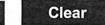
	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributionsE		Public Document
1.	Agency Name			San Jos	CITY DateStamp	California 000
	City of San Jose			OTC	MF	Form 802
	Division, Department, or Reg	ion (if applicable)		2023 OCT 2	7 AMII:20	For Official Use Only
	City Council - District 8					
	Designated Agency Contact	Name, Title)			1	
	Domingo Candelas - Counc	ilmember			Amondmont (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	408-799-2762	domingo.candelas	@sanjoseca	.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	Each Ticket/Pass \$ _	155.50
	Event Description: Peso Plu	uma		Date(s)	, <u>13</u> , 202 <mark>3</mark>	//
		Provide Title/ Explai		If no: _SJ Arer	na Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳		Name of Source	
	Was ticket distribution made	at the behest Yes	No	If yes: Candel	as, Domingo	
	of agency official?	1001			Official's Name (Last, First)	
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
				5 State 10 S	nonial Role DOther C	
					nonial Role D Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Welch Park NA	-	24	Recognizin	g neighborhood assoc	0.

Dominge Candelas Councilmenber Jerint Name Title 10/24/20 (month, day, year) 2023 Signature of Agency Head or Designee Comment:



r Event Inform ency have a ticke ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial?	Name, Title) Imember E-mail domingo.candelas nation et policy? Yes ara County Fair Provide Title/ Exp	No F Innation	San Jose City 2023 AUG 14 Pl 2023 AUG 14 Pl Date Face Value of Each Date(s) 08 / 02 f no: Santa Clara f yes: Candelas, D Off	Amendment <i>(Must</i> te of Original Filing: Ticket/Pass \$ _ 2 _ 2022 County	(month, day, year) 13 08 , 03 , 202
artment, or Regionant for Regi	Vame, Title) Imember E-mail domingo.candelas nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	2023 AUG I 4 PI	Amendment <i>(Must</i> te of Original Filing: Ticket/Pass \$ _ 2 _ / 2022 County ame of Source Jorningo	For Official Use Only Provide Explanation in Part 3.) :
- District 8 gency Contact (A ndelas - Council one Number 2 r Event Inform ency have a tick ption: Santa Cla ss(es) provided to stribution made fficial?	Vame, Title) Imember E-mail domingo.candelas nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	Gov Date Face Value of Each Date(s) 08 / 02 f no: Santa Clara f yes: Candelas, D Off	Amendment <i>(Must</i> te of Original Filing: Ticket/Pass \$ _ 2 _ / 2022 County ame of Source Jorningo	Provide Explanation in Part 3.) :
gency Contact (A ndelas - Council ione Number 22 r Event Inforn ency have a ticke ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? S to identify the agence	Imember E-mail domingo.candelas nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	Gov Date Face Value of Each Date(s) 08 / 02 f no: Santa Clara f yes: Candelas, D Off	Amendment <i>(Must</i> te of Original Filing: Ticket/Pass \$ _ 2 _ / 2022 County ame of Source Jorningo	:
gency Contact (A ndelas - Council ione Number 22 r Event Inforn ency have a ticke ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? S to identify the agence	Imember E-mail domingo.candelas nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	Gov Date Face Value of Each Date(s) 08 / 02 f no: Santa Clara f yes: Candelas, D Off	e of Original Filing Ticket/Pass \$ _ 2 _ 2022 County ame of Source Domingo	:
one Number 2 r Event Inform ency have a ticker ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? S to identify the agence	E-mail domingo.candelas nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	Gov Date Face Value of Each Date(s) 08 / 02 f no: Santa Clara f yes: Candelas, D Off	e of Original Filing Ticket/Pass \$ _ 2 _ 2022 County ame of Source Domingo	:
one Number 2 r Event Inform ency have a ticker ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? S to identify the agence	E-mail domingo.candelas nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	Gov Date Face Value of Each Date(s) 08 / 02 f no: Santa Clara f yes: Candelas, D Off	e of Original Filing Ticket/Pass \$ _ 2 _ 2022 County ame of Source Domingo	:
r Event Inform ency have a ticke ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? s	nation et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	No F Innation	Face Value of Each Date(s) <u>08</u> <u>02</u> f no: <u>Santa Clara</u> f yes: <u>Candelas</u> , D <i>om</i>	Ticket/Pass \$ _ 2 _ 2022 County ame of Source Domingo	(month, day, year) 13 08 , 03 , 202
ency have a tick ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? s	et policy? Yes ara County Fair <i>Provide Title/ Exp</i> by agency? Yes at the behest Yes	lanation S□No■ If	Date(s) <u>08</u> , 02 f no: <u>Santa Clara</u> f yes: <u>Candelas</u> , D <i>om</i>	County ame of Source Domingo	08 , 03 , 2022
ption: <u>Santa Cla</u> ss(es) provided to stribution made fficial? s to identify the agence	ara County Fair Provide Title/Exp by agency? Yes at the behest Yes	lanation S□No■ If	Date(s) <u>08</u> , 02 f no: <u>Santa Clara</u> f yes: <u>Candelas</u> , D <i>om</i>	County ame of Source Domingo	08 , 03 , 2022
ss(es) provided to stribution made fficial? S to identify the agence	Provide Title/ Exp by agency? Yes at the behest Yes	anation S□No■ I S■No□ ^{II}	f no: <u>Santa Clara</u> N f yes: <u>Candelas, D</u> Off	County ame of Source Domingo	/
ss(es) provided to stribution made fficial? S to identify the agence	Provide Title/ Exp by agency? Yes at the behest Yes	s In No In It	f no: <u>Santa Clara</u> N f yes: <u>Candelas, D</u> Off	County ame of Source Domingo	/
stribution made fficial? s	at the behest Yes	s 🔳 No 🔲	f yes: <u>Candelas</u> , D <i>offi</i>	ame of Source Oomingo	
stribution made fficial? s	at the behest Yes	s 🔳 No 🔲	f yes: <u>Candelas</u> , D <i>offi</i>	ame of Source Oomingo	
fficial? S to identify the agence			Offi	cial's Name (Last, First)	
S to identify the agenc	cy's department or unit.	• Use Section B to i			
to identify the agenc	cy's department or unit.	•Use Section B to i	dentify an individual.		
	rtment or Unit	Number of Ticket(s)/ Passes	Describe the pub	lic purpose made pu	ursuant to the agency's policy
		Number of Ticket(s)/ Passes		Identify one of the	following:
		Number of Ticket(s)/ Passes	Describe the pub	lic purpose made pu	ursuant to the agency's policy
e list attached		200	Economic devel	opment outreach	h - NNO
r	(Last, Firs Name of Outside Or	Name of Individual (Last, First) Name of Outside Organization nclude address and description) e list attached	Name of Individual (Last, First) of Ticket(s)/ Passes Name of Outside Organization nclude address and description) Number of Ticket(s)/ Passes	Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial I If checking "Cell Ceremonial I If checking "Cell Ceremonial I If checking "Cell Ceremonial I If checking "Cell If checkin	Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the Other Ceremonial Role Other If checking "Ceremonial Role" or "Other" of If checking "Ceremonial Role" or "Other"

Domingu Cardelas _____ Councilmenter 08/10/23 Title (month, day, year) Signature of Agency

Comment:



Creekside NA – 50

Evergreen Leadership – 50

•

Welch NA – 50

Meadowfair NA – 50

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California City Bate StamBse Form Office of the City Clerk City of San Jose For Official Use Only Division, Department, or Region (if applicable) JUL 2 0 2023 City Council - District 8 Designated Agency Contact (Name, Title) ACCEPTED Domingo Candelas - Councilmember Amendment Wust Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4908 domingo.candelas@sanjoseca.gov (month, day, year) 2. Function or Event Information 35 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Jurassic World Date(s) 07 / 07 2023 Provide Title/ Explanation If no: _ San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source **Domingo Candelas** If yes: Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 8 District 8 neighborhood association Evergreen Leadership NA

4. Verification

Signature of Agency Head or Designee	Domingo Condelas	Councilmember	07/24/2023
	Print Name	Title	(month, day! year)
Comment:			



Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name San J California Form -n City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2023 APR AM 10: 08 14 City Council - District 8 Designated Agency Contact (Name, Title)

 Domingo Candelas - Councilmember
 Image: Amendment (Must Provide Explanation in Part 3.)

 Area Code/Phone Number
 E-mail

 408-799-2762
 domingo.candelas@sanjoseca.gov

 Date of Original Filing:
 (month, day, year)

2. Function or Event Information

I direction of Event information			447.04
Does the agency have a ticket policy?	Yes 🔳 No 🗌	Face Value of Each Ticket/Pass \$	417.61
Event Description: SJ Sharks vs COL Ava	alanche	Date(s) 04 / 06 / 202	1
Provide Tit	le/Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳	If no: SJ Arena Authority	
		If yes: <u>Candelas</u> , Domingo	
Was ticket distribution made at the behest of agency official?	Yes 🔳 No 🗌	Official's Name (Last, First)	

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Tully Rd-Eastridge Business Association	24	Recognizing assoc that promotes econ. development

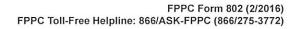
4. Verification

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.

	Domingo Cambelas	Councilmenter	04/13/2023
Signature of Agency Head or Designee	Ø Print Name	Title	(month, dåy, year)

Comment:





	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVED	A Public Document
1.	Agency Name			San.	Date Stamp	California 802
	City of San Jose				sTc-m	Form OOZ
	Division, Department, or Reg	ion (if applicable)		2023 AP	RIL AMIN: N	For Official Use Only
	City Council - District 8				and millor 0.	ur -
	Designated Agency Contact			1		
	Domingo Candelas - Counc	ilmember			Amondmont //	Aust Dravida Evaluation in Dart 21
	Area Code/Phone Number	E-mail				<i>Aust Provide Explanation in Part 3.)</i>
	408-799-2762	domingo.candelas(@sanjoseca.	gov	Date of Original Fil	ling:
2.	Function or Event Infor	mation				100
	Does the agency have a tic	ket policy? Yes	No 🗌 🖡	Face Value of	Each Ticket/Pass	\$129
	Event Description: Los Tigr	es del Norte	[Date(s)	<u>, 01 , 202</u>	//
		Provide Title/ Explai		f no: _SJ Arei	na Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Course	
	Was ticket distribution made	e at the behest Yes		f yes: Candel	as, Domingo	
	of agency official?				Official's Name (Last,)	First)
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	e pursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of	f the following:
					monial Role Otl Cking "Ceremonial Role" or "Ot	her Income Income her" describe below:
					monial Role Dtl Otl	her Income Income her" describe below:
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe ti	he public purpose mad	le pursuant to the agency's policy
	Wel c h Neighborhood Ass	sociation	12	Recognizin	ng work/effort of ne	eighborhood association
_	MACLA		12	Recognizir	ng work/effort of co	ommunity art advocates

a den ca	Dorango Cundelas	Councilmenter	04/13/2023
Signature of Agency Head or Designee	O Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED **A Public Document** San Juse 1. Agency Name California - mad Form City of San Jose 2018 JUN 28 AM 10: 52 For Official Use Only Division, Department, or Region (if applicable) Office of Councilmember Sylvia Arenas Designated Agency Contact (Name, Title) Matt Savage, Council Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4908 matthew.savage@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$62.88 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Da Bangg Date(s) ____06 30 20 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 🛛 No 🖾 Name of Source Was ticket distribution made at the behest Yes D No X If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization

(include address and description)	of licket(s)/ Passes	Describe the public purpose made pursuant to the agency signify
South Asian Activities League	1 X	Recognition of the organization's service to the community.

4. Verification

mandrul	Sylvia Arenas	Councilmember	06/20/2018
Signature of Agency Head or Designee	Print Name	Title,	(month, day, year)
Comment:			

-	Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions			AI	Public Document
1. Agency Name				REC Pate St amp	California 802
Cit	ty of San Jose		Sal	I Jose City Clark	Form OUZ
Div	vision, Department, or Reg	jion (if applicable)		OTCA	For Official Use Only
Of	fice of Councilmember Sy	vlvia Arenas, District 8	20101	MAR 13 AM 11:38	
De	Designated Agency Contact (Name, Title)				
Sy	Sylvia Arenas, Councilmember			Amondmont (Must Pre	vide Explanation in Part 3.)
Are	ea Code/Phone Number	E-mail			wide Explanation in Part 3.j
40	8-535-4908	district8@sanjoseca.gov		Date of Original Filing: _	(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?	Yes 🛛	No 🗖	Face Value of Each Ticket/Pass \$ <u>163.50</u>
Event Description: Ricardo Arjona			Date(s) 03 / 11 / 18
Provide Ti Ticket(s)/Pass(es) provided by agency?	tle/ Explanatio		If no: San Jose Arena Authority
Was ticket distribution made at the behest of agency official?	Yes 🛛	No 🗌	If yes: Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role D Other I Income I Inco
		Ceremonial Role Dother D Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Meadowfair and TOCKNA Neighborhood Associations in District 8	6	Recognition of service to the community

4. Verification			
I have read and understand FPPC Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
with the requirements.			
ma ux	Sylvia Arenas	Councilmember	03/13/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			_

1.	Agency Name				Date Stamp CEIVI California 000
	City of San Jose				San Jose Cit Form 802
	Division, Department, or Regio	n (if applicable)	0		OTC A For Official Use Only
	Council District 8				2018 FEB 28 A.111:53
	Designated Agency Contact (Na	ame, Title)			
11	Sylvia Arenas, Councilmembe	ər			Amendment (Must Provide Explanation in Part 3.)
38	Area Code/Phone Number E	E-mail			
	408-535-4908	district8@sanjoseca	a.gov		Date of Original Filing: (month, day, year)
	Function or Event Inform	ation			
	Does the agency have a ticke	t policy? Yes	No 🗆 🖡	Face Value of	Each Ticket/Pass \$ <u>149.95</u>
	Event Description: Demi Lova	to & DJ Khaled	Г	Date(s)02	, 28 , 18 , , ,
		Provide Title/ Explan	nation	1	
	Ticket(s)/Pass(es) provided by	y agency? Yes [f no: San Jose	Arena Authority
	Was ticket distribution mode	at the behast v		f ves	Name of Source
	Was ticket distribution made a of agency official?	it the benest Yes	△ No 🗌 👘	i yes	Official's Name (Last, First)
	of agency official:				
3.	Recipients				
3.		's department or unit. •		identify an individ	ual. • Use Section C to identify an outside organization.
5.		The second second second	Use Section B to Number of Ticket(s)/ Passes	T CHER FOR LESS	ual. • Use Section C to identify an outside organization. e public purpose made pursuant to the agency's policy
3.	• Use Section A to identify the agency	The second second second	Number of Ticket(s)/	T CHER FOR LESS	
5.	• Use Section A to identify the agency	ment or Unit dual	Number of Ticket(s)/	T CHER FOR LESS	
3.	Use Section A to identify the agency A. Name of Agency, Depart B. Name of Individ	ment or Unit dual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's policy
i.	Use Section A to identify the agency A. Name of Agency, Depart B. Name of Individ	ment or Unit dual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's policy Identify one of the following: Income
3.	Use Section A to identify the agency A. Name of Agency, Depart B. Name of Individ	dual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's policy Identify one of the following: Income
3.	Use Section A to identify the agency A. Name of Agency, Depart B. Name of Indivio (Last, First) C Name of Outside Org	anization escription)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy Identify one of the following: Ionial Role Other Income Inc

2	Sylvia Arenas	Councilmember, District 8	03/01/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: MA Louis	1	-	-
~/):	0		
\mathcal{O}		F FPPC Toll-Free Helpline: 866/AS	PPC Form 802 (2/2016) K-EPPC (866/275-3772)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVED	A Public Document
	Agency Name	· · · · · · · · · · · · · · · · · · ·		ं ता	JOS eDate Stamp	
	City of San Jose					Form OUZ
	Division, Department, or Reg	ion (if applicable)		2016 I	IOV 23 AM 9:	38 For Official Use Only
	Council District 8				SP OTC	
	Designated Agency Contact	(Name, Title)				
	200 E. Santa Clara ST. 18th	1 Floor		•		
	Area Code/Phone Number	E-mail				lust Provide Explanation in Part 3.)
	408-535-4908	maryanne.groen@	sanjoseca.go	VV	Date of Original Fil	ing:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	<pre>ket policy? Yes [</pre>		ace Value of	Each Ticket/Pass	\$
	Event Description: Sharks v				<u>, 21 , 16</u>	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ I	f no: <u>S.J. Arer</u>	a Authority Name of Source	
	Was ticket distribution made	at the behast var r				
	of agency official?	at the benest Yes L		, y co	Official's Name (Last, F	First)
	• Use Section A to identify the agen A. Name of Agency, Depa D8 Day in the Park Comm	artment or Unit	Number of Ticket(s)/ Passes 24	T	e public purpose made	e pursuant to the agency's policy
			Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of	the following:
					nonial Role D Oth king "Ceremonial Role" or "Oth	er Income Income
					nonial Role D Oth king "Ceremonial Role" or "Oth	er I Income Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	e pursuant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
				1		· · · · · · · · · · · · · · · · · · ·

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

Maryanne Grocn Chief of Staff Print Name Title tron 16 24 nne Signature of Agency Head or Designee

Comment:

NAME	SEAT	SECTION	Parking Pass]
Vice Mayor Rose Herrera	C1	C11	1	sent
Matt Wahlin	C2	C11		sent
David Lovato	C3	C11	2	sent
David Lovato	C4	C11		sent
Josh Barousse	C5	C11	3	sent
Josh Barousse	C6	C11		sent
Sean O'Kane	C7	C11	4	sent
Sean O'Kane	C8	C11		sent
Angie Nunn	C9	C11	41	sent
Angie Nunn	C10	C11		sent
Kim Nguyen	C11	C11	42	sent
Kim Nguyen	C12	C11		sent
Diane Catbagan	C13	C11	43	sent
Diane Catbagan	C14	C11		sent
Ben Naranjo	C15	C11	44	sent
Ben Naranjo	C16	C11		sent
Jim Zito	3	113, Row 23	45	sent
Jim Zito	4	113, Row 23		sent
Jennifer Navarro	5	113, Row 23	46	printed
David Navarro	6	113, Row 23	48	printed
Louella Sevegan	7	109, Row 23]printed
Shelley Opsal	8	109, Row 23	47	printed
Carly Comer	9	109, Row 23]printed
Austin McComb	10	109, Row 23]printed

Parking passes 46 - 48 for staff

gency Report of: Ceremonial Role Events and Ticket/P	ass Distri		RECEIVED	APuk	lic Document
	05e		Date Stamp TH mail	са 286 А ос	Form 802
Division, Department, or Region (if applicable)	-	2010 8	UG' Z MITU	. 25	
Designated Agency Contact (Name, Title)		2			
JOU F. Janta Cava	57 18	FL.			
Area Code/Phone Number E mail	211	1	Amendment	(Must Provide E	xplanation in Part 3.)
08 535-4908 Maryanne. gr	peh@San	Joseccigu	Date of Original F	iling:	nth, day, year)
Function or Event Information				67	200
Does the agency have a ticket policy? Yes [ace Value of I	Each Ticket/Pass	s \$	/ <u>), </u>
Event Description: Barbara Stre1501		ate(s)	4,16		_//
Provide Title/ Explar Ticket(s)/Pass(es) provided by agency? Yes [no:			
			Name of Source		
Was ticket distribution made at the behest Yes of agency official?	∃ No⊡ If	yes:	Official's Name (Last,	, First)	
Recipients • Use Section A to identify the agency's department or unit.		dentify an individ	ual. • Use Section C t	o identify an o	utside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose ma	de pursuant te	o the agency's policy
Rose Herrira		De	8	ALL	1 [
Loca 230 5.1. Five	fighter	5		att	ached
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one o	f the followin	g: _{mal} s subset
			onial Role Donial Role" Of	ther ther' describe below	Income
			onial Role D ing "Ceremonial Role" or "O	ther ther' describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose mac	le pursuant to	o the agency's policy
			. .		

é

Mary Anne Groen Print Name H n Signature of Agency Head or Designee (month, day, year)

Comment: _

Names	Seats	Sec	Park
Rose Herrera & Guest	14	11	X
Bien Doan (2)	5,6	11	X
Scott Trabert (2)	7,8	11	X
Kim Borreson (2)	9,10	11	X
Walter Rivera (2)	11,12	11	X
Brian Madison (2)	13,14	11	X
Ben Naranjo (2)	15,16	11	X
		<u> </u>	
		ļ	
		<u> </u>	
·		<u> </u>	l

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions	RECEIVED	A Public D	ocument
1. Agency Name <u>Uty of San DSL</u> Division, Department, or Region (<i>if applicable</i>) <u>Council</u> District 8			APR 19 AM 10	Form	a 802 al Use Only
Designated Agency Contact (Name, Title) 200 E. Santa (Yawa St. 18 Area Code/Phone Number E-mail 408 535-4905 Mawyanne.9	TIDEV	L Infoseca	Amendment (/	Must Provide Explanation	
2. Function or Event Information		<u>, , , , , , , , , , , , , , , , , , , </u>		an opt as	00
Does the agency have a ticket policy? Yes [Event Description: <u>Shavks</u> Playa Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes [of agency official?	<u>off</u> D ^{nation} D □ No Ø If	ace Value of I pate(s) no: yes:	Each Ticket/Pass	<u>4,18</u> n. <u>Auth</u> e	<u>16</u> witz
3. Recipients • Use Section A to identify the agency's department or unit. •	Use Section B to ic	dentify an individ	ual. • Use Section C to	identify an outside org	șanization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose mad	e pursuant to the age	ncy's policy
See Attached	24	5:1.	Pabli 8 Operni	Libra	rs_
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of	the following:	
	· · · ·		onial Role D Oth ng "Ceremonial Role" or "Oth	her her" describe below:	Income
			onial Role Oth ng "Ceremoníal Role" or "Oth	ner 🔲 her" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuant to the ager	ncy's policy
4. Verification					

<u>Graen</u> Ame arut De hm Signature of Agency Head or Designee Print Name (month, day, year) Title Comment:

Names	Seats	Sec 🐋	Park
Rose Herrera & Matt Wahlin	1,2	B11	x
Kim Nguyen	3	B11	
Patrick Fong	4	B11	
Diep Nguyen	5	B11	
Benjamin Fernandez	6	B11	
Liezel Jackson	7	B11	
Candice Tran	8	B11	
Lisa Valerio	9	B11	
Elizabeth Castaneda	10	B11	
Moises Moreno	11	B11	
Adriana York	12	B11	
Cris Johnson	13	B11	
Yvonne Cabral	14	B11	
Wayne Dore	15	B11	
Jaime Hernandez	16	B11	
Kristy Bell	3	113	
Kelly Hubbard	4	113	
Vidya Kilambi	5	113	
Luis Rodriguez	6	113	
Lenora Morris	9	109	
Austin Carrell	10	109	
Shelley Opsal	7	109	х
Rose Dhaliwal	8	109	

Agency Report of: Ceremonial Role Events and	Ficket/Pass	Distributions	RECEIVED	A Public Documen
1. Agency Name Division, Department, or Region (If Applic	SC sable)		2015 NOV AC PM 2:	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title)	8			
200 E. Santa Clava 5. Area Code/Phone Number E-mail	F. 18th	HOOR	Amendment (Must pr	ovide explanation in Part 3.)
	ne.groch@	SanJose ca.gov	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?	Yes 🗌 No	E Face Value o	of Each Ticket/Pass \$	\$ 68.73
Event Description <u>Gavth</u> B	racks	Date(s) _//	<u>13, 15</u>	11 , 13, 15
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	⊠ If no: <u><i>JAN</i></u>	1 DSL HV-LNA Name of Sou	A UHHOVILY
Was ticket distribution made at the behe of agency official?	st No 🏹 Yes	□ If yes:	Official's Name (L	ast, First)
 B. Recipients • Use Section A to identify the agency's department 	t or unit. ● Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
See Attached		D8 Days	n the Park	. Voluenteer
······	Number of			Commi Hee
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
		Ceremonial Role If checking "Ceremon	Other Conternation Conternatio	Income
		Ceremonial Role If checking "Ceremoni	Other Dia Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
L. Verification I have read and understand FPPC Regulations 18944.1 Mary Come Decome M. Signature of Agency Head or Designee		rified that the distribution set for <u>GVOLN</u> <u>CM</u>		the requirements. ///////5 (Month, Day, Year)

Comment:

	А	В	С	D
1	NAME	SEAT	SECTION	TICKETS
2	Vice Mayor Rose Herrera	1	C11	1
-3	Matt Wahlin	2	C11	1
4	Larry Samarron	3	C11	1
5	Larry Samarron	4	C11	1
6	Steve Ryan	5	C11	1
7	Steve Ryan	6	·C11	1
8	Mike Montonye	7	.C11	1
9	Carol Montonye	8	C11	1
10	Candice Tran	9	C11	1
11	Candice Tran	10	C11	1
12	Albert Rodriguez	11	C11	1
13	Albert Rodriguez	12	C11	1
14	Andre Morrow	13	C11	1
15	Andre Morrow	14	C11	1
16	Siddharth Venkatraman	15	C11	1
17	Siddharth Venkatraman	16	C11	1
18	Mary Anne Groen	15	101	1
19	Mary Anne Groen	16	101	1
20	Shelley Opsal	17	101	1
21	Shelley Opsal	18	101	1
22	Jennifer Gonzales	19	101	1
23	Jennifer Gonzales	20	101	1
24	Dan Block	21	101	1
25	Dan Block	22	101	1
26				
27				
28				
29				
30				

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

REC	EIVE	D				
5 · ·	14 8			-	1.12.	

Ceremonial Role Events and Ticke	eurass	Distributions	San Jose City Cle	riA Public Document
1. Agency Name			Date Stamp	California 802
City of San 10	75L	21	15 JUN 23 AM 9:	
Division, Department, or Region (If Applicable)	~3			For Official Use Only
Conneil District	8			
Designated Agency Contact (Name, Title)	alh	1		
200 E. Janta Clava St. 1	9	FLOOR		ovide explanation in Part 3.)
Area Code/Phone Number E-mail	Acres in	a contras no v		
408-535-4908 Maryanne.	groen	e surger gov	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information			, t	43.50
Does the agency have a ticket policy? Y	es 🔲 No	Face Value o	f Each Ticket/Pass \$	
Event Description Super Web Fyle Provide Title/Explana	<u> </u>	05.00 Date(s)	126, 15	
		- Kan har	1 have Aven	, sichnyity
Ticket(s)/Pass(es) provided by agency? Ye	es 🗌 No		Name of Sol	rce 74 011/01/04
Was ticket distribution made at the behest	No 🗹 Yes	If yes:		
of agency official?	7	•	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or uni		ction B to identify an individu	al. • Use Section C to ident	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
See Attached		STP	D Distri	ct Paul
Sheet				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıâ:
			Other D	Income
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
(Name of Outside Organization)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
(include address and description)	Pass(es)			
4. Verification				

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

Acry Chine Arden Mary Anne Signature of Agency Head or Designee Print Name Groen_ Chief of Sta 6 22 (Month, Day, Year)

Comment: _

Name	Tickets	Section	Seat
Rose Herrera & Matt Wahlin	2	C11	1&2
Michael & Carolyn Montonye	2	C11	3&4
Sean & Nancy Pritchard	2	C11	5&6
Danny & Ramona Navarro	2	C11	7&8
Marc & Susan Taylor	2	C11	9&10
Duc & Julie Ngo	2	C11	11&12
Eric & Stephanie Calderon	2	C11	13&14
Jesus & Elvia Mendoza	2	C11	15&16
Mary Anne Groen	2	110	9&10
Lisa Tindall & Roger Semore	2	110	11&12
Sandra & Manny Diaz	2	110	13&14
Rafael & Ruby Nieves	2	110	15&16
			L.
		'	

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Agency Report of: RECEIVED San Jose City ClarPublic Document **Ceremonial Role Events and Ticket/Pass Distributions** 1. Agency Name California Date Stamp 2013 OCT 25 20 Form For Official Use Only Division, Department, or Region (If Applicable, Designated Agency Contact (Name, Title Ú 71 Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: MaMANNE V DEIN Kan, DSECES (Month, Day, Year) **Function or Event Information** 2. 00 Does the agency have a ticket policy? Yes 🛛 No 🗖 Face Value of Each Ticket/Pass \$ Event Description Date(s) Provide Title/Explanatio If no: Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🕮 Name of Source Was ticket distribution made at the behest No 🖾 Yes 🗖 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. 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 Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

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

Many Chus Alben Mary Anne Groen Chief of Staff 10/25/13 Signature of Agency Head or Designae Print Name Title (Month, Day/Year)

Comment:

			1		
				20) 	
)	RECEIVED	-kat/Daaa	ncy Report of:	-	
6A1559 /2		CKEUPass	monial Role Events and Ti		
orm OUZ	2014 OCT 20 Form	L	iency Name ITA OF SAM 0.54	1. Age	
r Officiăł Use Only	UT e	le)	ision, Department, or Region (If Applicab	Divis	
		5	OUMED STYLE	Desig	
ination in Part 3.)	Amendment (Must provide explanation in Pa	18th	E. Ganta Clava St.	<u> 700</u>	
Day, Year)	San Useca and Date of Original Filing:(Month, Day, Year)	ne. Aroen 1	a Code/Phone Number E-mail 35-4908 [Margan]	10 <u>8 5 %</u>	Al
- <u>00</u>		U	nction or Event Information		
<u> </u>	Face Value of Each Ticket/Pass \$	Yes 🔲 No	es the agency have a ticket policy?	Does	
1.11 =+	21 ¹⁵ Date(s) <u>// /////////////////////////////////</u>	B AML	ent Description	Event	
- AMOVING		Yes 🗌 No	<pre>ket(s)/Pass(es) provided by agency?</pre>	Ticke	
·	If yes: Official's Name (Last, First)	No 🛱 Yes	s ticket distribution made at the behest agency official?		
			cipients	3. Reci	1
de organization.	n B to identify an Individual. • Use Section C to identify an outside organiza		e Section A to identify the agency's department or	• Use s	
ncy's policy	Describe the public purpose made pursuant to the agency's polic	Number of Ticket(s)/ Pass(es)	Name of Agency, Department or Unit	A.	
5/m	Foothill Div 1510	24	See A-Hached	5	
	5. Police	Alumbur of	Sheet		
	Identify one of the following:	Number of Ticket(s)/ Pass(es)	Name of Individual (Last, First)	В.	
Income	Ceremonial Role Other I In If checking "Ceremonial Role" or "Other" describe below:				
Income	Ceremonial Role Other I Ir If checking "Ceremonial Role" or "Other" describe below:				
icy's policy	Describe the public purpose made pursuant to the agency's polic	Number of Ticket(s)/ Pass(es)	Name of Outside Organization (include address and description)	C .	
					-
	If checking "Ceremonial Role" or "Other" describe below:	Ticket(s)/ Pass(es)	(include address and description)	4. Verif	-

iC

Mary Anne Groen Chief of Tho<u>en</u> Signature of Agency Head or Designee Title

Comment: _

Name	Seat/Row	Box/Sec
Rose Herrera	1	11
Matt Wahlin	2	11
Danny Navarro	3	11
Mark Natwick	. 4	11
Geeno Gular	5	11
Mark Taylor	6	11
Thuy Le	7	11
Nate Trang	. 8	11
Bryant Washington	9	11
Brian Meeker	10	11
Robert Labarbera	11	11
Mauricio Jimenez	12	11
Nick Byrd	13	11
Topui Fonua	14	11
Tim Young	15	11
Jason Dwyer	16	11
Mary Anne Groen	3/row 23	113
Shelley Opsal	4/row23	113
Greg Barth	5/row23	113
Michael Montonye	6/row23	113
Mike King	7/row23	109
Tom Sims	8/row23	109
Ed Schroder	9/row23	109
John Tompkins	10/row23	109
	·	

eremonial Role Events and Tick	LEUFASS L		men
Agency Name	Kl	Date Stamp 2013 SEP 19 PM 1: 46	02
Division, Department, or Region (If Applicable)	0	For Official Use Or	ıly
Council Distric	78		
Designated Agency Contact (Name, Title) 200 E. MM A CLWU	5f.	BH Flock Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number E-mail - 535 - 4909 Marganne	, groen l	Date of Original Filing:(Month, Day, Year)	,
Function or Event Information			
Does the agency have a ticket policy?	Yes 🗌 No 🗌	Face Value of Each Ticket/Pass \$ 192.60	
Event Description Sharks VS.	ucles	Date(s) <u>D92013</u>	
Ticket(s)/Pass(es) provided by agency?	Yes□ No 🗹	If no: <u>San Jose Avana Autha</u> Name of Source	<u>K</u>
Was ticket distribution made at the behest of agency official?	No 🗗 Yes 🗆	If yes: Official's Name (Last, First)	
Recipients • Use Section A to Identify the agency's department or use	nit. • Use Sectio	n B to identify an individual. • Use Section C to identify an outside organizatio	n.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Dot a	18	Service about & beyond	d
Code Enforcement	s	for DO	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Rose Herrera	2	Ceremonial Role Conter	me [
Matt Wahlin		Councilmember	
shelley opsal	4	Ceremonial Role U Other C Inco If checking "Ceremonial Role" or "Other" describe below:	me L
Aavon Quigly	Number of	statting for DO	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Verification		ed that the distribution set forth above, is in accordance with the requirements.	
I have read and understand EPPC Regulations 18944.1 and	18942. I nave venii	ed that the distribution set form anove, is in accordance who me reprimeneers	

Comment: ____



Agency Name

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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		1433(63)	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Cther I Income Income I Income I Income II checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income I Income I Income II checking "Ceremonial Role" or "Other" describe below:
<u>с.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Sharks Game 9/20/13	Tickets Seats & Tickets #
Rose Herrera And Matt Wahlin	2
Brigitte Marquis	2
Dorothy Abeyta	2
Lily Lim-Tsao	. 2
Joseph Hatfield	2
Anna Le	2
Joe Horwedel	2
Ray Salvano	2
Kevin O'Connor	2
John Meltzer	2
Aaron Quigley	2
Shelley Opsal	2

Total tickets

24

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

RECEIVED San Jose City Cla**A Public Document**

ICKEUAUIIISSIOII DISUIDUUOII	5		
. Agency Name. UM OF Sa	n 105	il	2013 MAY 17 PM 3:3 California 802
Division, Department, or Region (if applic	able)	~1	For Official Use Only
Council DE	strict	7	
Street Address 200 F. Santa	Aava	. St.	18 FLOOR
Designated Agency Contact (Nama, Title)		<u>~ 10</u>	Amendment (Must provide explanation in Part 3.)
Mary Anno Gropen	- Chief	· 070	Tuff
Area Code/Phone Number E-mail			Date of Original Filing:
8-535-4908 Mar	janne of	roen e	Jan Bla,
Function, Event, or Ceremonial F	Role Informat	tion	Gal
Shaver Hade	n. 1 .	(0 × 4	\$ 19000
Title <u>JIANS</u> HOCK	eg ina	M	Face Value of Each Admission \$(()
Description Sharks 1	5. King	<u>75</u>	Date(s) 5, 18, 13
Was the distribution to persons iden Yes □ No ↓ If yes: The identity of recipient(s) and the Name (Last, First)	ntified below n Official's he explanatic	nade at the Name (Last, F Sn:	
Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	also provide a description.
이들은 영화에서 이 모습이 있다는 것 이 모습을 물건을 가지 못 못해 있었다.	Ticket(s)		 If not income, describe the public purpose, including ceremoniai roles, performed by an agency official, individual, or organization.
Collection and the second second second second		Yes 🗖	ceremonial roles, performed by an agency official, individual, or
GoVoluntr.		Yes □ No □	ceremoniai roles, performed by an agency official, individual, or organization.
Go Voluntr	B Contraction of the second se		ceremoniai roles, performed by an agency official, individual, or organization.
<u>Gro Voluntr</u> Jennifer Gonzales	S S	No 🗖	ceremoniai roles, performed by an agency official, individual, or organization.
Gzo Voluntr Jennifer Gonzales		No 🗖 Yes 🗖	ceremoniai roles, performed by an agency official, individual, or organization.
Gro Voluntr Jennifer Gonzales	S S	No 🔲 Yes 🔲 No 🔲	ceremoniai roles, performed by an agency official, individual, or organization.
Gro Voluntr Jennifer Gonzales		NoYesNoYesNoYesYes	ceremoniai roles, performed by an agency official, individual, or organization.
Gzo Voluntr Jennifer Gonzales		No Yes No Yes No	ceremoniai roles, performed by an agency official, individual, or organization.
<u>Gro Voluntr</u> Jennifer Gonzales	S .	NoYesNoYesNoYesYes	ceremoniai roles, performed by an agency official, individual, or organization.

3. Verification

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

Mary Anne Groch Chief ma Signature of Agency Head or Designee

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

eremonial Role Events and Tick		JAIL JUSE OILY GRADE
Agency Name		Date Stamp California 802
(ity of Jan 1050		2014 FEB 20 ANTI: 05 Form OUA
Division, Department, or Region (If Applicable)		
Council District 8		
Designated Agency Contact (Name, Title)	1 1/	
100 E. Santa Clava St Area Code/Phone Number E-mail	· 18+1	Amendment (Must provide explanation in Part 3.)
1535-4908 Muryann	e. avoen i	Date of Original Filing:
Function or Event Information		H O h
	Yes 🗌 🛛 No 🖸	Face Value of Each Ticket/Pass \$
Event Description Disney on	ice	Date(s) <u></u>
Pr∳vida Title/Expla	nation	6 and loss Arange Authorite
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No 🗄	A. If no: <u>2011 ODC AILIUM AUVIDIN</u> Name of Source
Was ticket distribution made at the behest	No 1 Yes	
of agency official?	r	Official's Name (Last, First)
Recipients		·
Use Section A to identify the agency's department or u		Ion B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
City of 5.1.	17	
City Clerks Office		
B. () Name of individual (Last, First)	Number of Ticket(s)/ Pass(es)	identify one of the following:
Pose Herrera		Ceremonial Role Cther I Income
NOSE NETTER.	1	If checking "Ceremonial Role" or "Other" describe below:
Matt Wahlin	0	
		Ceremonial Role D Other D Income
Statt	5	If checking "Ceremonial Role" or "Other" describe below:
\bigcirc $(1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,$		
Name of Outside Organization	Number of	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		•

Many Anne Groen Chief of Staff 02/20/14 Signature of Agency Head or Designee (Print Name Groen Chief of Staff (Month, Day, Vear)

Comment: _

Disney on Ice 2/1/14		
Name	Ticket	Seats
Pam Caronongan	2	6&7 box 11
Charu Thiyagarajan	3	89&10 box 11
Cecilia McDaniel	3	1112&13 box11
Toni Taber	3	3,4&5 box 11
Kathy Carillo	2	14&15 box11
Ethan	2	16 box 11 & 19 Row 12
Kara	2	17 7 18 Row 12
staff TBD	5	13,14,15,16,20 Row 12
Councilmember Herrera	2	1&2 box 11
Total		· · · ·
	24	

Agen Ceren Ticke

Agency Report of:			RECEIVED
Ceremonial Role Events and Licket/Admission Distribution	•		San Jose City Clark
Manager and a star of the star star star star star star star star	5		A Public Documen
. Agency Name Lite At San Inc	ie.		2013 JARterstamp M 10: California 802
Division, Department, or Region (#applic	able) (44 <u>14</u>	For Official Use Only
Street Address	iht. 1	gth F	1mm 1
Designated Agency Contact (Neme, Title)			Amendment (Must provide explanation in Part 3.)
Mary Anne Groen -	Chief 1	of Sta	IT
Area Code/Phone Number E-mail	unne.groe	h@ 5an	Date of Original Filing:(month, day, year)
. Function, Event, or Ceremonial F	Role Informat	tion	
Title Sharks V5 Dilevs			Face Value of Each Admission \$
Description			Date(s) 1 31 13
Description		~	
Ticket(s)/Admission(s) provided by	agency? Yes	□ №)∅	Educ large Anna Mulhavite
Ticket(s)/Admission(s) provided by			If no: <u>Sam Jose Arana Authority</u> Name of Source
			If no: <u>Sam Jose Arana Authority</u> Name of Source
Ticket(s)/Admission(s) provided by	ntified below n	nade at the	If no: <u>Sam Jose Arena Huffmrity</u> Name of Source
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Mary Anne Green Print Name nu Ne Signature of Agency Head or Designee (month, day, year, Title

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