

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

City of San Jose  
 Division, Department, or Region (if applicable)  
 City Council - District 8  
 Designated Agency Contact (Name, Title)  
 Domingo Candelas - Councilmember  
 Area Code/Phone Number  
 408-799-2762  
 E-mail  
 domingo.candelas@sanjoseca.gov

RECEIVED  
 San Jose City Clerk  
 OTC MF  
 Date Stamp  
 2023 OCT 27 AM 11:20

**California Form 802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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 \$ 155.50  
 Event Description: Peso Pluma Date(s) 10 / 13 / 2023  
Provide Title/Explanation  
 Ticket(s)/Pass(es) provided by agency? Yes  No  If no: SJ Arena Authority  
Name of Source  
 Was ticket distribution made at the behest of agency official? Yes  No  If yes: Candelas, Domingo  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
	Welch Park NA	24	Recognizing neighborhood assoc.

**4. Verification**

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

Signature of Agency Head or Designee: [Signature] Print Name: Domingo Candelas Title: Councilmember (month, day, year): 10/24/2023

Comment: \_\_\_\_\_

**Print Clear**

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

**A Public Document**

<b>1. Agency Name</b> City of San Jose		<b>RECEIVED</b> San Jose City Clerk	Date Stamp <b>2023 AUG 14 PM 2: 01</b>
Division, Department, or Region (if applicable) City Council - District 8		<b>California Form 802</b> For Official Use Only	
Designated Agency Contact (Name, Title) Domingo Candelas - Councilmember			
Area Code/Phone Number 408-799-2762	E-mail domingo.candelas@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 13

Event Description: Santa Clara County Fair Date(s) 08 / 02 / 2023 08 / 03 / 2023  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Santa Clara County  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Candelas, Domingo  
Official's Name (Last, First)

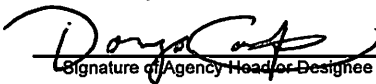
**3. Recipients**

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Please see list attached	200	Economic development outreach - NNO

**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 Candelas     Councilmember     08/10/23  
Signature of Agency Head or Designee     Print Name     Title     (month, day, year)

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**

<b>1. Agency Name</b>		Date Stamp <b>City of San Jose Office of the City Clerk</b>  <b>JUL 20 2023</b>  <b>ACCEPTED</b> <b>DEFLECTED</b>	<b>California Form 802</b> <small>For Official Use Only</small>
City of San Jose			
Division, Department, or Region (if applicable) City Council - District 8			
Designated Agency Contact (Name, Title) Domingo Candelas - Councilmember			
Area Code/Phone Number 408-535-4908	E-mail domingo.candelas@sanjoseca.gov	Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 35

Event Description: Jurassic World    Date(s) 07 / 07 / 2023    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Domingo Candelas  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Evergreen Leadership NA	8	District 8 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.*

\_\_\_\_\_    Domingo Candelas    Council member    07/24/2023  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED  
San Jose City Clerk  
Date Stamp  
2023 APR 14 AM 10:08  
California Form **802**  
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**1. Agency Name**  
 City of San Jose  
 Division, Department, or Region (if applicable)  
 City Council - District 8  
 Designated Agency Contact (Name, Title)  
 Domingo Candelas - Councilmember  
 Area Code/Phone Number | E-mail  
 408-799-2762 | domingo.candelas@sanjoseca.gov

Amendment (Must Provide Explanation in Part 3.)  
 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 \$ 417.61

Event Description: SJ Sharks vs COL Avalanche Date(s) 04 / 06 / 2023  
Provide Title/Explanation


Ticket(s)/Pass(es) provided by agency? Yes  No  If no: SJ Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Candelas, Domingo  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Candelas
Councilmember
04/13/2023  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

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San Jose City Clerk  
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2023 APR 14 AM 10:09  
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**California Form 802**

For Official Use Only

**1. Agency Name**

City of San Jose

Division, Department, or Region (if applicable)

City Council - District 8

Designated Agency Contact (Name, Title)

Domingo Candelas - Councilmember

Area Code/Phone Number

408-799-2762

E-mail

domingo.candelas@sanjoseca.gov

Amendment (Must Provide Explanation in Part 3.)

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 \$ \_\_\_\_\_ 129

Event Description: Los Tigres del Norte Date(s) 04 / 01 / 2023  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: SJ Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Candelas, Domingo  
Official's Name (Last, First)

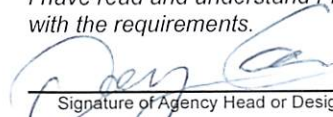
**3. Recipients**

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Welsh Neighborhood Association	12	Recognizing work/effort of neighborhood association
MACLA	12	Recognizing work/effort of community art advocates

**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 Candelas
Councilmember
04/13/2023  
 Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

**Print**      **Clear**

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions RECEIVED

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Office of Councilmember Sylvia Arenas

Designated Agency Contact (Name, Title)

Matt Savage, Council Assistant

Area Code/Phone Number

408-535-4908

E-mail

matthew.savage@sanjoseca.gov

San Jose City Clerk  
Date Stamp  
e-mail  
2018 JUN 28 AM 10:52

California Form 802

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Amendment (Must Provide Explanation in Part 3.)

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 \$ \$62.88

Event Description: Da Bangg Date(s) 06 / 30 / 20  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
South Asian Activities League	8	Recognition of the organization's service to the community.

4. Verification

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

  
Signature of Agency Head or Designee

Sylvia Arenas

Print Name

Councilmember

Title

06/20/2018

(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b>		RECEIVED San Jose City Clerk <i>OTC</i> 2018 MAR 13 AM 11:38	<b>California Form 802</b> For Official Use Only
City of San Jose			
<b>Division, Department, or Region</b> (if applicable) Office of Councilmember Sylvia Arenas, District 8			
<b>Designated Agency Contact</b> (Name, Title) Sylvia Arenas, Councilmember			
<b>Area Code/Phone Number</b> 408-535-4908	<b>E-mail</b> district8@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  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 \$ 163.50

Event Description: Ricardo Arjona    Date(s) 03 / 11 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Sylvia Arenas
Councilmember
03/13/2018  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



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

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<b>1. Agency Name</b> City of San Jose <hr/> <b>Division, Department, or Region</b> <i>(if applicable)</i> Council District 8 <hr/> <b>Designated Agency Contact</b> <i>(Name, Title)</i> Sylvia Arenas, Councilmember <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>Area Code/Phone Number</b></td> <td style="width:50%; border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">408-535-4908</td> <td style="border: none;">district8@sanjoseca.gov</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	408-535-4908	district8@sanjoseca.gov	<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     RECEIVED                      San Jose City  <i>OTLM</i>                      2018 FEB 28 AM 11:53                 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;"> <b>California Form 802</b>                      For Official Use Only                 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>                      Date of Original Filing: _____  <i>(month, day, year)</i> </div>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
408-535-4908	district8@sanjoseca.gov					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 149.95

Event Description: Demi Lovato & DJ Khaled    Date(s) 02 / 28 / 18  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: San Jose Arena Authority  
*Name of Source*

Was ticket distribution made at the behest 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Silver Creek High School Key Club; 3434 Silver Creek Road, San Jose, CA 95121	16	Recognition of Outstanding Volunteerism
Giving students opportunities to volunteer and develop leadership skills		

**4. Verification**

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

_____ Signature of Agency Head or Designee	Sylvia Arenas Print Name	Councilmember, District 8 Title	03/01/2018 (month, day, year)
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Comment: *[Signature]*

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

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**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
City of San Jose		2016 NOV 23 AM 9:38	For Official Use Only
Division, Department, or Region (if applicable) Council District 8		8P OTC	
Designated Agency Contact (Name, Title) 200 E. Santa Clara ST. 18th Floor		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 408-535-4908	E-mail maryanne.groen@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 \$ 86.00/222.00

Event Description: Sharks vs. NJ Devils Date(s) 11 / 21 / 16  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: S.J. Arena Authority  
Name of Source

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
D8 Day in the Park Committee	24	See Attached
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Maryanne Groen Maryanne Groen Chief of Staff 11/22/16  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

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**A Public Document**

**1. Agency Name** City of San Jose

**Division, Department, or Region** (if applicable) Council District 8

**Designated Agency Contact** (Name, Title) JOO E. Santa Clara St. 18 FL.

**Area Code/Phone Number** 408 535-4908 **E-mail** Maryanne.Groen@sanjoseca.gov

**Date Stamp** 2016 AUG -2 AM 10:23

**California Form 802**  
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**Amendment** (Must Provide Explanation in Part 3.)

**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 \$** 503.00

**Event Description:** Barbara Streisand **Date(s)** 8, 4, 16

*Provide Title/Explanation*

**Ticket(s)/Pass(es) provided by agency?** Yes  No  **If no:** \_\_\_\_\_  
*Name of Source*

**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
<u>Rose Herkura</u>		<u>D8</u>
<u>Local 250 S.J. Firefighters</u>		<u>See attached</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

Maryanne Groen Maryanne Groen Chief of Staff 8/1/16  
Signature of Agency Head or Designee Print Name Title (month, day, year)

**Comment:** \_\_\_\_\_





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

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**1. Agency Name**

City of San Jose  
 Division, Department, or Region (if applicable)  
Council District 8  
 Designated Agency Contact (Name, Title)  
700 E. Santa Clara St. 18<sup>th</sup> Floor  
 Area Code/Phone Number | E-mail  
408 535-4908 | Maryanne.groen@sanjoseca.gov

San Jose City Clerk  
 Date Stamp  
 2016 APR 19 AM 10:58  
 RUC

**California Form 802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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 \$ 220<sup>00</sup> / 86<sup>00</sup>  
 Event Description: Sharks Playoff Date(s) 4, 18, 16 4, 18, 16  
Provide Title/Explanation  
 Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source  
 Was ticket distribution made at the behest 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
<u>See Attached</u>	<u>24</u>	<u>S.J. Public Libraries (D8 Opening Village Square)</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Mary Anne Groen | Mary Anne Groen | Chief of Staff | 4/18/16  
Signature of Agency Head or Designee | Print Name | Title | (month, day, year)

Comment: \_\_\_\_\_

<b>Names</b>	<b>Seats</b>	<b>Sec</b>	<b>Park</b>
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	X
Rose Dhaliwal	8	109	

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

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**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		San Jose City Clerk Date Stamp 2015 NOV 10 PM 2:07 AS OTC	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>			
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description Garth Brooks  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$68.73

Date(s) 11, 13, 15 11, 13, 15

If no: San Jose Arena Authority  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>See Attached</u>		<u>D8 Day in the Park Volunteer Committee</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Maryanne Groen Mary Anne Groen Chief of Staff 11/10/15  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

	A	B	C	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:  
Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Clerk **A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		Date Stamp 2015 JUN 23 AM 9:5	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title) <u>700 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	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 \$ \$43.50

Event Description Super Freestyle Explosion Date(s) 6/26/15  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>See Attached sheet</u>		<u>SJPD District Paul</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Mary Anne Groen Mary Anne Groen Chief of Staff 6/22/15  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)





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

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San Jose City Clerk  
A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 OCT 25 PM 2	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>			
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>408 535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
		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 \$ \$192.00

Event Description Sharks vs. Coyotes Date(s) 11, 2, 13  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Overfelt H.S. Students</u>	<u>18</u>	<u>It can wait program</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Rose Herrera</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Matt Wahlen</u>		
<u>Jennifer Gonzalez</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Angie Vazquez</u>		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

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

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San Jose City Hall  
A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp 2014 OCT 29 OTR KP	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>700 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>408 535-4908</u>	E-mail <u>maryanne.green@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 206.00

Event Description Sharks vs. Islanders Date(s) 11, 1, 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>See Attached Sheet</u>	<u>24</u>	<u>Foothill Division</u>
		<u>S.J. Police</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Mary Anne Green Mary Anne Green Chief of Staff 10/29/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)



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

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San Jose City Clerk

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1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 SEP 19 PM 1:46	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>			
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$192.00

Event Description Sharks vs. Ducks Date(s) 09, 20, 13  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Dot &amp; Code Enforcement</u>	<u>18</u>	<u>Service above &amp; beyond for DO</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Rose Herrera</u>	<u>2</u>	Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Matt Wahlen</u>		<u>Councilmember</u>
<u>Shelley Opsal</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Aaron Quigley</u>		<u>Staffing for DO</u>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Mary Anne Groen Mary Anne Groen Chief of Staff 9/19/13  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_



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

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**Sharks Game 9/20/13**

	<b>Tickets</b>	<b>Seats &amp; Tickets #</b>
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**

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San Jose City Clerk **A Public Document**

1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 MAY 17 PM 3:33	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 8</u>			
Street Address <u>200 E. Santa Clara St. 18 Floor</u>			
Designated Agency Contact (Name, Title) <u>Mary Anne Groen - Chief of Staff</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Sharks Hockey Game Face Value of Each Admission \$ \$190.00

Description Sharks vs. Kings Date(s) 5, 18, 13

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

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

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
<u>Go Volunteer</u>	<u>8</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>Jennifer Gonzales</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**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 Groen Mary Anne Groen Chief of Staff 5/17/13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

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A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp 2014 FEB 20 AM 11:05	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 8</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>200 E. Santa Clara St. 18th Floor</u>			
Area Code/Phone Number <u>(408) 535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$82

Event Description Disney on Ice Date(s) 2, 22, 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>City of S.J.</u>	<u>17</u>	
<u>City Clerks Office</u>		
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Rose Herrera</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Matt Wahlin</u>		
<u>staff</u>	<u>5</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

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

Disney on Ice 2/1/14		
Name	Ticket	Seats
Pam Caronongan	2	6&7 box 11
Charu Thiyagarajan	3	8&9&10 box 11
Cecilia McDaniel	3	11&12&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	



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

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San Jose City Clerk *B. Clark*  
**A Public Document**

<b>1. Agency Name</b>		Date Stamp 2013 JAN 25 AM 10:00	California Form <b>802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Council District 8			
Street Address 200 E. Santa Clara St. 18th Floor			
Designated Agency Contact (Name, Title) Mary Anne Groen - Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4908	E-mail maryanne.groen@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Sharks vs Oilers Face Value of Each Admission \$ 192<sup>00</sup>

Description \_\_\_\_\_ Date(s) 1, 31, 13

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

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

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Lake Cunningham		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Staff	20	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Rose Herrera		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Staff	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

**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 Groen Mary Anne Groen Chief of Staff 1/25/13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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