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the ager	ncv's department or unit.	Use Section B to	o identify an individ	ual. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Dep	eader to drive de révisitet	Number of Ticket(s)/ Passes	The State of the S	e public purpose made purs	Large State State State Company		
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
		8)		1990 190700	nonial Role Other or "Other" descripe "Ceremonial Role" or "Other" descripe "Other" descr			
	39			39 5 31	onial Role Other ing "Ceremonial Role" or "Other" desc	Income Cribe below:		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
	Hayes Neighborhood Asso	ociation	8	recognition e	vent	Ø 2		
	Verification			E .	00 NASCO 40 MARKS SUM PROPER	10 10 10 10 10 A		
	I have read and understand FP with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified th	nat the distribution set for	th above, is in accordance		
	De/1 1	Sergi	o Jimenez		Councilmember	3/2/18		
	Signature of Agency Head or Design	Pr Pr	int Name	s 1	Title	(month, day, year,		

	gency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ibutions	perfiven Al	Public Document			
	Agency Name City of San José			Sar	NET FIRE	California 802			
	Division, Department, or Reg	ion (if applicable)		2017	SEP 18 PM 2:52	For Official Use Only			
	Council District 2 Designated Agency Contact	(Name Title)							
	Kimberly Hernandez	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Area Code/Phone Number	E-mail		Amendment (Must Provide Explanation					
	4085354902	district2@sanjosec	a.gov		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy? Yes [⊠ No 🗆 🗆	Face Value of I	Each Ticket/Pass \$ _ 	50			
	Event Description: Pepe Ag	uilar concert Provide Title/ Expla		Date(s)9	, 9 , 17				
	Ticket(s)/Pass(es) provided	•		lf no: <u>San Jose</u>	Arena Authority				
	,, , , ,			If yes: <u>Jimenez</u>	Name of Source ez, Sergio				
	Was ticket distribution made of agency official?	e at the behest Yes [ĭ No□ ¹	r yes: difficilez	Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made pursu				
	Councilmember Sergio Jimenez, Council Vanessa Sandoval, Chief of Staff, Distric Maribel Villarreal, Council Policy and Leg	t 2 office	1 1 1	Host of recognition of Host of recognition of Host of recognition of Host of recognition of Host of Host of Recognition of Recognition of Host of Recognition of Recogn	event				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		lowing:				
				1	onial Role Other Other Office or "Other" descrip	Income Libe below:			
	,			1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy			
	Edenvale Great Oaks Plan Impler Great Oaks Neighborhood Associ		10 3	Recognition event Recognition event					
	Verification I have read and understand FPI	PC Regulations 18044	1 and 180/12	I have verified #	nat the distribution set fort	h above is in accordance			
	with the requirements.	-		i navo vermeu u.		9/10/10			
•	Signature of Agency Head of Designe		o Jimenez int Name		Councilmember Title	(month, day, year)			
	Comment:								

8) 535-4902 nction or Event Informers the agency have a tickent Description: Marvel Undert(s)/Pass(es) provided the sticket distribution made agency official?	on (if applicable) Name, Title) E-mail District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Explain by agency? Yes [ca.gov ⊠ No	Face Value of Date(s)8	144 3 24 1 2 Eq. (1)	(month, day, year)		
of San José sion, Department, or Regi- uncil Districy 2 ignated Agency Contact (I berly Hernandez a Code/Phone Number 8) 535-4902 action or Event Inform as the agency have a tick at Description: Marvel United (S)/Pass(es) provided to a ticket distribution made agency official?	Name, Title) E-mail District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Explain by agency? Yes [⊠ No ☐ F [nation ☐ No ⊠ It	Face Value of Date(s) <u>8</u> f no: <u>San J</u> osé	AUG 22 PM 1: 40 Compared to the provided part of Original Filing: Each Ticket/Pass \$ \$115 19 17 Arena Authority	Form For OUZ For Official Use Only de Explanation in Part 3.) (month, day, year)		
ignated Agency Contact (Index Index	Name, Title) E-mail District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Explain by agency? Yes [⊠ No ☐ F [nation ☐ No ⊠ It	Face Value of Date(s) <u>8</u> f no: <u>San J</u> osé	Amendment (Must Provided Date of Original Filing: Each Ticket/Pass \$ \$115 19 17 Arena Authority	de Explanation in Part 3.) (month, day, year)		
ignated Agency Contact (Inberly Hernandez a Code/Phone Number 8) 535-4902 anction or Event Informates the agency have a tick ant Description: Marvel United (S)/Pass(es) provided the sticket distribution made agency official?	E-mail District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Explain by agency? Yes [⊠ No ☐ F [nation ☐ No ⊠ It	Face Value of Date(s) <u>8</u> f no: <u>San J</u> osé	Amendment (Must Provided Date of Original Filing: Each Ticket/Pass \$ \$115 19 17 Arena Authority	(month, day, year)		
a Code/Phone Number 8) 535-4902 nction or Event Inform es the agency have a tick nt Description: Marvel United (s)/Pass(es) provided to sticket distribution made agency official?	E-mail District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Explain by agency? Yes [⊠ No ☐ F [nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Date of Original Filing: Each Ticket/Pass \$ \$115 19	(month, day, year)		
a Code/Phone Number 8) 535-4902 nction or Event Inform es the agency have a tick nt Description: Marvel United (s)/Pass(es) provided to sticket distribution made agency official?	District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Expla. by agency? Yes [⊠ No ☐ F [nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Date of Original Filing: Each Ticket/Pass \$ \$115 19	(month, day, year)		
8) 535-4902 nction or Event Informers the agency have a tickent Description: Marvel United (s)/Pass(es) provided the sticket distribution made agency official?	District2@sanjosed mation et policy? Yes [niverse Live! Provide Title/ Expla. by agency? Yes [⊠ No ☐ F [nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Date of Original Filing: Each Ticket/Pass \$ \$115 19	(month, day, year)		
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nt Description: Marvel Untertext (s)/Pass(es) provided to ticket distribution made agency official?	niverse Live! Provide Title/ Explain by agency? Yes [nation ☐ No ☑ ☐	Date(s) <u>8</u> f no: <u>San José</u>	/ <u>19</u> / 17 é Arena Authority			
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agency official?	at the behest Yes [□ No⊠ ^{li}	f yes:	Name of Source			
agency official?	at the behest Yes [r yes:				
ecipients				Official's Name (Last, First)			
se Section A to identify the agenc	ey's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to identify a	ın outside organization.		
Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuar	nt to the agency's policy		
					-		
		Number of Ticket(s)/ Passes		Identify one of the follow	wing:		
	i		i		Income		
					Income		
C. Name of Outside Organization (include address and description)			Describe the	Describe the public purpose made pursuant to the agency's pol			
Somos Mayfair			recognition event				
fication							
	PC Regulations 18944.	1 and 18942. I	l have verified th	hat the distribution set forth a	above, is in accordance		
Seran !-		Jimenez		Councilmember	8/19/17		
	Name of Agency, Departments of Indiversity of Indiv	Name of Individual (Last, First) Name of Outside Organization (include address and description) mos Mayfair ification the read and understand FPPC Regulations 18944. the requirements. Sergic	Name of Outside Organization (include address and description) Name of Mayfair Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 24	Respection A to identify the agency's department or unit. Use Section B to identify an individual Number of Ticket(s)/ Passes Name of Agency, Department or Unit Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Cerem // Check Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Cerem // Check Number of Ticket(s)/ Passes Cerem // Check Number of Ticket(s)/ Passes Tecognition enderstand FPPC Regulations 18944.1 and 18942. I have verified to the requirements. Sergio Jimenez	Name of Individual (Last, First) Name of Outside Organization (include address and description) Name of Outside Organization (include address and description) Name of Mayfair Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" described in the checking "Ceremonial		

C	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	KECEIVED A Pu	blic Document			
1.	Agency Name				Date Stamp Ull (California 802			
	City of San José								
	Division, Department, or Reg	ion (if applicable)	······································	- 2	117 JUL 20 AM 11: 25	For Official Use Only			
	Council Districy 2				DTCIN				
	Designated Agency Contact	(Name, Title)							
	Kimberly Hernandez								
	Area Code/Phone Number	E-mail			Amendment (Must Provide				
	(408) 535-4902) 535-4902 District2@sanjoseca			Date of Original Filing: (month, day, year)				
_					<u>(m</u>	nonin, day, year)			
2.	Function or Event Infor				E (25)				
	Does the agency have a tick				Each Ticket/Pass \$ 219				
	Event Description: G-Drago	n concert		Date(s)					
	Ticket(s)/Pass(es) provided	Provide Title/Expla		ır no. San José	é Arena Authority				
	ncket(s)/rass(es) provided	by agency: Yes	□ No 🖾	11 110.	Name of Source				
	Was ticket distribution made	at the behest Yes		If yes:	Official's Name (Last, First)				
	of agency official?			Official's Ivame (Last, First)					
	Desiriosta								
3.	Recipients • Use Section A to identify the agen	cv's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify an	outside organization.			
		oy o department of unit	Number						
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy			
			1 43363						
	B. Name of Indiv	Number		Identify one of the followi	nai				
	(Last, Firs		of Ticket(s)/ Passes		identity one of the following	ng.			
				Cerem	nonial Role Other	Income			
				If check	ring "Ceremonial Role" or "Other" describe be	elow:			
				J.	onial Role Other	Income			
				If check	ing "Ceremoníal Role" or "Other" describe be	elow:			
						<u> </u>			
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made pursuant	to the agency's policy			
	5 13 VB - 149 C 11 C 149	States of States	Passes	•••					
	Asian Americans for Comm	nunity involvement	10	recognition e	vent				
	A = 1 A			recognition e	wont				
	Asian Law Alliance		6	Tecognition e	VOIII				
l.	Verification		<u> </u>						
	I have read and understand FPF	PC Regulations 18944.	.1 and 18942.	I have verified th	hat the distribution set forth at	oove, is in accordance			
	with the requirements.	<u> </u>		,					
	Sergio Jin				Councilmember	7/19/2017			
1	Signature of Agency Head or Vesignee Print Name				Title	(month, day, year)			
	Commont:								
	Comment:								

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document San, Jose Cibaté stamp 1. Agency Name California **Form** City of San José For Official Use Only Division, Department, or Region (if applicable) Council Districy 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Predators Date(s) 3 / 11 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role X Other 🗌 Income Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below: 1 Host of recognition event Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes recognition event Hellyer/ Christopher Neighborhood 7 Association

4. Verification

1	have read	d and unders	stand FPPC	Regulations	18944.1 an	d 18942.	l have	verified that	the di	stribution s	et forth i	above, i	is in acc	ordance
Ŋ	vith the re	quirements/.												

Dera /	Sergio Jimenez	Councilmember	3/8/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dist	ributions	ocornes Al	Public Document	
_	Agency Name			Sa	12 (m) 3m (V) (m)	California Q02	
	City of San José			~ -	De Do	Form OU4	
	Division, Department, or Reg	ion (if applicable)		2013	For Official Us		
	Council Districy 2			201:1	HIAN 2 KILLI ES		
	Designated Agency Contact	(Name, Title)					
	Kimberly Hernandez				Amandment (Must Bro	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Mast Pro	vide Explanation in Fant 3.)	
	(408) 535-4902	District2@sanjose	ca.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			1.40		
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 149)	
	Event Description: Sharks v	rs. Capitals Provide Title/Expla	nation	Date(s)3	9 / 17		
	Ticket(s)/Pass(es) provided		□ No 🗵	lf no: <u>San José</u>	Arena Authority Name of Source		
	Was ticket distribution made	e at the behest Yes	□No⊠	If yes:	Official's Name (Last, First)		
	of agency official?						
3.	• Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identify		
	B. Name of Indi	vidual	Number		Identify one of the foll	owled	
	(Last, Firs		of Ticket(s)/ Passes				
	Sergio Jimenez				onial Role Other ing "Ceremonial Role" or "Other" descri	Income ibe below:	
				1	onial Role Other on "Other" descri	Income De below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
	Oak Grove Neighborhood Association		6	recognition event			
	Verification						
	Verification I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified th	nat the distribution set forti	h above, is in accordance	
•	Pergial T		o Jimenez		Councilmember	3/8/17	
tonesterio	Signature of Agency Head & Designe	ee Pr	int Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document 1. Agency Name JOS Date Stamp 011 California City of San José For Official Use Only MOV 30 PM 3: 43 Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 222 and 86 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Sharks vs. Canadiens Date(s) __12__/ Provide Title/Explanation If no: Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square 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** 8 Recognition event SCC Office of Women's Policy Recognition event 6 Working Partnerships 4 Recognition event Canadian Consulate 6 Recognition event Hayes Neighborhood Association 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. Ash Kalra Councilmember 11/30/16 Print Name (month, day, year) Signature of Agency Head or Designee

Comment: __

Ceremonial Role Events and Ticket/Pass Distributions A Public Document an Jopate Stamp 1. Agency Name California City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Devils Date(s) __11 21 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** San José Fire Department Recognition event 7 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 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 requirements. Ash Kalra Councilmember 11/21/16 Print Name (month, day, year) Signature of Agency Head or Designee

Agency Report of:

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	RECEIVED	ΑP	ublic Document		
	Agency Name			12 () 12 ()	Date Stamp		California OOO		
	City of San José			0014	ಪ್ನು ಪ್ರೂ ರಾಜ್ಯ		Form OUZ		
	Division, Department, or Reg	ion (if applicable)			OCT-4 PM 3	3: 18	For Official Use Only		
	District 2 Council Office								
	Designated Agency Contact	(Name, Title)							
	Kimberly Hernandez				Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Amendment (viasi i iovi	de Explanation in Fait 3.)		
	(408) 535-4902	district2@sanjosed	ca.gov		Date of Original Fi	ling:	(month, day, year)		
2.	Function or Event Infor	mation				190			
	Does the agency have a tick	cet policy? Yes	⊠ No 🗆 🗆	Face Value of	Each Ticket/Pass	\$			
	Event Description: Marco S	olis concert Provide Title/ Expla	unofice	Date(s) <u>10</u>	<u>, 1 , 16</u>				
	Ticket(s)/Pass(es) provided			f no: <u>San José</u>	Arena Authority				
	187 C. L. C. P. L. P. C			fyee	Name of Source				
	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠ ¹	f yes:	Official's Name (Last,	First)			
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to	identify a	an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursua	nt to the agency's policy		
	B. Name of Indi (Last, Firs	Number of Ticket(s)/ Passes		Identify one of	the follo	wing:			
					onial Role Oth ing "Ceremonial Role" or "Oth	ner ner" describe	Income [
				f	onial Role Oth ing "Ceremonial Role" or "Oth	er 🔲 eer" describe	Income C		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuar	nt to the agency's policy		
	Edenvale Great Oaks Impleme	ntation Plan Coalition	9	recognition e	vent				
	·Sacred Heart Community Se	ervices	- 8 -	recognition e	vent				
	Services, Immigrant Rights & Ed	ducation Network	7	recognition event					
١.	Verification								
	I have read and understand FPI with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified th	nat the distribution s	et forth	above, is in accordance		
	de 1c	As	h Kalra		Councilmember		9/30/16		
	Signature of Agency Head or Designe		int Name		Title		(month, day, year)		
	Comment:								

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name San Jose City Gle **Form** City of San José For Official Use Only SH OTC Division, Department, or Region (if applicable) 2016 JUN 10 PM 2: Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 368 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Andrea Bocelli Date(s) 06 / 03 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** recognition event Italian American Heritage Foundation 8 recognition event Sabor del Valle 8 4. Verification

Ash Kalra Councilmember 6/10/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name California Jose City Clerk Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 222/ 113 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Canadiens Date(s) __02__/ 29 / 16 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Was ticket distribution made at the behest Yes No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \Box 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** Community Seva 3113 Pinot Grigio Pl., San José, CA 95135 Vietnamese Voluntary Foundation (VIVo) 2296 Quimby Road. San Jose, CA 95122 Friends of Hue P.O. Box 1823, San Jose, CA 95109 recognition event Sabor del Valle 3282 Cuesta Dr., San Jose, CA 95148 Office of Women's Policy - 70 W. Hedding, San Jose, CA 95110 recognition event Stand Up for Kids 25 E. Hedding St. San Jose, CA 95112 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

A Public Document

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1.	Agency Name		M.M. Date Standp	California 802		
	City of San José 🗠		24 88 89	Form OUZ		
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Council District 2					
	Designated Agency Contact (Name, Title)	**************************************			
	Kimberly Hernandez, Execu		t			
	Area Code/Phone Number	E-mail	☐ Amendment (Must pr	ovide explanation in Part 3.)		
	(408) 535-4902		anjoseca.gov	v .	Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Inform				Ī	womm, Day, Tear)
	Does the agency have a ticket		Face Value o	f Each Ticket/Pass \$	82	
	- ·	Yes 🛛 No	· I			
	Event Description Circus	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by			If no. San Jo	se Arena Authority	<u> </u>
	nonon(a)n aaa(ea) provided b)	, agency!	Yes 🔲 No		Name of Sou	irce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Kalra,	Ash	and the second s
_	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant (to the agency's policy
		14	Pass(es)			
			1			
				1		
			Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	rg:
•		· · · · · · · · · · · · · · · · · · ·	1 433(63)	Ceremonial Role	Other	Income
				<u> </u>	al Role" or "Other" describe below:	
						p-a-e
				Ceremonial Role	Other Other Other Other Other Other Other Other Other Other	Income
				ii oneoning Geremonia		
	C. Name of Outside Organia	zation	Number of			
,	(include address and description)		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o tne agency's policy
-	Asian Americans for			recognition event	<u> </u>	<u></u>
	Community Involvement		24	1000Aumon evenr		
		<u> </u>				
	Vovilie at:				·	
	/erification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set fo				th above, is in accordance with	the requirements.
,	A I V		Ash Kal		Councilmember	8/21/15
-	Signature of Agency Head or Designee		ASN Kal		Title	(Month, Day, Year)
	5 General Florida of Doughee		ivain		,	, ,
(Comment:					

Ceremonial Role Events and Tide. Description: Agency Name		in the state of th	Date Stamp	California O O O	
City of San José		GA & C	AUG -5 AM 10: 29	Eorm (O) J	
Division, Department, or Region (If Applicab.	£010				
Designated Agency Contact (Name, Title)	Council District 2				
Kimberly Hernandez, Executive Assistan Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	rovide explanation in Part 3.)	
	anjoseca.go	v .	Date of Original Filing: _	(Month, Day, Year)	
. Function or Event Information				(inonial, buy, rout)	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	149	
Event Description Comedy with Kapil		Date(s)8	, 1 , 15	1 1	
Provide Title/Exp	lanation				
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: San Jo	se Arena Authority	Irca	
Was ticket distribution made at the behest	Na 🗖 Van	s⊠ If yes: Kalra			
of agency official?	No ☐ Yes	if yes:	Official's Name (L	ast, First)	
Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant (to the agency's policy	
	Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant (
A. Name of Agency, Department or Unit B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Describe the pub			
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role	ic purpose made pursuant (
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role Ceremonial Role	ic purpose made pursuant (ig:	
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role I	Ic purpose made pursuant (Identify one of the followin Other Other Other Other Other	ng: Income	
B. Name of Individual (Last, First) C. Name of Outside Organization	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role I	ic purpose made pursuant (Identify one of the following	ng: Income	
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role	ic purpose made pursuant (Identify one of the following	ng: Income	
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description) India Community Center South Asian Behavioral Health and	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Ceremonial Role If checking "Ceremonial Ceremonial Role If checking "Ceremonial Describe the publication event Recognition event	Identify one of the following Other Other Other Other Other Other Other Other describe below:	Income Control of the agency's policy	

С	eremonial Role Events and Tic	ket/Pass	Distributions	RECEIVED San Jose City Clerk	A Public Documen	
1.	Agency Name	Date Stamp California				
	City of San José	115 JUN 18 PM 2:2	Form OV2			
	Division, Department, or Region (If Applicable		For Official Use Only			
	Council District 2					
	Designated Agency Contact (Name, Title)	-				
	Kimberly Hernandez, Executive Assistant					
	Area Code/Phone Number E-mail	Amendment (Must provi	ide explanation in Part 3.)			
	(408) 535-4902	nioseca.gov		Date of Original Filing:	(Month, Day, Year)	
<u> </u>	Function or Event Information	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(Month, Day, Year)	
٠,	5 // // // // // // // // // // // // //	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	160	
	Managanant	TES [A] INO				
	Event Description Mana concert Provide Title/Expla	nation	Date(s) 0			
	·		San Jo	ose Arena Authority		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🏻	If no:	Name of Source)	
	Was ticket distribution made at the behest	No ☐ Yes [If yes: Kalra	, Ash		
	of agency official?			Official's Name (Last	, First)	
3.	Recipients • Use Section A to identify the agency's department or u	nit allea Saci	tion R to identify an individu	allee Section C to identify	an outside organization	
	The group of the result of the first of the section	Number of				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Great Oaks Neighborhood Association	6	recognition event			
	Latina Coalition of Silicon Valley	2	recognition event			
	Services, Immigrant Rights, and Education Network	3	recognition event recognition event			
	Office of the Mexican Consul General in San Jose	4				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Other all Role" or "Other" describe below:	Income	
			Ceremonial Role	Other In the series of the ser	Income	
•	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to t	he agency's policy	
	Verification have read and understand FPPC Regulations 18944.1 and 1	8942. I have veri	fied that the distribution set fo	rth above, is in accordance with the	e requirements.	
	A. S. 10	Ash Kalr		Councilmember	6/18/15	
	1100	/ Con reality	u	Counting in Doi	0/10/10	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** City of San José AM 10: 36 For Official Use Only Division, Department, or Region (If Applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -(408) 535-4902 district2@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 160 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Sharks v. Anaheim Ducks lf no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Was ticket distribution made at the behest No **☒** Yes ☐ If yes: . of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other \square Income ... If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Stand Up for Kids 25 E Hedding St., San Jose, CA a501(c)(3) non profit, serves San Jose and the region by providing life-saving and outreach services to homeless, street kids and at-risk youth. recognition event 5 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Signature of Agency Head or Designee

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp PH 2: 35 **Form** 2014 OCT 24 City of San José For Official Use Only Division, Department, or Region (If Applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description Disney on Ice Provide Title/Explanation San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source If yes: Kalra, Ash Was ticket distribution made at the behest No ☐ Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Recognition event SOMOS Mayfair, Community Partner 8 Number of Name of Individual В. Ticket(s)/ Identify one of the following: Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ash Kaira Councilmember 10/17/14 Print Name (Month, Day, Year) Comment: _ FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

A Public Document

						A Tublic Bodalion
1.	Agency Name		Date Stamp	California 802		
	City of San José		24 PM 2: 35 MV	For Official Use Only		
	Division, Department, or Region	on (If Applicable	C UXU	Poi Official Ose Offiy		
	Council District 2				O Q	
	Designated Agency Contact (/	Vame, Title)				
	Kimberly Hernandez, Execut	ive Assistant				
	Area Code/Phone Number E-mail				Amendment (Must pro	vide explanation in Part 3.)
	(408) 535-4902	district2@sa	anjoseca.go	v	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inforn	nation				
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	82
	Event Description Disney on Ice			Date(s) 10	<u>, 18 , 14 </u>	1 1
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No	If no: San	Jose Arena Authority	
					Name of Sour	ce
	Was ticket distribution made at of agency official?	the behest	No 🔲 Yes	If yes: Kalra	, ASΠ Official's Name (La	st. First)
_					(==	
3.	Recipients • Use Section A to identify the agency'	s denartment or	unit ellse Se	ction B to identify an individu	al • Use Section C to identify	v an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	To by grader a state of the contract	ic purpose made pursuant to	
	ERCA, EGOPIC, GONA neighborhood associations		24	Recognition event		
	Name of Individual		Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	gi.
				Ceremonial Role [If checking "Ceremonia	Other In the solution of the s	Income
				Ceremonial Role [Other I large of "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
					AND THE RESERVE OF THE PERSON	
	Verification	tions 18944 1 and	18942 have ve	erified that the distribution set for	th above, is in accordance with the	he requirements.
ľ	and V.	Ash Kal		Councilmember	10/17/14	
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)	
	Commant					

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

RECEIVED
San Jose Cit A Public Document

1.	Agency Name City of San José Division, Department, or Region (If Applicable)				Date Stamp 2014 JUH -2	California 802 Form For Official Use Only
	Council District 2 Designated Agency Contact (. ,,	À			
	Kimberly Hernandez, Execu	tive Assistant	☐ Amendment (Must pr	rovide explanation in Part 3.)		
	Area Code/Phone Number (408) 535-4902	E-mail district2@sa	njoseca.gov		Date of Original Filing: -	
2.	Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value				of Each Ticket/Pass \$ 	179
	Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No				osé Arena Authority Name of Sou	
	Was ticket distribution made a of agency official?	it the behest	No ⊠ Yes [If yes:	Official's Name (L	.ast, First)
3.	Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. ● Use Section C to ident	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi Other Other hiel Role" or "Other" describe below:	ing: Income ☐
		,		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income 🔲
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	City Sponsored Indian Flag Partners	Raising	24	Recognition event		
4.	Verification I have read and understand FPPC Regulation Signature of Agency Head or Designed Comment:	· · · · · · · · · · · · · · · · · · ·	d 18942. I have ve		forth above, is in accordance wil Title	th the requirements. (Month, Day, Year)

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clark A Public Document California 1. Agency Name Form 2014 FEB 18 PH 12: 34 City of San José For Official Use Only Division, Department, or Region (If Applicable) Council District 2, Office of Ash Kalra Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Orlginal Filing: . district2@sanjoseca.gov (408) 535-4902 (Month, Day, Year) 2. Function or Event Information 82 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description Disney on Ice 21 Provide Title/Explanation If no: Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source Was ticket distribution made at the behest No ☑ Yes ☐ If yes: _ of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Ceremonial; Host of recognition event City of San José, District 2 Council office 2 Steven Aponte Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Recognition event Silverleaf Neighborhood Association 14 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. 2/18/14 Councilmember Ash Kalra (Month, Day, Year) Print Name Signature of Agency Head or Designee

Agency Report of:

Comment: _

_	cy Report of: nonial Role Event	s and Tic	:ket/Pass I	Distributions	RECEIVED Clor	A Public Documen	
l. Ager	ncy Name				Date Stamp	California 🛕 🔿 🤈	
City	of San José				2014 JAN 31 PM 2:	1.0111	
Divisi	on, Department, or Regi	on (If Applicabl	401.4 OM13 55 1	For Official Use Only			
Coun	ncil District 2		•	•			
Desig	nated Agency Contact (/	Vame, Title)					
Kimb	erly Hernandez, Execu	tive Assistan	Amendment (Must prov	ido evolanation in Part 3)			
Area	Code/Phone Number	E-mail] -	ide explanation in Cart 5.)	
(408)	535-4902	district2@s	anjoseca.gov		Date of Original Filing:	(Month, Day, Year)	
	ction or Event Inforr		,			82.00/192.00	
	the agency have a ticket		Yes 🗵 No 🗀] Face Value	of Each Ticket/Pass \$	02.007102.00	
Event	Description Sharks vs.	Flames/ hoo	key game	Date(s)1			
		Provide Title/Exp	olanation	San J	osé Arena Authority		
Ticket	t(s)/Pass(es) provided by	agency?	Yes ☐ No 🛭	If no: Odir o	Name of Source	e	
	icket distribution made a gency official?	t the behest	No ⊠ Yes [If yes:	Official's Name (Las	st, First)	
3. Reci				ion D to identify an individ	tual allea Section C to identify	an outside organization	
A.					B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
<u>В.</u>	Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following] ;	
			1 433(63)	Ceremonial Role If checking "Ceremo	Other Inniel Role" or "Other" describe below:	Incom <i>e</i>	
And the second second				Ceremonial Role If checking "Ceremo	Other Danial Role" or "Other" describe below:	Income [
C.	Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy	
	adian Flag Raising Part ict 2 supporters	ners/	23	Recognition event			
	fication						
I have r	read and understand FPPC Regu	lations 18944.1 ai	nd 18942. I have ver Ash Kalı		forth above, is in accordance with Councilmember	1/30/14	
	Signature of Agency Head or Designee		Print Nəme	•	Title	(Month, Day, Year)	