

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of San Jose		RECEIVE San Jose City Clerk LN OTC 2023 DEC 19 PM 3:42	For Official Use Only
Division, Department, or Region (if applicable)			
Office of Mayor Matt Mahan			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Megan White, Executive Assistant to Mayor Mahan			
Area Code/Phone Number	E-mail		
408.535.4800	megan.white@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 38.00

Event Description: Enchantment San Jose Event Date(s) 12 / 1 / 23 12 / 1 / 23
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: Mahan, Matt [Mayor]
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:
Matt Mahan	8	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Silvia Mahan	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

Megan White Megan White Executive Assistant 12/19/23
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of San Jose		Rec'd via e-mail	
Division, Department, or Region (if applicable)		12/22/2022	
Office of Mayor Sam Liccardo		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Rhonda Hadnot, Chief Operating Officer			
Area Code/Phone Number	E-mail		
408.535.4800	rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 141.00

Event Description: Pancho Barraza Concert Date(s) 05 / 14 / 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: _____
Official's Name (Last, First)

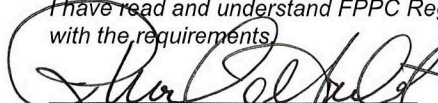
3. Recipients

• 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 checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	See attached list	16	Recognition-Laborers Local 270 for work w/ City cleanup
			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.

 Rhonda Hadnot Chief Operating Officer 12/22/22
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print **Clear**

Pancho Barraza Concert
May 14, 2022
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>	<u>Notes</u>
Heredia	Hector	2	Local 270
Vargas Alvarez	Emmanuel	2	Local 270
Magodan	Rene	2	Local 270
Sanchez	Jose Luis	2	Local 270
Romero	Omar	2	Local 270
Magallon	Cesar	2	Local 270
Navarro	Ruben	1	Local 270
Navarro	Olivia	1	Local 270

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Division, Department, or Region (if applicable)		12/22/2022	
Office of Mayor Sam Liccardo		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Rhonda Hadnot, Chief Operating Officer			
Area Code/Phone Number	E-mail		
408.535.4800	rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 231.00

Event Description: Bad Bunny Concert Date(s) 03 / 03 / 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: Liccardo, Sam (Mayor)
Official's Name (Last, First)

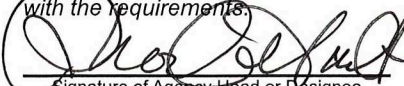
3. Recipients

• 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	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Santa Clara County vaccination raffle
		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.

 Rhonda Hadnot Chief Operating Officer 12/22/22
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Bad Bunny Concert
March 3, 2022
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>	<u>Notes</u>
Martinez	Luz	2	Raffle winner
Arriaga	Maria	2	Raffle winner
Armenta	Juan Alberto	2	Raffle winner
Huchard	Ajani	2	Raffle winner
Lu	Wanchien	2	Raffle winner
Nunez	Hugo	2	Raffle winner
Contreras	Vanessa	2	Raffle winner
Bautista	Esme	2	City of San Jose

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1. Agency Name		Date Stamp Rec'd via e-mail 12/22/2022	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Office of Mayor Sam Liccardo		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operating Officer			
Area Code/Phone Number 408.535.4800	E-mail rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 203.50

Event Description: Justin Bieber Concert _____ Date(s) 02 / 28 / 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: Liccardo, Sam (Mayor)
Official's Name (Last, First)

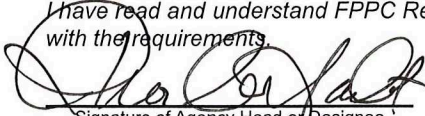
3. Recipients

• 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	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Santa Clara County vaccination raffle
			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.

 Rhonda Hadnot _____ Chief Operating Officer _____ 12/22/22 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Justin Bieber Concert
February 28, 2022
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>	<u>Notes</u>
Shelton	Lynn	2	Raffle winner
Kim	Yeon	2	Raffle winner
Fung	Eugene	2	Raffle winner
Leu	Josir	2	Raffle winner
Gupta	Chhavi	2	Raffle winner
Camata	Sharon	2	Raffle winner
Song	Wenjin	2	Raffle winner
Bautista	Esme	2	City of San Jose

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Office of Mayor Sam Liccardo		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Rhonda Hadnot, Chief Operating Officer			
Area Code/Phone Number	E-mail		
408.535.4800	rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 185.00

Event Description: Marc Anthony Concert Date(s) 12 / 17 / 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: Liccardo, Sam (Mayor)
Official's Name (Last, First)

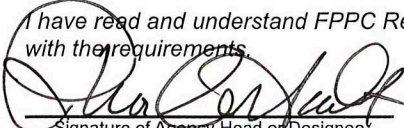
3. Recipients

• 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 checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	See attached list	16	Santa Clara County vaccination raffle
			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.

 Rhonda Hadnot Chief Operating Officer 12/22/22
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Marc Anthony Concert
December 17, 2021
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>	<u>Notes</u>
Carrillo	Veronica	2	Raffle winner
Yap	Kwan	2	Raffle winner
Ayon	America	2	Raffle winner
Gallardo	Jacob	2	Raffle winner
Martinez	Yajaira	2	Raffle winner
Maximillian	Austen	2	Raffle winner
Hadnot	Rhonda	2	City of San Jose

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Office of Mayor Sam Liccardo			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Rhonda Hadnot, Chief Operating Officer		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
408.535.4800	rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 249.50

Event Description: Enrique Iglesias & Ricky Martin Concert Date(s) 11 / 14 / 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: Liccardo, Sam (Mayor)

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
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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.

 Rhonda Hadnot Chief Operating Officer 12/22/22
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Print Clear

Enrique Iglesias and Ricky Martin Concert
November 14, 2021
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>	<u>Notes</u>
Angel	Jose	2	Raffle winner
Marandian	Reza	2	Raffle winner
Mitsahata	Kenya	2	Raffle winner
Ramos	Kelly	2	Raffle winner
Manzanarez	Jose	2	Raffle winner
Ren	Yunjing	2	Raffle winner
Garner	Clay	1	City of San Jose
Hadnot	Rhonda	1	City of San Jose

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Office of Mayor Sam Liccardo			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Rhonda Hadnot, Chief Operating Officer		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail		
408.535.4800	rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 139.50

Event Description: Harry Styles Concert Date(s) 11 / 11 / 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: Liccardo, Sam (Mayor)

Official's Name (Last, First)

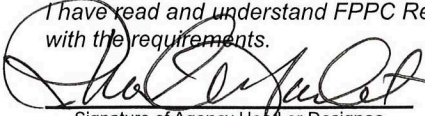
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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

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:
See attached list	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Santa Clara County vaccination raffle
		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

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.

 Rhonda Hadnot _____ Chief Operating Officer _____ 12/22/22 _____

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

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Harry Styles Concert
November 11, 2021
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>	<u>Notes</u>
Conteh	Hawa	2	Raffle winner
Ho	Brian	2	Raffle winner
Aldahl	Tami	2	Raffle winner
Larry	Brynn	2	Raffle winner
Wiltz	Erica	2	Raffle winner
Smith	Henry	1	City of San Jose
Hadnot	Rhonda	1	City of San Jose

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Office of Mayor Sam Liccardo		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Rhonda Hadnot, Chief Operating Officer			
Area Code/Phone Number	E-mail		
408.535.4800	rhonda.hadnot@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 79.50

Event Description: Evanesence & Halestrom Concert Date(s) 11 / 9 / 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: Liccardo, Sam (Mayor)
Official's Name (Last, First)

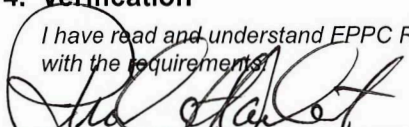
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Santa Clara County vaccination raffle
		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 EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Rhonda Hadnot Chief Operating Officer 12/22/22
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Evanesence & Halestrom Concert
November 9, 2021
Attendees

<u>Last Name</u>	<u>First Name</u>	<u># of Tickets</u>	
Caris	Adam	2	Raffle winner
Rosas	Olga	2	Raffle winner
Salazar	Rosalina	2	Raffle winner
Wells	Marlowe	2	Raffle winner
Meyere	Paul (City rep)	1	City of San Jose
Eckhoff	Trevor (City rep)	1	City of San Jose

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RECEIVED A Public Document

1. Agency Name City of San Jose		San Jose City Clk <i>otc</i> Date Stamp 2021 NOV 12 PM 3:33	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operation Officer			
Area Code/Phone Number 408.535.4800	E-mail rhonda.hadnot@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 \$ 200.50

Event Description: Alejandro Fernandez Concert Date(s) 10 / 15 / 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: Liccardo, Sam
Official's Name (Last, First)

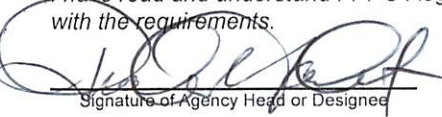
3. Recipients

• 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	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Santa Clara County Vaccination Raffle
		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 of Agency Head or Designee	Rhonda Hadnot Print Name	COO-Mayor's Office Title	11/3/21 (month, day, year)
--	-----------------------------	-----------------------------	-------------------------------

Comment: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Alejandro Fernandez Concert
October 15, 2021
Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>
Diaz	Hilda	2
Hernandez	Antonia	2
Gaspar	Rocio	2
Thangavelu	Jeganath	2
Beltran	Guadalupe	2
Sanchez	Pedro	2
Ramos	Joanna	1
Fonseca	Indira	1
Garner	Clay	1
Hadnot	Rhonda	1

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

A Public Document

1. Agency Name City of San Jose		Date Stamp 57C JRW JUL 15 PM 2:11	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Office of Mayor Sam Liccardo			
Designated Agency Contact (Name, Title) Khanh Russo, Sr. Policy Advisor			
Area Code/Phone Number 408.535.4800	E-mail theofficeofmayorsamliccardo@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 \$ 295.00

Event Description: Paul McCartney Concert Date(s) 7 / 10 / 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: _____
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:
Please 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> <u>San Jose Promise Donor + Partner Recognition</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)/ 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] Rhonda Hadnot COV- Mayor's Office 7/15/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Date	Event	Name	Company	No. of tickets
7.10.19	Paul McCartney Concert	Sam Liccardo (wife, Garcia-Kohl, Jessica)	City of San Jose	2
7.10.19	Paul McCartney Concert	Khanh Russo	City of San Jose	2
7.10.19	Paul McCartney Concert	Steve Milligan	Western Digital	2
7.10.19	Paul McCartney Concert	Andy Ball	Rad Urban	2
7.10.19	Paul McCartney Concert	Gina Dalma	Silicon Valley Community Foundation	2
7.10.19	Paul McCartney Concert	Kr Sridhar	Bloom Energy	3

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

RECEIVED

A Public Document

1. Agency Name <u>City of San Jose</u>		San Jose City Clerk Date Stamp <u>OTCA</u> 2019 MAY 15 PM 3:44	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Mayor Sam Liccardo</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>Khanh Russo Policy Analyst</u>			
Area Code/Phone Number <u>408-535-4826</u>	E-mail <u>Khanh.Russo@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 476.⁰⁰ and 252.⁰⁰

Event Description: Sharks vs. Blues Date(s) 5, 19, 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: _____
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:
<u>Sam Liccardo</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>Recognition</u>
<u>Tak Odama</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>Security</u>
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
<u>San Jose Promise</u>	<u>22</u>	<u>Recognition</u>

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.

K Russo Signature of Agency Head or Designee Khanh Russo Print Name Policy Analyst Title 5/15/19 (month, day, year)

Comment: _____

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

RECEIVED A Public Document

1. Agency Name City of San Jose		San Jose City Clerk <i>OTCA</i> 2018 AUG 29 AM 11:25	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Mayor's Office			
Designated Agency Contact (Name, Title) Christopher Ratana - Policy Analyst		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>08/27/2018</u> (month, day, year)	
Area Code/Phone Number 408-535-4829	E-mail christopher.ratana@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$102.00

Event Description: Monster Jam - Date(s) 09 / 01 / 18
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: Ratana, Christopher
Official's Name (Last, First)

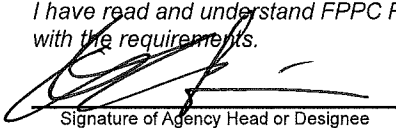
3. Recipients

• 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
Trash Punx - TheTrashPunx@gmail.com http://www.thetrashpunx.org/	24	Thank you to volunteers for hundreds of hours of volunteer service picking up trash and blight from our City.

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

Dylan Sivar
 Print Name


 Deputy Chief of Staff
 Title

08/27/18
 (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:
		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 (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 <u>City of San Jose</u>		Date Stamp RECEIVED San Jose City Clerk OTC 24 2018 MAY 10 AM 8:40	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Mayor Sam Liccardo</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>Khanh Russo, Sr. Policy Advisor</u>			
Area Code/Phone Number <u>408.535.4800</u>	E-mail <u>The Office of Mayor Liccardo @</u>		

2. Function or Event Information sanjoseca.gov

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 329.00

Event Description: U2 Concert Date(s) 5.8.18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Sports 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:
<u>Please see attached list</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>San Jose Works Donor + Partner Recognition</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)/ 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] Jim Reed Mayor's Chief of Staff 5/9, 18
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Event	Date	Name of Individual (Last, First)	# of Tickets
U2 concert	5/8/2018	Liccardo, Sam (wife, Garcia-Kohl, Jessica)	2
U2 concert	5/8/2018	Trujillo, Ted (Mayor's security detail)	1
U2 concert	5/8/2018	Russo, Khanh Mayor's Sr. Policy Aide)	1
U2 concert	5/8/2018	Holguin, Ingrid (Mayor's Policy Advisor)	1
U2 concert	5/8/2018	Rademann, Jeff (Wells Fargo)	2
U2 concert	5/8/2018	Gonzalez, Raquel (Bank of America)	1
U2 concert	5/8/2018	Mahood, Matt (The Silicon Valley Organization)	1
U2 concert	5/8/2018	Cat Uong (The Silicon Valley Organization)	1
U2 concert	5/8/2018	Dalma, Gina (Silicon Valley Community Foundation)	1
U2 concert	5/8/2018	Melchor, Monique (+guest, Work2Future)	2
U2 concert	5/8/2018	Krell, Rebeka (City of San Francisco)	1

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

A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp San Jose City Clor O R C C T 2018 JAN -3 PM 1:15	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>office of Mayor Sam Liccardo</u>			
Designated Agency Contact (Name, Title) <u>Shelley Opsal - Secretary to Mayor</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408 535-3899</u>	E-mail <u>Shelley.Opsal@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 \$ \$ 63.00

Event Description: US Figure skating Date(s) 1, 3, 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: S.J. Sports 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:
<u>Mayor Sam Liccardo</u>	<u>3</u>	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>Ted Truillo (security)</u>		
<u>Jessica Garcia - Kohl (wife)</u>		
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: [Signature] Print Name: Sam Liccardo Title: Mayor Date: 1/3/18
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name <u>City of San Jose</u>		RECEIVED San Jose City Clerk Date Stamp OTC 2017 OCT 12 AM 11:44	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Mayor Sam Liccardo</u>			
Designated Agency Contact (Name, Title) <u>Dylan Simon, Deputy CoS</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4825</u>	E-mail <u>dylan.simon@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 \$ 225 + 86

Event Description: Sherks v. Subrier Date(s) 10, 12, 2017
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Area 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>Christmas in the Park</u>	<u>24</u>	<u>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>
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] Sam Liccardo Mayor _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

RECEIVED

A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp <u>OTC</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Mayor Sam Liccardo</u>		<u>2017 OCT 12 AM 11:44</u>	
Designated Agency Contact (Name, Title) <u>Dylan Simon, Deputy CoS</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4825</u>	E-mail <u>dylan.simon@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 \$ 225 \$186

Event Description: Sharks vs Flyers Date(s) 10/4/2017
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: _____
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 Conservation Corps</u>	<u>24</u>	<u>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.

Sam Liccardo Sam Liccardo Mayor _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: San Jose

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

RECEIVED
San Jose City Clerk
Date Stamp

A Public Document

1. Agency Name Office of Mayor Sam Liccardo Division, Department, or Region (if applicable)		2017 AUG 21 PM 2:28 otc ma	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Dylan Simon - Deputy Chief of Staff			
Area Code/Phone Number (408) 535-4825	E-mail dylan.simon@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 \$ 115 & 50

Event Description: Marvel Universe Live Date(s) 8, 19, 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: _____
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
McKinley Neighborhood Assn	24	Recognition
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>
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.

Dylan Simon Dylan Simon Deputy Chief of Staff
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 <u>City of San José</u>		RECEIVED Date Stamp San Jose City Clerk <u>Rev ore</u> 2017 MAR -3 AM 9:33	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Mayor San Licardo</u>			
Designated Agency Contact (Name, Title) <u>Dylan Simon, Policy Analyst</u>			
Area Code/Phone Number <u>408 535 4900</u>	E-mail <u>dylan.simon@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 \$ 50

Event Description: Disney or Ice Date(s) _____
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>Red Cross (for Flood Victims)</u>	<u>38</u>	<u>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] Sam Licardo Mayor 2/26/2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

RECEIVED A Public Document

1. Agency Name City of San Jose		Date Stamp 2016 OCT 12 PM 1:27 SP OTC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Office of Mayor Sam Liccardo			
Designated Agency Contact (Name, Title) Dylan Simon		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-535-4800	E-mail dylan.simon@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$222, \$86

Event Description: SHARKS VS. KINGS Date(s) 10 / 12 / 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)

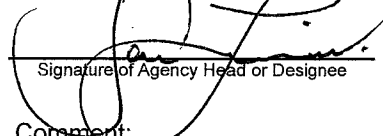
3. Recipients

• 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
San Jose Support Services for Veteran Families (SSVF) Agencies	24	Recognition
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 of Agency Head or Designee Print Name Title 10-12-16
(month, day, year)

Comment: _____

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

RECEIVED A Public Document

1. Agency Name <u>City of San José</u>		Date Stamp <u>2016 AUG 25 PM 3:47</u> <u>SP OTC</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Mayor Sam Liccardo</u>			
Designated Agency Contact (Name, Title) <u>Dylan Simon, Policy Analyst</u>			
Area Code/Phone Number <u>408 535 4825</u>	E-mail <u>dylan.simon@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 \$ 57 and \$30

Event Description: Ringling Bros. Circus Date(s) 8/27/16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Area 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>McKinley Bonita Neighborhood Assn.</u>	<u>24</u>	<u>Recognition of service</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>
<u>Lerme, David</u>		
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 _____ Print Name _____ Title _____ (month, day, year) _____

Comment: _____

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

RECEIVED

A Public Document

1. Agency Name <u>CITY OF SAN JOSE</u>		Date Stamp <u>WT OTC</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>OFFICE OF MAYOR SAM LICCARDO</u>		2016 JUN -6 PM 4:05	
Designated Agency Contact (Name, Title) <u>DYLAN SIMON, POLICY ANALYST</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408 555 4825</u>	E-mail <u>dylan.simon@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 \$ 667 and 329

Event Description: SHARKS STANLEY CUP 6/4 Date(s) 6/6/16
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>LICCARDO, SAM</u>	<u>1</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>Recognition</u>
<u>SANCHEZ, BRANDON</u>	<u>1</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>Security</u>
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
<u>DESTINATION: HOME</u>	<u>2</u>	<u>Recognition</u>

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: SAM LICCARDO Print Name: MAYOR Title: 6/6/16
(month, day, year)

Comment: [Signature]

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

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San Jose City Clerk
Date Stamp

A Public Document

1. Agency Name

CITY OF SAN JOSE
 Division, Department, or Region (if applicable)
OFFICE OF MAYOR SAM LICCARDO
 Designated Agency Contact (Name, Title)
Dylan Simon, Policy Analyst
 Area Code/Phone Number E-mail
(408) 535-4800 dylan.simon@sanjoseca.gov

2016 MAY -5 PM 3:40
 SP OTC
 Amendment (Must Provide Explanation in Part 3.)
 Date of Original Filing: _____
 (month, day, year)

California Form 802
 For Official Use Only

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 148.00
 Event Description: Stars on Ice Date(s) 05/08/2016
 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: _____
 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"/> 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
<u>American Cancer Society</u>	<u>24</u>	<u>Recognition</u>

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] Sam Liccardo Mayor
 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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A Public Document

1. Agency Name CITY OF SAN JOSE		Date Stamp 2015 OCT 14 AM 10:44 C. Le	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) OFFICE OF Mayor SAM Liccardo			
Designated Agency Contact (Name, Title) Maggie Le, ASSISTANT CHIEF OF STAFF		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4800	E-mail margaret.le@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 \$ 222.00

Event Description SHARKS vs. ANAHEIM DUCKS Date(s) 10 / 10 / 2015
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
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
DOWNTOWN STREETS TEAM	24	recognition

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

sam Liccardo _____
Print Name

Mayor _____
Title

(Month, Day, Year)

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

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A Public Document

1. Agency Name CITY OF SAN JOSE		San Jose City Clerk Date Stamp 2015 OCT 14 AM 10:44 <i>COPY etc</i>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) OFFICE OF MAYOR SAM LICCARDO			
Designated Agency Contact (Name, Title) Maggie Le, ASSISTANT CHIEF OF STAFF			
Area Code/Phone Number (408) 535-4800	E-mail margaret.le@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 \$ 502⁰⁰

Event Description GOLDEN STATE WARRIORS GAME Date(s) 10 / 05 / 2015
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)

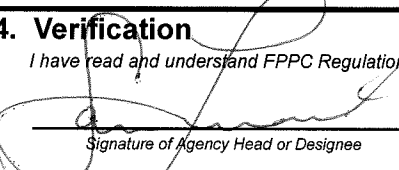
3. Recipients

• 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
B. Name of Individual <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>SHOP WITH A COP</u>	<u>16</u>	<u>Recognition</u>

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.

 sam Liccardo Mayor
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 <u>2015 AUG 12 PM 12: 30</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>OFFICE OF Mayor Sam Liccardo</u>			
Designated Agency Contact (Name, Title) <u>Maggie Le, ASSISTANT CHIEF OF STAFF</u>			
Area Code/Phone Number <u>(408) 535-4600</u>	E-mail <u>margaret.le@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 \$ 82.⁰⁰

Event Description SABER CATS VS. ARIZONA RATTIERS Date(s) 07 / 31 / 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)

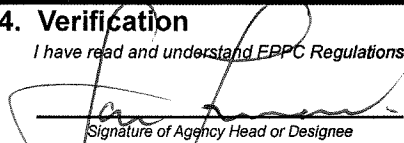
3. Recipients

• 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
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
<u>DUMPSTER DAY VOLUNTEERS</u>	<u>24</u>	<u>recognition</u>

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.

 Sam Liccardo Mayor
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

RECEIVED ^{Date} San Jose City Clerk A Public Document

1. Agency Name City of San Jose		Date Stamp 2013 JAN 31 PM 2:10	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Office of Mayor Chuck Reed			
Designated Agency Contact (Name, Title) Sara Wright, Agenda Services Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4800	E-mail mayoremail@sanjoseca.gov	Date of Original Filing: 01/29/13 (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Suite:\$192,SRO:\$95

Event Description Sharks Hockey/Econ Devo Outreach Date(s) 01 / 24 / 13
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? No Yes If yes: Reed, Chuck
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
Please see attached sheet	25	
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
" "		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>
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.

Chuck Reed CHUCK REED Mayor 1/30/13
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Business Appreciation Event, 1/24/13

A. Name of Agency, Department, or Unit	# of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of Mayor Chuck Reed	1	Economic development outreach (Council Policy Manual 9-11)
Police Department	1	Economic development outreach (Council Policy Manual 9-11)
Office of Economic Development	3	Economic development outreach (Council Policy Manual 9-11)
Planning, Building, and Code Enforcement	2	Economic development outreach (Council Policy Manual 9-11)
Information Technology	1	Economic development outreach (Council Policy Manual 9-11)
B. Name of Individual (Last, First)	# of Ticket(s)/ Pass(es)	Identify one of the following:
Reed, Chuck	2	Other (Elected Official; Mayor, City of San José)
C. Name of Outside Organization (include address and description)	# of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
County of Santa Clara (Asset and Economic Development), 70 West Hedding Street, East Wing, 7th Floor, San Jose, CA 95110	1	Economic development outreach (Council Policy Manual 9-11)
State of California (Business Development), 1400 10th Street, 2nd Floor, Sacramento, CA 95814	1	Economic development outreach (Council Policy Manual 9-11)
Samsung, 75 West Plumeria Drive, San Jose, CA 95134 (Information Systems America (SISA) R&D Center)	13	Economic development outreach (Council Policy Manual 9-11)

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		Date Stamp 2014 FEB -6 PM 4:07	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) MAYOR'S OFFICE			
Designated Agency Contact (Name, Title) JEREMY M. GOLDBERG DEP. CHIEF OF STAFF - CIVIC INNOVATION		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4800	E-mail mayoremail@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 \$ 192.00

Event Description SILICON VALLEY TALENT PARTNERSHIP APPRECIATION EVENT Date(s) 01, 27, 2014

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

Was ticket distribution made at the behest of agency official? No Yes If yes: REED, CHUCK
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
REED, CHUCK (CITY OF SAN JOSE, MAYOR'S OFFICE)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
TRUJILLO, TED (CITY OF SAN JOSE, MAYOR'S OFFICE)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
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.

Chuck Reed Signature of Agency Head or Designee CHUCK REED Print Name Mayer Title 2/6/2014 (Month, Day, Year)

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

Agency Name

CITY OF SAN JOSE - OFFICE OF THE MAYOR

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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
GOLDBERG, JENEMY (CITY OF SAN JOSE MAYOR'S OFFICE)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
SHIKADA, ED (CITY OF SAN JOSE OFFICE OF CIM MANAGER)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
NADESH, KIM (CITY OF SAN JOSE OFFICE OF ECONOMIC DEV)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
SAMMETA, VIJAY (CITY OF SAN JOSE OFFICE OF IT)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
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

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

CITY OF SAN JOSE - OFFICE OF THE MAYOR
 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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
EDMONDS-MADES, JULIE (CITY OF SAN JOSE) PAINS	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/PROGRAMS
GUARDINO, CARL (SVLG)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/PROGRAMS
BEYER, CASEY (SVLG)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/PROGRAMS
MENDONCA, LENNY (MCKINSEY? CO)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/PROGRAMS
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

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

City of SAN JOSE - OFFICE OF THE MAYOR
 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
MANSRY, ALEX (MCKINSEY'S CO)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
INGRAM, MBRINAVINI (CISCO)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
LIPSCOMB, MARK (STRYKER)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
PIERCE, ANDY (STRYKER)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

CITY OF SAN JOSE - OFFICE OF THE MAYOR
 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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
GUIO, LAURA (IBM)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
GUIO, MICHAEL	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
ANDREWS, ANNE (PINC)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
VENNENITZ-PIERCE, JULIE (eBay)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
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

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

CITY OF SAN JOSE - OFFICE OF THE MAYOR
 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
KLEINBERG, JUDY (KNIGHT FOUNDATION)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
HERBERT, GARRETT (DELOITTE)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
GUTIERREZ, LEMMIES (COMCAST)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
NOBLE, JONATHAN (MICROSOFT)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS

C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Agency Name: CITY OF SAN JOSE - OFFICE OF THE MAYOR

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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
MARSHALL, COREY (SPLUNK)	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> RECOGNITION FOR PIONEER INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
		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>
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy