

**Agency Report of:**  
**Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED  
San Jose City Date Stamp A Public Document

<b>1. Agency Name</b>		<b>San Jose City</b>	<b>Date Stamp</b>
City of San Jose		2023 DEC 14	AM 8: 12
Division, Department, or Region (if applicable) San Jose Fire Department		California Form <b>802</b> For Official Use Only	
Designated Agency Contact (Name, Title) Laura Black, Senior Analyst (HR Manager)			
Area Code/Phone Number 408-795-1606	E-mail laura.black@sanjoseca.gov		
		<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 \$ N/A

Event Description: San Jose Sharks hockey game    Date(s) 11 / 25 / 23

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)

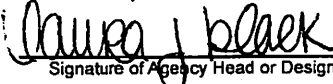
**3. Recipients**

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list.		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> SJFD Women's Bootcamp
		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.*

    Laura Black    Senior Analyst    12/13/2023  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

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

**SJ Sharks vs Canucks Guest List**  
**San Jose Fire Department**  
**November 25, 2023**

<b>Guest Names</b>
--------------------

- 1 Laura Black
- 2 Nate Richmond
- 3 Ricky Utley
- 4 Kirsten Utley
- 5 Evan Utley
- 6 Emma Utley
- 7 Jacob Pisani
- 8 Maria Pisani
- 9 Fred Pisani
- 10 Scarlet Darmousseh
- 11 Nick Darmousseh
- 12 Kristin Earhart
- 13 Matt Earhart
- 14 Hilary Scheer
- 15 Samantha Ostrin
- 16 Don Torres
- 17 Jake Torres
- 18 Luz Tejeda
- 19 Angela Tejeda
- 20 Jorge Zamarron
- 21 Melina Iglesias

**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</b> Office of the City Clerk  <b>AUG 22 2023</b> <input type="checkbox"/> ACCEPTED <input checked="" type="checkbox"/> REJECTED Amendment (Must Provide Explanation in Part 3.)	California Form <b>802</b> For Official Use Only
City of San Jose Division, Department, or Region (if applicable) San Jose Fire Department Designated Agency Contact (Name, Title) Laura Black, Senior Analyst (HR Manager)			
Area Code/Phone Number 408-795-1606	E-mail laura.black@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 \$ N/A

Event Description: Cirque Du Soleil Corteo Date(s) 8 / 11 / 23  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list.		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: SJFD Women's Bootcamp
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

**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.

Laura Black                      Laura Black                      Senior Analyst                      8/22/2023  
Signature of Agency Head or Designee                      Print Name                      Title                      (month, day, year)

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

City of San Jose  
Office of the City Clerk

**Cirque Du Soleil Corteo Guest List**

**San Jose Fire Department**

**August 11, 2023**

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ACCEPTED  
REFLECTED

1. Laura Black
2. Lauren Salciccia
3. Lorena Diez
4. Colby Diez
5. Denisse Madriz
6. Talisse Madriz
7. Di-an Duong
8. Alisha Padget
9. Margarita Cipres-Villarreal
10. Kyle Cipres-Villarreal
11. Jamie Carrow
12. Jacob Pisani
13. Krista Rentschler
14. Jennifer Haverty
15. Jillian deBar
16. Mariela Figueroa
17. Maryann Fritz
18. Karinna Ayala
19. Alfonso Cisneros
20. Amy Flores
21. Rene Salgado
22. Eden Salgado
23. Mathew Chacko
24. Joanne Chacko

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

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 San Jose City Clerk  
 Date Stamp  
 2023 APR -3 PM 4:05

A Public Document

<b>1. Agency Name</b>		<b>California Form 802</b> For Official Use Only
San Jose Fire Department Division, Department, or Region (if applicable) Fire Communications Division Designated Agency Contact (Name, Title) Michael Wodnick, Division Manager Area Code/Phone Number 408-794-1285 E-mail michael.wodnick@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 \$ \_\_\_\_\_ 155.50

Event Description: Kevin Hart Date(s) 9 / 30 / 22  
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: Wodnick, Michael  
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
Fire Communications Division	19	Employee recognition, ticket plus up to one guest per employee, count does not include the ticket in Section B
Fire Communications Division	10	parking passes for above referenced employee recognition event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wodnick, Michael	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: attended as designated responsible party
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

**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.


 Michael Wodnick  
Signature of Agency Head or Designee

Michael Wodnick  
Print Name

Division Manager  
Title

April 3, 2023  
(month, day, year)

Comment: The Fire Communications Division received 20 tickets, but only one recipient is a designated employee.

**Print** **Clear**

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

**A Public Document**

<b>1. Agency Name</b> San José Fire Department		Date Stamp <b>RECEIVED</b>  NOV 18 2021  City of San Jose Office of the City Clerk	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Bureau of Administrative Services		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Lynda De Santiago			
Area Code/Phone Number 408-794-6982	E-mail lynda.desantiago@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 93.50

Event Description: Jo Koy    Date(s) 11 / 12 / 21  
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
San José Fire Department	16	Concourse Suite C-11, in recognition of planning and implementation of 2019 SJFD Women's Boot Camp event.
	4	Parking Passes 14-17
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.

**Robert Sapien, Jr. Fire Chief**

Signature of Agency Head or Designee: [Signature]    Print Name: San José Fire Department    Title: \_\_\_\_\_    Date: 11-18-2021  
(month, day, year)

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

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

Agency Name

San José Fire Department

**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
San José Fire Department - Bureau of Administrative Services and Bureau of Field Operations.	14	Staff received tickets for themselves and a guest.  Staff names: Lynda De Santiago, Laura Black, Athena Trede, Brittani Llorente, Maryann Fritz, Mariela Figueroa, Amy Flores
	4	Parking Pass provided to Lynda De Santiago, Laura Black, Athena Trede, Mariela Figueroa
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Estrada, Hector (former employee)	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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 (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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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 (if applicable)</b> San Jose Fire Department - Fire Communications <hr/> <b>Designated Agency Contact (Name, Title)</b> Jennifer Burnham, Supervising Public Safety Dispatcher <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;">408 794 1284</td> <td style="border: none;">jennifer.burnham@sanjoseca.gov</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	408 794 1284	jennifer.burnham@sanjoseca.gov	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="font-size: small;">Date Stamp</p> <p style="font-size: x-small;">RECEIVED San Jose City Cl OTC 6 2019 DEC 11 PM 1:49</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: x-large; font-weight: bold;">California Form 802</p> <p style="font-size: x-small;">For Official Use Only</p> </div> <p style="font-size: small; margin-top: 10px;"><input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)</p> <p style="font-size: small; margin-top: 10px;">Date of Original Filing: _____ <small>(month, day, year)</small></p>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
408 794 1284	jennifer.burnham@sanjoseca.gov					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 117.00

Event Description: Sharks vs. Rangers hockey game    Date(s) 12 / 12 / 19  
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: Sapien, Robert  
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
San Jose Fire Communications	2	Employee recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Darmousseh, Scarlet	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
		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.*

 _____ <small>Signature of Agency Head or Designee</small>	Robert Sapien _____ <small>Print Name</small>	Fire Chief _____ <small>Title</small>	12/3/2019 _____ <small>(month, day, year)</small>
--	---	---	---

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



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

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<b>1. Agency Name</b>		RECEIVED San Jose City Clerk Date Stamp O+C LR 2019 DEC 11 PM 1:49	<b>California Form 802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) San Jose Fire Department - Fire Communications			
Designated Agency Contact (Name, Title) Jennifer Burnham, Supervising Public Safety Dispatcher			
Area Code/Phone Number 408 794 1284	E-mail jennifer.burnham@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 \$ 189.50

Event Description: Poptopia concert Date(s) 12 / 5 / 19  
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: Sapien, Robert  
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
San Jose Fire Communications	8	Employee recognition
<hr/>		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Stevens, Jessica	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
Garcia, Tania	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
<hr/>		
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.*

 _____ Signature of Agency Head or Designee	Robert Sapien _____ Print Name	Fire Chief _____ Title	12/3/2019 _____ (month, day, year)
---	--------------------------------------	------------------------------	--

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

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

Agency Name

City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Earhart, Kristin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee recognition
Alcantar-Kirk, Monica	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee recognition
		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

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

**A Public Document**

**1. Agency Name**

City of San José  
 Division, Department, or Region (if applicable)  
 Fire Department - Bureau of Administrative Services

Designated Agency Contact (Name, Title)  
 Athena Trede, Administrative Officer

Area Code/Phone Number      E-mail  
 408-794-6953                      athena.trede@sanjoseca.gov

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**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 \$ 189.50

Event Description: 99.7 NOW! Presents Poptopia      Date(s) 12 / 05 / 19  
*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: Sapien, Robert  
*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
City of San José - Bureau of Administrative Services	15	Employee Recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dulin, Ryan	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Williams, Reginald	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
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.*

Robert Sapien, Jr.  
 Print Name

Fire Chief  
 Title

12/11/19  
 (month, day, year)

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

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

Agency Name

City of San José

**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:
Ray, Erica	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
De Santiago, Lynda	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Figueroa, Mariela	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
		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

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

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<b>1. Agency Name</b> City of San Jose		Date Stamp San Jose City Cler OTC LG 2019 DEC 11 PM 1:48	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) San Jose Fire Department - Fire Communications			
Designated Agency Contact (Name, Title) Jennifer Burnham, Supervising Public Safety Dispatcher		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 408 794 1284	E-mail jennifer.burnham@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 \$ 129.95

Event Description: J Balvin concert Date(s) 10 / 17 / 19  
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: Sapien, Robert  
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
San Jose Fire Communications	4	Employee recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Herrmann, Christina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
Gonzales, Marisa	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
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.

[Signature] Robert Sapien Fire Chief 12/3/2019  
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**

<b>1. Agency Name</b> <u>City of San Jose</u>		Date Stamp <u>RECEIVED</u> <u>San Jose City</u> <u>MAIL</u> <u>2018 NOV 19 AM 10:53</u>	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable) <u>Fire Communications</u>			
Designated Agency Contact (Name, Title) <u>Jennifer Burnham</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number <u>408 794 1284</u>	E-mail <u>jennifer.burnham@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 299.50

Event Description: Fleetwood Mac Date(s) 11 / 21 / 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: previous Fire Chief  
Official's Name (Last, First)  
Curtis Jacobson

**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>San Jose Fire Communications</u>	<u>16</u>	<u>Employee Recognition</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.

[Signature] Charlotte Endicott Div. Chief 11/15/18  
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**

<b>1. Agency Name</b> <u>CITY OF SAN JOSE</u>		RECEIVED Date Stamp San José City Clerk <u>ALD 10M</u> 2017 MAR 15 AM 10:36	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>FIRE DEPARTMENT</u>			
Designated Agency Contact (Name, Title) <u>BRIAN VAN DEN BROEKE</u>			
Area Code/Phone Number <u>408-794-1283</u>	E-mail <u>BRIAN.VANDENBROEKE@SANJOSE.CA.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 \$ \$92.00

Event Description: DISNEY ON ICE Date(s) 2, 25, 2017  
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: CURTIS JACOBSON, FIRE CHIEF  
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>SAN JOSE FIRE COMMUNICATIONS</u>	<u>16</u>	<u>EMPLOYEE RECOGNITION</u>
<b>B. Name of Individual (Last, First)</b>		
	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>
<b>C. Name of Outside Organization (include address and description)</b>		
	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.

 Signature of Agency Head or Designee	<u>CURTIS P. JACOBSON</u> Print Name	<u>FIRE CHIEF</u> Title	<u>3/8/17</u> (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> City of San Jose		RECEIVED Date Stamp San Jose City Clerk <i>JRW 10M</i> 2017 MAR 28 PM 1:59	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Fire Department			<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)
Designated Agency Contact (Name, Title) Chief Curtis Jacobson, Fire Chier			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 92.00

Event Description: Disney on Ice Date(s) 2 / 10 / 17  
Provide Title/Explanation

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

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

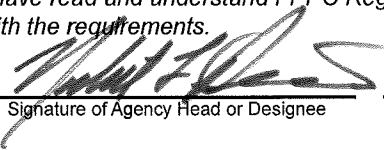
**3. Recipients**

• 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
City of San Jose Fire Communications	16	Employee Recognition Event
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.*

	Norberto Dueñas	City Manager	3/24/17
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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San Jose City Clerk

A Public Document

**1. Agency Name**

City of San Jose, Fire Department  
Division, Department, or Region (If Applicable)

Nicole Araiza  
Designated Agency Contact (Name, Title)

Administrative Assistant  
Area Code/Phone Number

408-794-

nicole.aragoza@sanjoseca.gov  
E-mail

Date Stamp  
2014 DEC 10 PM 3:43  
AT Pouting

**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 \$ 153.00

Event Description Usher Concert  
Provide Title/Explanation

Date(s) 11, 24, 14

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: Torres, Ruben  
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 San Jose, Fire Dept. Fiscal Unit</u>	<u>16</u>	<u>Employee Recognition Event</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"/> <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)/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.

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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San Jose City Clerk  
A Public Document

1. Agency Name <u>San Jose Fire Dept.</u> Division, Department, or Region (If Applicable)		Date Stamp 2014 JAN 31 AM 9:30	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) <u>Bureau of Fire Prevention</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-7700</u>	E-mail <u>belen.avalos@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 92.50

Event Description Concert Date(s) 01 30, 2014  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Dellinger Johnny & Torres Ruben  
Acting Fire Marshal Official's Name (Last, First) Acting Fire Chief

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>Bureau of Fire Prevention (SJFD)</u>	<u>16</u>	<u>Team building &amp; team appreciation</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.

Johnny Dellinger Johnny Dellinger HC Deputy Chief 1/29/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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 City Clerk B  
 2014 JAN 31 AM 9:39

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>
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		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