Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp Form RECEIVE City of San Jose CIERK San Jose Cit Division, Department, or Region (if applicable) OTC Office of Mayor Matt Mahan 2023 DEC 19 P 3: 42 Designated Agency Contact (Name, Title) Megan White, Executive Assistant to Mayor Mahan Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 408 535 4800 Date of Original Filing: _ megan.white@sanjoseca.gov (month, day, year) 2. Function or Event Information \$38.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Enchantment San Jose Event Date(s) 12 12 23 , 1 23 1 Provide Title/ Explanation If no: _Enchantment San Jose Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source If yes: Mahan, Matt [Mayor] Was ticket distribution made at the behest Yes Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Matt Mahan Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Silvia Mahan 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.

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

Comment: _

Print



Ceremonial Role Eve					ublic Document
Agency Name				Date Stamp	California Form 802
City of San Jose Division, Department, or R	ogion (if applicable)			Rec'd via e-mail	For Official Use Only
	-			12/22/2022	
Office of Mayor Sam Licc. Designated Agency Contac					
Rhonda Hadnot, Chief Op Area Code/Phone Number				Amendment (Must Prov	ide Explanation in Part 3.)
	E-mail				
408.535.4800	rhonda.hadnot@sar	njoseca.gov		Date of Original Filing:	(month, day, year)
. Function or Event Info	ormation				
Does the agency have a t	ticket policy? Yes	No 🗆 🛛 F	ace Value of I	Each Ticket/Pass \$	141.00
D. I	o Barraza Concert		05	14 , 22	
Event Description: Panch	Provide Title/ Explan	ation			//
Ticket(s)/Pass(es) provide	AL MARKED AND A REAL PROPERTY AND A REAL PROPERTY.		no: San Jos	e Arena Authority	
,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, o ,			Name of Source	
Was ticket distribution ma	de at the behest Yes] No 📕 If	yes:	Official's Name (Last, First)	
of agency official?				Onicial's Warne (Last, Thisty	
A. Name of Agency, D	epartment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy
B. Name of I (Last,		Number of Ticket(s)/ Passes		Identify one of the follo	owing:
See attached list		16	lf check	onial Role Dother other other other	
			Recognition	-Laborers Local 270 for	work w/ City cleanup
				onial Role Other Other Ing "Ceremonial Role" or "Other" describ	Income
C. Name of Outside (include address a		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy

4. Verification

thave read and understand FPPC Regula with the requirements	tions 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
Mor Strang Rh	onda Hadnot	Chief Operating Officer	12/22/22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			

Comment: _



Pancho Barraza Concert May 14, 2022 <u>Attendees</u>

Last Name	First Name	Quantity of Tickets	Notes
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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** 1. Agency Name Date Stamp California Form City of San Jose Rec'd via e-mail For Official Use Only Division, Department, or Region (if applicable) 12/22/2022 Office of Mayor Sam Liccardo Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operating Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408.535.4800 rhonda.hadnot@sanjoseca.gov (month, day, year) 2. Function or Event Information 231.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No Event Description: _____Bad Bunny Concert Date(s) 03 03 22 Provide Title/ Explanation If no: <u>San Jose Arena Authority</u> Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔤 Name of Source If yes: Liccardo, Sam (Mayor) Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes 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: See attached list 16 Santa Clara County vaccination raffle Income Ceremonial Role Other

			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

Dio Stuf	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

Last Name	First Name	Quantity of Tickets	Notes
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

-	eremonial Role Even	ts and Ticket/P	ass Distri	butions	A F	Public Document
1.	Agency Name				Date Stamp	California 802
	City of San Jose				D	T OTIM
	Division, Department, or Reg	ion (if applicable)			Rec'd via e-mail	For Official Use Only
	Office of Mayor Sam Liccard	ob			12/22/2022	
	Designated Agency Contact (Name,Title)				
	Rhonda Hadnot, Chief Oper	ating Officer			Amendment (Must Pro	l vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				·····,
	408.535.4800	rhonda.hadnot@sa	njoseca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				202 50
	Does the agency have a tick	ket policy? Yes	No 🗖 F	ace Value of I	Each Ticket/Pass \$	203.50
	Event Description: <u>Justin Bi</u>	eber Concert Provide Title/ Expla	nation	02		
	Ticket(s)/Pass(es) provided			no: <u>San Jos</u>	e Arena Authority	
				. Liccardo	Name of Source o, Sam (Mayor)	
	Was ticket distribution made	at the behest Yes	No 🗌 🛛 If	yes:	Official's Name (Last, First)	
	of agency official?					
			Passes			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Fil	517	Passes	Caram	ionial Role 🔲 Other 📕	Income
	See attached list		16		ting "Ceremonial Role" or "Other" descri	
				Santa Clara	County vaccination raf	fle
					ing "Ceremonial Role" or "Other asci	lncome
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purst	ant to the agency's policy

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

with the requirements	Rhonda Hadnot	Chief Operating Officer	12/22/22
Signature of Agency Head of 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 <u>Attendees</u>

Last Name	First Name	Quantity of Tickets	Notes
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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** 1. Agency Name Date Stamp California Form City of San Jose Rec'd via e-mail For Official Use Only Division, Department, or Region (if applicable) 12/22/2022 Office of Mayor Sam Liccardo Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operating Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 408.535.4800 rhonda.hadnot@sanjoseca.gov (month, day, year) 2. Function or Event Information 185.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description: Marc Anthony Concert Date(s) <u>12</u> / 17 21 Provide Title/ Explanation If no: <u>San Jose Arena Authority</u> Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Liccardo, Sam (Mayor) Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: See attached list 16 Santa Clara County vaccination raffle 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) Passes

4. Verification

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.

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

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 <u>Attendees</u>

Last Name	First Name	Quantity of Tickets	Notes
Carrillo	Veronica	2	Raffle winner
Үар	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

1	gency Report of: premonial Role Even	ts and Ticket/P	ass Distri	butions	AP	ublic Document
	Agency Name				Date Stamp	California Form 802
	City of San Jose					For Official Use Only
	Division, Department, or Regi				Rec'd via e-mail	
	Office of Mayor Sam Liccard				12/22/2022	
	Designated Agency Contact (
	Rhonda Hadnot, Chief Oper	•			Amendment (Must Provid	de Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	408.535.4800	rhonda.hadnot@sar	njoseca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				240 50
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	249.50
	Event Description: Enrique	glesias & Ricky Mart	in Concel	ate(s) 11	, 14 , 21	1 1
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 📕 If	no: <u>San Jos</u>	e Arena Authority	
				Liccardo	Name of Source o, Sam (Mayor)	
	Was ticket distribution made	at the behest Yes	No 🔲 🔢	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients Use Section A to identify the agen 	cy's department or unit. • U	Jse Section B to id	dentify an individu	al. Use Section C to identify an	outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	nt to the agency's policy
			Number			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the follo	wing:
	One attractional line		16		nonial Role 🔲 Other 📕	Income
	See attached list				ing "Coromonial Dala" or "Other" describ	
			10		king "Ceremonial Role" or "Other" describe	
				Santa Clara	ing "Ceremonial Role" or "Other" describ County vaccination rafflution nonial Role D Other describution of the comparison of the content of t	e Income [
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Santa Clara Ceren If check	County vaccination raffle	e Income [# below:
			Number of Ticket(s)/	Santa Clara Ceren If check	County vaccination raffle	e Income [# below:

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.



Enrique Iglesias and Ricky Martin Concert November 14, 2021 <u>Attendees</u>

Last Name	First Name	Quantity of Tickets	Notes
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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** 1. Agency Name Date Stamp California Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) Rec'd via e-mail Office of Mayor Sam Liccardo 12/22/2022 Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operating Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 408.535.4800 rhonda.hadnot@sanjoseca.gov (month, day, year) 2. Function or Event Information 139.50 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No Event Description: Harry Styles Concert Date(s) 11 11 21 Provide Title/ Explanation If no: <u>San Jose Arena Authority</u> Ticket(s)/Pass(es) provided by agency? Yes 🗌 No Name of Source If yes: Liccardo, Sam (Mayor) Was ticket distribution made at the behest Yes Mo Official's Name (Last, First) of agency official?

3. Recipients

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

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 Other Income Income Santa Clara County vaccination raffle
		Ceremonial Role Other I Income I 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

Thave read and understand FPPC Regulat with the requirements.		have verified that the distribution set forth	above, is in accordance
the fact Rh	onda 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 <u>Attendees</u>

Last Name	First Name	Quantity of Tickets	Notes
Conteh	Hawa	2	Raffle winner
Но	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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) Rec'd via e-mail . Office of Mayor Sam Liccardo 12/22/2022 Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operating Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408.535.4800 rhonda.hadnot@sanjoseca.gov (month, day, year) 2. Function or Event Information 79 50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description: Evanesence & Halestrom Concert Date(s) 11 9 21 Provide Title/ Explanation If no: _San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖿 Name of Source If yes: Liccardo, Sam (Mayor) Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below See attached list 16 Santa Clara County vaccination raffle Ceremonial Role Other Income 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

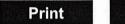
Ĺ	I have read and understand EPPC Re with the equirements	gulations 18944.1 and	18942. I have verified that the a	listribution set forth above	, is in accordance
2	with the populirements	Rhonda Hadnot	Chief Operat	ing Officer	12/22/22

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 <u>Attendees</u>

Last Name	First Name	# of Tickets	
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

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVEDA Public Docum	nent
-	Agency Name				San dastamply Cle California 8	20
	City of San Jose					
	Division, Department, or Regi	on (if applicable)			2021 NOV 12 PM 3: 33 For Official Use Of	nly
	Mayor's Office					
	Designated Agency Contact (Name, Title)				
	Rhonda Hadnot, Chief Oper	ation Officer			Amendment (Must Provide Explanation in Part 3	3.1
	Area Code/Phone Number	E-mail)
	408.535.4800	rhonda.hadnot@sa	njoseca.gov		Date of Original Filing:(month, day, year)	
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes [X No 🗆	Face Value of	Each Ticket/Pass \$	
	Event Description: Alejandro				<u>1521</u>	
	Event Description:	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No 🛛	lf no: <u>San Jos</u>	e Arena Authority	
				Liccard	Name of Source	
	Was ticket distribution made	at the behest Yes	X No 🗆	If yes: Liccard	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Depa		of Ticket(s)/ Passes		he public purpose made pursuant to the agency's p	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:	
	See attached list		16	If chee	monial Role D Other S Ind cking "Ceremonial Role" or "Other" describe below: a County Vaccination Raffle	come
					monial Role Other Ind	come [
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pursuant to the agency's p	olicy
-	Verification					

Signature of Agency Head or Designed	Rhonda Hadnot	COO-Mayor's Office	11/3/21
	Print Name	Title	(month, day, year)
Comment: This was a joint collaborati	on between City/County as a	n incentive for residents to get the	COVID-19 vaccine.

Alejandro Fernandez Concert October 15, 2021 <u>Attendees</u>

Last Name	First Name	Quantity of Tickets
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 Name			1.	Date Stamp	California Form 802
City of San Jose					
Division, Department, or Reg			57 JRW 12 15 11: 2: 1	For Official Use Only	
Office of Mayor Sam Liccard	ob		14 2 1 3		
Designated Agency Contact					
Khanh Russo, Sr. Policy Ad	visor			Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
408.535.4800	theofficeofmayorsa	mliccardo@s	sanjoseca.gov	Date of Original Filing:	(month, day, year)
Function or Event Infor	mation			20	NE 00
Does the agency have a tic	• • • • • •	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ 29	0.00
Event Description: Paul Mc	Cartney Concert		Date(s) <u>7</u>	<u>, 10 , 19</u>	//
	Provide Title/ Expla	nation		Arena Authority	_
Ticket(s)/Pass(es) provided	by agency? Yes	No 🗵	If no: 0011 0030	Name of Source	
Was ticket distribution made	e at the behest Yes		lf yes:	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
B. Name of Indi (Last, Fir	ことのことも、ことになるとなって、などのなどのであるとなっていた。 ひ	Number of Ticket(s)/ Passes		Identify one of the f	
Please see attached list.				ionial Role DOther X ing "Ceremonial Role" or "Other" dev OMISE DONOT + Partne	
	,			ionial Role Other Control of the con	
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy

0	The Maelt	Rhonda Hadnot	COU- Manors Ott	See 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** A Public Document 限任何利用中国 1. Agency Name JOSODate Stampark Sar California Form Ó CIA For Official Use Only Division, Department, or Region (if applicable) 2019 HAY 15 PM 3: 64 Caro ĺX. Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (month, day, year) 2. Function or Event Information 710. and Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🗆 VL 114 Event Description: Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔲 No 🖾 Was ticket distribution made at the behest Yes I No I If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Ofher describe below: ncar 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) Passes 107

4. Verification

Signature of Agency Head or Designee Comment:

Agency Report of: RECEIVED A Public Document **Ceremonial Role Events and Ticket/Pass Distributions** 1. Agency Name California San Jogete Steppeclerk Form City of San Jose OTCH For Official Use Only Division, Department, or Region (if applicable) 2018 AUG 29 AM 11:25 Mayor's Office Designated Agency Contact (Name, Title) Christopher Ratana - Policy Analyst Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 08/27/2018 408-535-4829 christopher.ratana@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$102.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Monster Jam -Date(s) _____ 01 / 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🛛 No 🗆 Name of Source If yes: Ratana, Christopher Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 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: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:

 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.

Dylan Sino- Deptty Chief of St

Comment: _



Agency Name

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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
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Coremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income
		Ceremonial Role Other Income 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

	Pass Distri	butions A Public Documen		
Agency Name City of San Ja	Agency Name Cite & Say Tope			
Division, Department, or Region (if applicable)	Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)	<u>iccarda</u>	2018 MAY 10 AM 8: 40		
Area Code/Phone Number E-máil	slicy H	Amendment (Must Provide Explanation in Part 3.)		
408.535.4800 The Office & M	Mayolicca	Date of Original Filing:		
. Function or Event Information $\mathcal{O}\mathcal{G}$	ufoseca.g	219 17		
Does the agency have a ticket policy? Yes		ace Value of Each Ticket/Pass \$		
Event Description: <u>U2 Concert</u>	D	ate(s) <u>5, 8, 18</u>		
Provide Title/ Expla	anation	S. T. CA-L- MALLOIL		
Ticket(s)/Pass(es) provided by agency? Yes	🗆 No 🔽 If	no: <u>Name of Source</u>		
Was ticket distribution made at the behest Yes	⊡ Nort⊐f lf	ves:		
of agency official?	пиорд "	Official's Name (Last, First)		
- ·				
. Recipients				
• Use Section A to identify the agency's department or unit. •	Use Section B to id	lentify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
	Passes			
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/	Identify one of the following:		
(Lasi, Fiisi)	Passes	Main		
The same of Anis	,	Ceremonial Role D Other Ceremonial Role Income		
Please see attached list	+	San Jose Works Donor + Partney Recog		
	<u> </u>			
		Ceremonial Role D Other D Income Income		
		-		
	Number			
	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
C. Name of Outside Organization (include address and description)				
	Passes			

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.

Ú 1 Signature of Agency Head or Designee

Then & 60 Print Name

Title

(month, day, year)

Comment: _

	Event	Date	Name of Individual (<i>Last, First</i>)	# 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
ι.	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/P	ass Distri	ibutions			
1. Agency Name City of San 105	,e	California Ban JPate Stamp Clor Corcor For Official Use Only			
Division, Department, or Region (if applicable) Office of Mayov 54	office of Mayor Sam Liceardo				
408 535-3899 Shelley. Ops	de San	Date of Original Filing:			
2. Function or Event Information	J	# 1.100			
Does the agency have a ticket policy? Yes	⊠ No⊡ F	ace Value of Each Ticket/Pass \$ 💆 🖉 🖉 '			
Event Description: <u>115 Figure Glafing</u> Provide Title/Exoted	nation	Date(s) 1 3,18			
Ticket(s)/Pass(es) provided by agency? Yes [□ No™ If	no: <u>3.1.</u> <u>Sports</u> <u>Hothority</u> Name of Source			
Was ticket distribution made at the behest Yes [of agency official?	□ No 🌠 ^{If}	yes: Official's Name (Last, First)			
 Recipients Use Section A to identify the agency's department or unit. 	Use Section B to i	dentify 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	Number of Ticket(s)/	Identify one of the following:			
(Last, First) Mayor Sam Liccardo Tect Truillo (securi y)	Passes 3	Ceremonial Role D Other D Income I If checking "Ceremonial Role" or "Other" describe below: MAMON to Speak - Welcome.			
Jessica Guarcia - Köhl (wife)		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			

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 Lillardo Mayor 3 h Signature of Agency Head or Designee (month, day, year, Comment:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	jency Report of: eremonial Role Events and Ticket/P	ass Distri	butions	RECEIVENAP	ublic Document
1.	Agency Name Give A San Jose Division Department or Region (if applicable)	m Lice		San Jeanstemp, Cler OTC AMII:L	California Form 802
	Area Code/Phone Number E-mail (199) 535-4825 Aylan. Simon	ly Co	eca.gov	Amendment (Must Prov	ide Explanation in Part 3.) (month, day, year)
	Function or Event Information Does the agency have a ticket policy? Yes [Event Description: Suppose V. Suppose V. Provide Title/ Explant Suppose V. Suppose V. Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes [of agency official?	nation D No X If	ace Value of F ate(s) <u>(</u>	Each Ticket/Pass \$ 	25 \$ 86
3.	Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit A. A. Main of Agency, Department or Unit	Use Section B to id Number of Ticket(s)/ Passes 24	Describe the	ial. ・Use Section C to identify e public purpose made pursua ゴタハパイン	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follo	Income 🗖
				onial Role D Other D ng "Ceremonial Role" or "Other" describ	Income 🗖
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	nt to the agency's policy
I		1 and 18942. I		hat the distribution set forth a_{y0}	above, is in accordance (month, day, year)

Agency Name	TUSE	San.	OSE Onte Stamp K	California Form 802
Division, Department, or Region (<i>if applicable</i>)	JU-C	9017.00	OTCM	For Official Use Only
DEFice of Mayor Sam	Liccord	v 2017 GC	II I C AN II 44	
Designated Agency Contact (Name, Title)				
When Simon, Deputy	(oS		Amendment (Must Pr	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail	\bigcirc		_	· · · · · · · · · · · · · · · · · · ·
408)535-4825 dylon. Simo	in (V Sanj	oseca.gov	Date of Original Filing: _	(month, day, year)
Function or Event Information				2) 5 \$ \$186
	X No 🖾 Fa	ace Value of	Each Ticket/Pass \$	4000
Event Description: <u>Sharks vs</u> Provide Title/ Explai		ate(s)	1.6017 .	//
Ticket(s)/Pass(es) provided by agency? Yes		no: <u>Sa</u>	· Jose Arm	a Authority
<i>C</i>	- 0		Name of Source	l
Was ticket distribution made at the behest Yes		yes:	Official's Name (Last, First)	,
of agency official?				
Recipients			· · · · · · · · · · · · · · · · · · ·	
• Use Section A to identify the agency's department or unit. •		entify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
San Jose Conservation for	or (4	Reco	sprition	
			<u> </u>	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	rasses			a parte de la composition de la compos Tradicional de la composition de la comp
(LUC), 1 109		Cerem	onial Role Other	Income
(200,7,709)			onial Role Other ing "Ceremonial Role" or "Other" desc	Income
		lf check	ing "Ceremonial Role" or "Other" desc	ribe below:
		If check Cerem		ribe below: Income
		If check Cerem	ing "Ceremonial Role" or "Other" desc	ribe below: Income
Name of Outside Organization	Number of Ticket(s)/	If check Cerem If check	ing "Ceremonial Role" or "Other" desc	ribe below: Income E ribe below:
		If check Cerem If check	ing "Ceremonial Role" or "Other" desc onial Role Other Other Other Ing "Ceremonial Role" or "Other" desc	ribe below: Income [ribe below:
Name of Outside Organization	of Ticket(s)/	If check Cerem If check	ing "Ceremonial Role" or "Other" desc onial Role Other Other Other Ing "Ceremonial Role" or "Other" desc	ribe below: Income [ribe below:
Name of Outside Organization	of Ticket(s)/	If check Cerem If check	ing "Ceremonial Role" or "Other" desc onial Role Other Other Other Ing "Ceremonial Role" or "Other" desc	ribe below: Income [ribe below:

Liccardo Mayor Agency Head or Designee Print Name Signature of Title (month, day, year) Comment: FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/F	Pass Distri	ibutions	RECEIVED	A Public	Document
1. Agency Name Office of Mayo(Sam Division, Department, or Region (if applicable)	Liccard	1) 2017 AU	G 21 PM 2: 2	For	
Designated Agency Contact (Name, Title)	hief of S	taff	ot C N	Must Provide Explana	ation in Part 3)
Area Code/Phone Number E-mail (408) 535 - 4825 Ay lon. 5m	on @ San	joseca.gov	Date of Original F		
Event Description: Marvel Universe L Provide Title/ Expla	nation D	ace Value of Date(s) no: yes:	Each Ticket/Pass <u>1</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u> <u>7</u>	Authority	<u>\$ 50</u>
 3. Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit McKinley Neighborhowd Ask 	Use Section B to in Number of Ticket(s)/ Passes 24	Describe th	ual. • Use Section C to e public purpose mac gNi / J J A	•	-
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes			the following:	Income
			onial Role D Oti ing "Ceremonial Role" or "Ot	ner 🔲 her" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose mad	e pursuant to the a	igency'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. Chief o

Print Name Signature of Agency Head or Designee

(month, day, year)

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	ibutions	Α	Public Document
1. Agency Name 		2017		California 802 Form 802 For Official Use Only
Event Description:	L No X If	Date(s)	Each Ticket/Pass \$	SO Authonity
 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Red (COSS (for Flood Victims) 	Use Section B to i Number of Ticket(s)/ Passes 3 8	Describe th	ual. • Use Section C to identif e public purpose made purs 3 MHAA	· · · · · · · · · · · · · · · · · · ·
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	lf check	onial Role D Other desc ing "Ceremonial Role" or "Other" desc e public purpose made pursu	

4. Verification

Liccardo Sam layo Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

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

<u>_</u>	eremonial Role Events and	d licket/H	ass Dist	ributions	RECEIVER A Publ	ic Document
1.	Agency Name				ेतेन DateStampity Cle Cal	ifornia 802
	City of San Jose					
	Division, Department, or Region (if ap	plicable)		,	2016 OCT 12 PM 1:27	or Official Use Only
	Office of Mayor Sam Liccardo				SP OTC	
	Designated Agency Contact (Name, Tit	le)				
	Dylan Simon				Amendment (Must Provide Exp	Janatian in Dart 2)
	Area Code/Phone Number E-mail			· · · · ·		ianation in Part 3.)
	408-535-4800 dylan.s	simon@sanj	oseca.gov		Date of Original Filing:(month	n, day, year)
2.	Function or Event Information					
	Does the agency have a ticket polic	y? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>\$222, \$86</u>	3
					<u>, 12 , 16</u>	
	Event Description: SHARKS VS. KI	rovide Title/ Expla	nation	Date(s)	<u></u>	
	Ticket(s)/Pass(es) provided by agen	-		If no: San Jose	e Arena Authority	
					Name of Source	
	Was ticket distribution made at the b of agency official?	ehest Yes	□ No □	lf yes:	Official's Name (Last, First)	<u> . . </u>
-	Poginianto					
3.	• Use Section A to identify the agency's depart	ment or unit •	The Section B to	identify an individ	lual • Use Section C to identify an outo	ide organization
		ment of unit.	Number		idai. Use Section C to identify an outs	due ofganization.
	A. Name of Agency, Department or	Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to ti	ne agency's policy
	San Jose Support Services for Vel Families (SSVF) Agencies	teran	24	Recognition		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
		<u>initation and de anti</u>			nonial Role D Other describe below:	Income
					nonial Role C Other C Inter Other C Inter C In	Income
				-		
	C. Name of Outside Organization (include address and descriptio		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to th	e agency's policy

4. Verification

	Sam Liccardo	Mayor	10-12-16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	······································		

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distribu	tionsRECEIVEDA Public Document
1. Agency Name City of San (Division, Department, or Region (if applicable) Office of Mayor Sam L Designated Agency Contact (Name, Title) Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail 408 535 4825 Han. Simon & 2. Function or Event Information Does the agency have a ticket policy? Yes (Event Description: Lighing Bros. Cit Provide Title/Explan.	$\frac{\int S \leq c}{\int S \leq c}$ $\frac{\int S \leq c}$ $\int S \leq$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
3. Recipients • Use Section A to identify the agency's department or unit. • 1 A. Name of Agency, Department or Unit McKinley Bons Ha Neighboha ASSO	Number of Ticket(s)/ Passes	fy an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Recognition of service
B. Name of Individual (Last, First) Lerne, Dariy	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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** RECEIVED 1

1.	Agency Name	256	2 d	WT OT	California Form 802
	Division, Department, or Region (<i>if applicable</i>)	101-		JUN-6 PM 4:05	For Official Use Only
	OFFICE OF MAYOR SAM Designated Agency Contact (Name, Title) DYLAN SIMON, POLICY J Area Code/Phone Number [E-mail]		?D0		
	PICALV SIMON, POLICY J	4NALIST		Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail 408 535-4825 Aylan. Sin	mon@ San	jose ca, gor	Date of Original Filing: _	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes Event Description: SHARS STANLEY CON Provide Title/ Explan Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes [of agency official?	<u>~ 6代 4</u> D ^{nation} コ No 広 If	ate(s)	Each Ticket/Pass \$ <u></u> <u></u> <u></u> <u></u> <u></u> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i> <i></i>	
3.	Recipients • Use Section A to identify the agency's department or unit. •		lentify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	iant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	LICCARDO, SAM	l		ionial Role Other M ing "Ceremonial Role" or "Other" desci	Income Income
	SANCHEZ, BRANDOW	1		ionial Role D Other ing "Ceremonial Role" or "Other" descr SLUVN Hy	-
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	DESTINATION: HOME	10A 22	Recogn	ition	

4. Verification

MAYOR Print Name Signature of Agency Head or Designe Title (month; day, year) Comment: FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/I	Pass Distri	ibutions RECEIVED A Public Docume
1. Agency Name <u>ITVOFSANJOU</u> Division, Department, or Region (<i>if applicable</i>) <u>OFFICEOFMAYORS</u> Designated Agency Contact (Name, Title) Qlan Simon Policy Am	SE A14Uaa	Sandose Cry Clork California 80 Date Stamp Form 80 2316 MAY - 5 PM 3: 58 For Official Use Only
Area Code/Phone Number E-mail (408)535-8800 dylan. Sino		Date of Original Filing:
2. Function or Event Information Does the agency have a ticket policy? Yes Event Description: Provide Title/ Expl Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official?	anation D	ace Value of Each Ticket/Pass \$ Date(s) no: Name of Source yes: Official's Name (Last, First)
 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 	• Use Section B to in Number of Ticket(s)/ Passes	dentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) American Cancer Spice	Number of Ticket(s)/ Passes 4 2 4	Describe the public purpose made pursuant to the agency's policy Decognik a

4. Verification

Sam Liccardo Print Name Mayo(Title Signature of Agency Head or Designee (month, day, year) Comment: _

Agency Report of:

			RECEIVED	A Public Documen
Agency Name		241	JOSE (Date Stamp)	California 802
city of san Jose		201C A		Form For Official Use Only
Division, Department, or Region (If Applicable	e)	2010 U		For Onicial Use Only
OFFICE OF Mayor Sam Licco	ardo			Ċ
Designated Agency Contact (Name, Title)				x.
Maggie Le, Assistant Chier	OF STAF	F		
Area Code/Phone Number E-mail	*			provide explanation in Part 3.)
(408) 535. 4800 margaret	re@saul	oseca.gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				277 · 12
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ 🗹	
Event Description Sharks VS. Anatter Provide Title/Exp.	m ducks	Date(s)	10 , 2015	//
Provide Title/Exp	lanation	5.00	Then Amond Ali	thrite
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		JOSE AFENG AUT Name of So	urce
Was ticket distribution made at the behest	No 🗌 Yes			
of agency official?		ii yes	Official's Name (Last, First)
Recipients				· · · · · · · · · · · · · · · · · · ·
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
			· · · -	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role		Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other 🗌	
		Ceremonial Role	Other D	Income
				Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon		
(include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description) DOWNTOWN STREETS TRAM	Ticket(s)/	If checking "Ceremon	al Role" or "Other" describe below:	
(include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon	al Role" or "Other" describe below:	
(include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon	al Role" or "Other" describe below:	
(include address and description)	Ticket(s)/ Pass(es) 2-4	If checking "Ceremon Describe the pub でで(ひらわごすうひわ	ial Role" or "Other" describe below:	to the agency's policy
(include address and description) DOWNTOWN STREETS TEAM Verification have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es) 2-A 18942. I have ve	If checking "Ceremon Describe the pub でてしのいけでの rified that the distribution set fo	al Role" or "Other" describe below:	to the agency's policy
(include address and description) DOWNTOWN STREETS TEAM Verification have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es) 2-4	If checking "Ceremon Describe the pub でで(のらいけもの rified that the distribution set fo Ma	ial Role" or "Other" describe below:	to the agency's policy

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

			DISTINUTIONS	RECEIVED	A Public Document
1. Agency Name				an JobateStampClerk	California 802
city of san jose			5 A	ب	Form OUZ
Division, Department, or Regi	on (If Applicable))	20	5 OCT 14 AM 10: 44	For Official Use Only
OFFICE OF MOYOF SOM				All and a second s	
Designated Agency Contact (1
Maggie Le, Assistant	CHIEF OF	STAFF			
Area Code/Phone Number (406) 535・4800	E-mail Margaret.l	e@sanjo	useca.gov	. ☐ Amendment (Must pro Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗹 No	Face Value o	f Each Ticket/Pass \$ 50	2 =
Event Description				,05,2015	//
Ticket(s)/Pass(es) provided by	_	Yes 🗌 No	. 012	DSE ATENA AUTITOR	
Was ticket distribution made at of agency official?	t the behest	No 🗌 Yes	If yes:	Official's Name (La	
. Recipients					
Use Section A to identify the agency	's department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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	;
				Other Other	Income
				Other I al Role" or "Other" describe below:	Income
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
SHOP WITH A COP		16	re (ognition		
. Verification	/	8942. I have ve. LI CCOT DC		rth above, is in accordance with th	ne requirements.
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)

Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions San Jose City Cler's Public Document

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r chief	OF STUFF			
E-mail		Amendment (Must prov	ide explanation in Part 3.)	
margaret	leesaajo	secagor	Date of Original Filing:	(Month, Day, Year)
ation				. 00
policy?	Yes 💢 No			
vs. Ariz Provide Title/Expl	anation			
agency?	Yes 🗌 No	If no: San J	TOSE Arena AUTHI Name of Source	or ity
the behest	No 🗌 Yes	□ If yes:	Official's Name (Las	st, First)
			· · · ·	
department or		ction B to identify an individu T	al. • Use Section C to identify	an outside organization.
t or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	Number of Ticket(s)/ Pass(es)		Other	Income
				Income
	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
neers	24	recognition		
ions 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	ne requirements.
	ame, Title) T CHIEF E-mail Margaret Nation policy? S VS. Ariz Provide Title/Expl agency? the behest s department or t or Unit ation iption) TERTS	Image Image <t< td=""><td>arme, Title) Γ CHill F OF STAFF E-mail margaret.le@saajoseca.gov policy? Yes IN In Face Value of Social Station policy? Yes IN In Interest Date(s) Provide Title/Explanation agency? Yes IN In If no: San I agency? Yes IN If no: San I the behest No I Yes I If yes: s department or unit. • Use Section B to identify an individue tor Unit Number of Ticket(s)/ Pass(es) Ceremonial Role I If checking "Ceremonial Role I If checking I If checking I</td></t<> <td>ame, Title) Image: Amendment (Must processes) E-mail Imargaret.le@scoipsecagov Date of Original Filling:</td>	arme, Title) Γ CHill F OF STAFF E-mail margaret.le@saajoseca.gov policy? Yes IN In Face Value of Social Station policy? Yes IN In Interest Date(s) Provide Title/Explanation agency? Yes IN In If no: San I agency? Yes IN If no: San I the behest No I Yes I If yes: s department or unit. • Use Section B to identify an individue tor Unit Number of Ticket(s)/ Pass(es) Ceremonial Role I If checking "Ceremonial Role I If checking I If checking I	ame, Title) Image: Amendment (Must processes) E-mail Imargaret.le@scoipsecagov Date of Original Filling:

Agency Report of:

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C	eremonial Role Events and Tick	(et/Pass	Distributions _{Sa}	an Jose City Clerk	A Public Document
1.	Agency Name			Date Stamp	California 802
	City of San Jose		2010	JAN 31 PM 2:10	J Form OUZ
	Division, Department, or Region (If Applicable)				For Official Use Only
	Office of Mayor Chuck Reed				
	Designated Agency Contact (Name, Title)				
	Sara Wright, Agenda Services Manager				
	Area Code/Phone Number E-mail				ovide explanation in Part 3.)
	408-535-4800 mayoremail@)sanjoseca	.gov	Date of Original Filing:	01/29/13 (Month, Day, Year)
2.	Function or Event Information			ny talah sa di sang sa	
	Does the agency have a ticket policy?	Yes 🛛 No		f Each Ticket/Pass \$	Suite:\$192,SRO:\$95
	Event Description Sharks Hockey/Econ De Provide Title/Expla	vo Outreac	h Date(s)1	2413	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:	0	
				Name of Sou	irce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Reed	Official's Name (L	ast. First)
-					
ა.	• Use Section A to identify the agency's department or u	nit. 🔹 Use Se	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Please see attached sheet	25			· · ·
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	11			Other X al Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	11 11			•	
	<u> </u>				
4.	Verification I have read and understand FPPC Regulations 18944.1 and Church Read or Designee	18942. I həve vi MCK R Print Nəri	EED	orth ebove, is in accordence with Moyrc	the requirements.
•	Comment:			·····	

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	# of	Describe the public purpose
Organization (include address and description)	Ticket(s)/ Pass(es)	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: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions I Jose City Clerk A Public Document Date Stamp 1. Agency Name California EB-6 PH 4:07 Form CIMOFSAN JOSE Division, Department, or Region (If Applicable) 2014 For Official Use Only MANOR'S OFFICE Designated Agency Contact (Name, Title) JEREMY M. GUDBERG DEP. CHIEFOFSTARY - CIVICINNOVAN Area Code/Phone Number [E-mail Amendment (Must provide explanation in Part 3.) Date of Original Filing: 408-535-480 mayoremail OSANJOSECA. 900 (Month, Day, Year) Function or Event Information .00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? No 🗌 Date(s) 01, 27, 2014 Event Description SILICON VALLEY TARM PARTATIONSHIP APPINEUM UN BYE Ticket(s)/Pass(es) provided by agency? Yes 🕱 No 🗆 If no: Name of Source KEED CHUCK Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes: of agency official? 3. Recipients • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to Identify the agency's department or unit. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) REED CHUCK (CIMOR'SAN JOSÉ, Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT MIANUN'S OFFICE) CIM-RELATED PROJECTS/PROCRAMS IN -Income Ceremonial Role Other TRIVILLO, TED If checking "Ceremonial Role" or "Other" describe b involut CCIMUTSAN JUSE RECOGNIDON FOR DIREZT INCIM- RELATO PROJETS / PRICALLS MAMON'S OFACE) Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. 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 Read CHUCK READ Mayor

Comment: _

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



Agency Name

SAN JISE - OFFICE OF ME MAYOR CITYOF

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)/ Pəss(es)	Identify one of the following:
GULDBERG, JENEMY CITY OF SAN JUSÉ, MAYON & OFFICE)	1	Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: NETOCONING FOR DINESTIMULUT NETOCONING FOR DINESTIMULUT NU CIM- NEUTRY PNULTIS/PNOCEDANS
SHIKADA, ED (CIMUFSANJOSÉ OFFICE OF CIMMANAGER)	1	Ceremonial Role Dither K Income DI If checking "Ceremonial Role" or "Other" describe below: NETO CAVI NON FOR DINTY INVOLVENT NETO CAVI NON FOR DINTY INVOLVENT M CIM- MELATED PRIVEZIS / FINCI (PAA)
WALESH, KIM (CIMUE SANJUSÉ OMLE OF E CONOMIC DEV)	1	Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: NETOCIAL TON JON DINETT INVOLUENT INCLIM- NELATED PRESENTS/FRECAMS
SAMMETA, VIJAY (CITY OF SANJOSÉ OFFICE OF (T)	1	Ceremonial Role Dother March Income D If checking "Ceremonial Role" or "Other" describe below: NECUCANINGS FOR PINEST INVOLVENT INCOM - NELARED PRESETS / PROCORDA
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> </u>		· · · · · · · · · · · · · · · · · · ·



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
<u></u>	-	
B. Name of individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
EOMUNDS-MARES, JULIE (CIM OF SAN SUSE) PRIVS	1	Ceremonial Role Other S Income I If checking "Ceremonial Role" or "Other" describe below: NECO GAVINED FOR DINEST INVOLVENT INCITY NEMTER PROJECTS/ PROCEAMS
GVARDINO, CARL (SVLG-)	1	Ceremonial Role Other Income Income I Income TOP FOR DINET INVOLVENT INVOLVENT INCOTY NELATER FROMECUS / PROGRAMS
BEYER, CASEY (SVLC)	/	Ceremonial Role Other K Income I If checking "Ceremonial Role" or "Other" describe below: NETE FAIS INCO FON BINTED INVOLVES IN CLOY NELATO PROJECTS/PROCORAM
MENDONCA, LENNY (MCKINGOJ: CO)	1	Ceremonial Role Other K Income I If checking "Ceremonial Role" or "Other" describe below: NETCOLN TOUS For PINET INVERT INC IN RELATE PROSERS/ PRICEANS
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
	1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 -	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet <u>CIty or SAN JOSE - of CE OF MEMAR</u>



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:
MARSRY, ALOX	1	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below:
(MCKINSON'Z Co)		NECOCALINON GON PINEET INVOLUNG INCUM-NESTING PHOLECAS / PADOMANS
INCRAM, MRINANINI (CISCO)	1	Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: NETOCUIDOS POID DINETT INVOLUTE INCLIZ-NEURED PRUJEZIS / PAUGRAMS
LIPSCOMB, MARK (SmyKEN)	1	Ceremonial Role D Other & Income D Il checking "Ceremonial Role" or "Other" describe below: NECOCALINCI FOR PINET INVONT INCLAIN NELATED PROJECTS/PROCRAM
PIERCE, ANDY (Smyken)	1	Ceremonial Role Other & Income It checking "Ceremonial Role" or "Other" describe below: NET OCNINON FOIL BINETS INVELLAT IN CITY - NETATEP PRISETTS / PRUGRAM
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
		·

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet** CITY OF SAN SOSE _ O REACE OF ME MAYCR



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 Rale Other Income Income I If checking "Ceremonial Role" or "Other" describe below: NECO GOULD'S FON DINETY INVERMENT CUM-NECTOR PRESENTS PRESENTS
GVIO, MICHAEL	1	Ceremonial Rale . Other . Income . Income . Income . Income
ANDRENS, ANNE (PNC)	1	Ceremonial Role Other K Income I It checking "Ceremonial Role" or "Other" describe below: NECCENTING FON DINES INVOLUTION CIP-NELARY PRIMERS/ PROCEDANS
VENNENITZ-PIERCE, JULIE (eBay)	1	Ceremonial Role Other K Income I It checking "Ceremonial Role" or "Other" describe below: NECOESINCE FON BINER INVOLUTION CIM NECTON PROJECTS / PROGRAM
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, Fitst)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
KLEINBERG, JUDY		Ceremonial Role Other Income Income Income
(KNIGHT KOUNDATION)		NECOGNINON FOR DIREGINVOLAT INCLAJ-RELATED PROJETS/PROGRAMS
HENBENT, GARRETT (DELOINE)	1	Ceremonial Role Other M Income I If checking "Ceremonial Role" or "Other" describe below: RECOCULTON FOR PINET INVOLUT IN (IID - NET ADD PARIETS I PARCODAN (
GUTIERREL, LENNIES (COMCAST)	1	INCIM-NELARD PROJECTS PROSPAM (Ceremonial Role Other Construction of "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: NECOGNI DOL YON PINETA INVUNT INCIM-NELARD PROJECTS PROGRAM S
NUBLE, JONATHAN (MICROSOFT)	1	Ceremonial Role Other K Income I If checking "Ceremonial Role" or "Other" describe below: NETOGALINGS For PINET INVOLUT INCLISH RELATED PROJECTS / PROGRAM
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

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)





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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	Number of Ticket(s) Pass(es)	Identify one of the following:
(SPLVNK)	2	Ceremonial Role Other K Income Income Income Income Ceremonial Role" or "Other" describe below: NEEDGALIDEN FOR PINETTINVONT INCITY-NETATO PROJECTS/PROCRALS
		Ceremonial Role Other Other Income Income Income Income Income
		Ceremonial Role Cother Control Income Control Income Control Income Control Income Control Income Control Cont
		Ceremonial Role Conter Conter Income Income Income Income
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