A Public Document Ceremonial Role Events and Ticket/Pass Distributions CEIVER 1. Agency Name Cii / Date Stamp California Form City of San Jose 2023 DEC 14 For Official Use Only AM 8: 12 Division, Department, or Region (if applicable) San Jose Fire Department Designated Agency Contact (Name, Title) Laura Black, Senior Analyst (HR Manager) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 408-795-1606 laura.black@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ N/A Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: San Jose Sharks hockey game Date(s) __11 / 25 , Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other X See attached list. If checking "Ceremonial Role" or "Other" describe below SJFD Women's Bootcamp Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) 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 12/13/2023 Senior Analyst Laura Black Title (month, day, year) Print Name

Agency Report of:

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

Guest Names

- 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 1. Agency Name California City Pate Stampse **Form** Office of the City Clerk City of San Jose For Official Use Only Division, Department, or Region (if applicable) AUG 2 2 2023 San Jose Fire Department Designated Agency Contact (Name, Title) **ACCEPTED** Laura Black, Senior Analyst (HR Manager) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-795-1606 laura.black@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$_\MA Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Cirque Du Soleil Corteo Date(s) 8 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: __ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income See attached list. If checking "Ceremonial Role" or "Other" describe below: SJFD Women's Bootcamp Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

Comment: _

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

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

City of San Jose

Cirque Du Soleil Corteo Guest List

San Jose Fire Department August 11, 2023

D ACCEPTED

- 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

| Ag C | gency Report of: eremonial Role Event | ts and Ticket/P | ass Distri | butions | ECEIVED A | Public Document |
|---------|--|---|-----------------------------------|---|--|---|
| | Agency Name San Jose Fire Department | y Name se Fire Department , Department, or Region (if applicable) | | | Date Stamp -3 PM 4: 05 | California Form 802 For Official Use Only |
| | Designated Agency Contact (| SALD. | | | | |
| | Michael Wodnick, Division Marea Code/Phone Number | lanager E-mail | | | Amendment (Must Pr | ovide Explanation in Part 3.) |
| | 408-794-1285 | michael.wodnick@s | sanjoseca.go | V | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Information Does the agency have a tick Event Description: Kevin Hat Ticket(s)/Pass(es) provided Information Was ticket distribution made of agency official? | et policy? Yes Int Provide Title/ Explar by agency? Yes [| nation If | Date(s) | Each Ticket/Pass \$ | 155.50 / |
| 3. | Recipients • Use Section A to identify the agence | cy's department or unit. • | Use Section B to i | dentify an individu | al. Use Section C to identify | an outside organization. |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| | Fire Communications Divis | sion | 19 | | ecognition, ticket plus count does not include | |
| | Fire Communications Divis | sion | 10 | parking pas recognition | ses for above reference event | ced employee |
| | B. Name of Indiv | | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: |
| | Wodnick, Michael | | 1 | If check | onial Role Other Indicated the control of the contr | |
| | - | | | 17 A 80 (F A 5 (A | nonial Role Other or "Other" des | 10000000000000000000000000000000000000 |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | suant to the agency's policy |
| | | | | 2 | | |
| 4. | Verification I have read and understand FPs with the requirements. | PC Regulations 18944 | .1 and 18942. | I have verified t | that the distribution set fo | rth above, is in accordance |
| | Signature of Agency Head or Design | Michael Wod | nick rint Name | Divis | ion Manager | April 3, 2023 (month, day, year) |
| | | | | ckets, but only | one recipient is a desi | International Account and account |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form San José Fire Department RECEIVED For Official Use Only Division, Department, or Region (if applicable) NOV 1 8 2021 Bureau of Administrative Services Designated Agency Contact (Name, Title) City of San Jose Lynda De Santiago Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-794-6982 lynda.desantiago@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{93.50}{}$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) 11 / 12 / Event Description: Jo Koy Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes X No Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Concourse Suite C-11, in recognition of planning and San José Fire Department 16 implementation of 2019 SJFD Women's Boot Camp event. Parking Passes 14-17 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

| theverend and understand FPPC Regulation with the requirements. RODER Sa | 18944.1 and 18942. I have | e verified that the distribution se | et forth above, is in accordance |
|--|---------------------------|-------------------------------------|----------------------------------|
| Robert Sa | olen .lr Fire (| chief | |
| Wurthe leffull extents. | non, on ino o | 11101 | |

Signature of Agree of Head or Desan José Firent Department

11-18-2021

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



| | Name Fire Department | | |
|---------------|---|-----------------------------------|---|
| | ipients Section A to identify the agency's department or unit. | Use Section B to i | dentify an individual. • Use Section C to identify an outside organization. |
| Α. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | José Fire Department - Bureau of iinistrative Services and Bureau of Field | 14 | Staff received tickets for themselves and a guest. |
| Ope | rations. | | 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 |
| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | Estrada, Hector (former employee) | 2 | Ceremonial Role Other Months Income If checking "Ceremonial Role" or "Other" describe below: |
| | | | Ceremonial Role Other Income If chacking "Ceremonial Role" or "Other" describe below: |
| | | : | Ceremonial Role Other Income |
| O | | | Ceremonial Role Other Income |
| | | | If checking "Ceremonial Role" or "Other" describe below: |
| C. | Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| _ | | | |
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| | | | |
| - | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **Form** City of San Jose 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408 794 1284 jennifer.burnham@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 117.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Rangers hockey game Date(s) 12 / 12 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source If yes: Sapien, Robert Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes San Jose Fire Communications Employee recognition 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Income Darmousseh, Scarlet If checking "Ceremonial Role" or "Other" describe below: 2 Employee recognition Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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 Fire Chief 12/3/2019 Signature of Agency Head or Designee Print Name Title (month, day, year)

| | gency Report of: eremonial Role Even | ts and Ticket/P | ass Distri | butions | PECENTE A | Public Document |
|----|---|---------------------------------|--|-----------------------|--|--|
| 1. | Agency Name | | | San | Jose City Clerk | California 802 |
| | City of San Jose | | | | | Form OUZ For Official Use Only |
| | Division, Department, or Reg | ion (if applicable) | | 2019 DI | CII PM 1:49 | For Official Use Only |
| | San Jose Fire Department - | Fire Communication | ıs | | -011 111 1-49 | |
| | Designated Agency Contact | Name, Title) | | | | |
| | Jennifer Burnham, Supervis | ing Public Safety Dis | spatcher | | Amendment (Must F | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | Barrisher (Salah era da 1780) e salah 1884 (1884) 1884 (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) |
| | 408 794 1284 | jennifer.burnham@ | sanjoseca.go | V | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | 1 | 80 50 |
| | Does the agency have a tick | ket policy? Yes [| ⊠ No 🗆 📑 | ace Value of | Each Ticket/Pass \$ $\frac{1}{}$ | 03.30 |
| | Event Description: Poptopia | a concert Provide Title/ Expla | | Date(s)12 | , 5 , 19 | |
| | Ticket(s)/Pass(es) provided | | | Fno: San Jose | Arena Authority | |
| | Ticket(s)/T ass(es) provided | by agency: Test | | HALL STREET, MICH. | Name of Source | |
| | Was ticket distribution made | at the behest Yes | No □ | f yes: <u>Sapien,</u> | Official's Name (Last, First) | |
| | of agency official? | S (YagaboAAYS) = | 40.00000 | | Official's Name (Last, First) | |
| 3. | * Use Section A to identify the agen A. Name of Agency, Depart | | Use Section B to Number of Ticket(s)/ | | | tify an outside organization. |
| | | | Passes | | ecognition | |
| | San Jose Fire Communica | 8 | | | | |
| | B. Name of Ind | | Number of Ticket(s)/ Passes | | Identify one of the | following: |
| | Stevens, Jessica | | 2 | | nonial Role | |
| | Garcia, Tania | | 2 | | nonial Role Other Description of the Control of the | |
| | C. Name of Outside C | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy |
| 4. | Verification I have read and understand FF | PPS Regulations 18944 | 1.1 and 18942. | I have verified | that the distribution set 1 | forth above, is in accordance |
| | with the requirements. | | | | | |
| (| MAD (| | ert Sapien | | Fire Chief | 12/3/2019 |
| | Signature of Agency Head or Design | nee F | rint Name | | Title | (month, day, year) |

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



| gency Name | | | | | | |
|--|-----------------------------------|---|--|--|--|--|
| / of San Jose | | | | | | |
| 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 Other Income If checking "Ceremonial Role" or "Other" describe below: Employee recognition | | | | |
| Alcantar-Kirk, Monica | 2 | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Employee recognition | | | | |
| | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: | | | | |
| | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Jose City Clerk 1. Agency Name California San Form City of San José For Official Use Only Division, Department, or Region (if applicable) 2019 DEC. 11 Fire Department - Bureau of Administrative Services Designated Agency Contact (Name, Title) Athena Trede, Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-794-6953 athena.trede@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 189.50 Does the agency have a ticket policy? Yes⊠ No □ Event Description: 99.7 NOW! Presents Poptopia Date(s) _____/ 05 , Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source If yes: Sapien, Robert Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes City of San José - Bureau of Administrative 15 **Employee Recognition** Services Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dulin, Ryan Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 1 **Employee Recognition** Williams, Reginald Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: 4 Employee Recognition Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPRC 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 12/11/19 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**



| of San José | | |
|---|--|---|
| Recipients • Use Section A to identify the agency's department or unit | 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 Other Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition |
| De Santiago, Lynda | 4 | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition |
| Figueroa, Mariela | 3 | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition |
| | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document San Jose Some Cler 1. Agency Name California **Form** City of San Jose 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408 794 1284 jennifer.burnham@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 129.95 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: J Balvin concert Date(s) __10__/_17__/ Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source If yes: Sapien, Robert Was ticket distribution made at the behest Yes ⋈ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes San Jose Fire Communications Employee recognition 4 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Herrmann, Christina If checking "Ceremonial Role" or "Other" describe below. 2 Employee recognition Other X Income Ceremonial Role Gonzales, Marisa If checking "Ceremonial Role" or "Other" describe below: 2 Employee recognition Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, Fire Chief 12/3/2019 Robert Sapien (month, day, year) Signature of Agency Head or Designee Print Name

| Agency Report of: | |
|---|---|
| Ceremonial Role Events and Ticket/Pass Distributions | A Public Document |
| 1. Agency Name City of San Jose | Date S種類EIVEL California San Jose City Form 802 |
| Division, Department, or Region (if applicable) | For Official Use Only |
| Fire Communications | 2018 NOV 19 AM 10: 53 |
| Designated Agency Contact (Name, Title) | 1 |
| Jenniter Burnham | Amendment (Must Provide Explanation in Part 3.) |
| Area Code/Phone Number E-mail 408 7941284 Pennifer. Durnhamasan joseca.gov | Date of Original Filing:(month, day, year) |
| 2. Function or Event Information | 0.00 |
| | Each Ticket/Pass \$ 299.50 |
| Event Description: Fleetwood Mac Date(s) | <u>, 21, 18</u> |
| Provide Title/ Explanation | Jose Arena Authority |
| | Name of Source |
| Was ticket distribution made at the behest Yes No ☐ If yes: Pre | Official's Name (Last, First) |
| of agency official? | autis Theobson |
| 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ | dual. • Use Section C to identify an outside organization. |
| A. Name of Agency, Department or Unit Stricket(s)/ Passes Number of Ticket(s)/ | ne public purpose made pursuant to the agency's policy |
| San Juse fire Communications 16 Et | uplayee Recognitim |
| B. Name of Individual of Ticket(s)/ (Last, First) Passes | Identify one of the following: |
| | nonial Role Other Income Income king "Ceremonial Role" or "Other" describe below: |
| | nonial Role Other Income Income king "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization of Ticket(s)/ Passes Describe th | ne 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 to with the requirements. Signature of Adency Head or Designee Print Name | |
| | (monus, day, year) |

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RE Date Stamp California San Jose City Clerk Division, Department, or Region (if applicable) **Form** ED IOM For Official Use Only AM 10: 36 Designated Agency Contact (Name, Title) MN DEN BROCKE Amendment (Must Provide Explanation in Part 3.) 408-794-1283 BRIANIVANDIENBROEKE @ SANDOSE Date of Original Filing: . (month, day, year) 2. Function or Event Information Yes ☑ No □ Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Date(s) 2, 25, 2017 Event Description: DISUEY ON 106 ´If no: __ゔAい Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗗 Was ticket distribution made at the behest Yes No I of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes SAN JOSE FIRE COMMUNICATIONS EMPLOYER RECOGNITION 16 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name REC Date Stamp California San Jose City Clerk **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) Fire Department **Designated Agency Contact** (Name, Title) Chief Curtis Jacobson, Fire Chier Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: webmaster.manager@sanjoseca.gov (408) 535-8100 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 92.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice Date(s) 2 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Employee Recognition Event City of San Jose Fire Communications 16 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes**

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 Signature of Agency Head or Designee Print Name Title Comment:

| Agency Report of: Ceremonial Role Events and Ti | cket/Pass | Distributions RECEIVED A Public Docume |
|--|-------------------------------------|---|
| 1. Agency Name City of San Se, T Division, Department, or Region (If Applicate City of San Se, T Division, Department, or Region (If Applicate Applicate Agency Contact (Name, Title) Administrative Assiste Area Code/Phone Number E-mail | ant araiza | California 802 Form 802 Form 802 For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Pace Value of Each Ticket/Pass \$ 53.00 Date(s) 174/14 |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes | Name of Source |
| 3. Recipients • Use Section A to identify the agency's department of | runit. • Use Se | ction B to identify an individual. ● Use Section C to identify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Cityof San Jose, Fixe Dept. Fiscal Unit | 16 | Employee Recognition Event |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| managaring and a few second se | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| I. Verification I have read and understand FPPC Regulations 18944.1 an | nd 18942. I have ve | nified that the distribution set forth above, is in accordance with the requirements. |
| Signature of Agency Head or Designee Comment: | Print Nam | e Title (Month, Day, Year) |

| Agency Re Ceremonia | eport of: al Role Events and Ticl | ket/Pass l | Distributions | RECEIVED Jose City Clerk | Public Document |
|-----------------------------|--|-------------------------------------|--|--|---|
| 1. Agency N | | | 187 | New Committee of the C | |
| San J | DSE Five Dept- partment, or Region (If Applicable | | | 1411/34 AM 9: 3' | For Official Use Only |
| | eau Ot Fre Pi Agency Contact (Name, Title) | reventi | ON | | |
| Area Code/F | en Avalos - Pr Phone Number E-mail | incipal | | Amendment (Must provide e | xplanation in Part 3.) |
| 408-S | 35-7700 belen. | avalos | DSanjoseca-Si | Date of Original Fillng:(Mo | nth, Dəy, Year) |
| | or Event Information | | | 9 | 250 |
| Does the ag | 0 | Yes□ No□ | Pace Value of E | ach Ticket/Pass \$7. | |
| | Provide Title/Expla | nation Yes □ No <u>5</u> | City | of San Jose/ | San Jase Arenu |
| Was ticket d of agency o | istribution made at the behest | No ☐ Yes [| · | linser Johny Arshal Official's Name (Last, Min | F Torres Ru St) Acting Fire |
| 3. Recipient | | | | | |
| | A to Identify the agency's department or unit | Number of Ticket(s)/ Pass(es) | | purpose made pursuant to the | |
| Pureau (Si | n of Fire Prevention (FD) | 16 | Team buil | ding & team | appreciation |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | le | dentify one of the following: | *************************************** |
| | | | Ceremonial Role If checking "Ceremonial R | Other Cole" or "Other" describe below: | Income |
| | <u> </u> | | Ceremonial Role | Other Role" or "Other" describe below: | Income 🗌 |
| | ame of Outside Organization lude address and description) | Number of Ticket(s)/ Pass(es) | Describe the public | purpose made pursuant to the | agency's policy |
| | | · | | • | |
| | | | | | |
| Signature of | understand FPEC Regulations 18944.1 and of Agency Head or Dasignee | | rified that the distribution set forth | / / . ~ | equirements. //29/14 (Month, Day, Year) |
| Comment: | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet RECEIVED GIERR D STORY CONTINUED GIERR D STORY CONTINUE CONT



| Agency Name | | | | | | |
|-------------|---|-------------------------------------|---|--|--|--|
| | cipients e Section A to identify the agency's department o | or unit. • Use Sectio | n B to identify an Individual. ● Use Section C to identify an outsid | le organization. | | |
| Α. | Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agen | cy's policy | | |
| | | | | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ | Identify one of the following: | | | |
| | | Pass(es) | Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: | Income | | |
| | | | Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: | Income | | |
| | | | Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: | Income 🗌 | | |
| | | | Ceremonial Role Other Interpretation of the Community of | income | | |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agen | cy's policy | | |
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