

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

A Public Document

1. Agency Name

City Of San Jose

Division, Department, or Region (if applicable)

Strategic Support, Human Resources

Designated Agency Contact (Name, Title)

Jessica Delgado, Staff Specialist

Area Code/Phone Number

408-975-1476

E-mail

jessica.delgado@sanjoseca.gov

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Date Stamp
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e-mail
2024 APR -3 AM 11:01

California Form 802

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

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

Event Description: Sharks game _____ Date(s) 4 / 6 / 2024 _____
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	24	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Strategic support and Employee recognition committee
		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.

Jessica Delgado
Signature of Agency Head or Designee

Jessica Delgado
Print Name

Staff Specialist
Title

3,22,2024
(month, day, year)

Comment: _____

Print

Clear

HR staff attending 4.6.24 Sharks game

Jessica Delgado

Carrie Rank

Jennifer Macias

Isaiah Swendell

Marisela Calanche

Ely Silva

Elise Mirzaeishgouri

Cyrus Castillo

Anthony Vu

Amy Morton

Keana Castillo

Ginger Quijano

Eduardo Gonzales

Edmund Wong

Kalah Gaskins

Lisa Harding

Adrienne Pea

Dung vu

Robert Hernandez

Rashid Herd

Derrick Radden

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk <i>e-mail mh</i> 2023 JAN 25 PM 4:11	Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Human Resources Department				
Designated Agency Contact (Name, Title) Emily Hendon, Division Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		
Area Code/Phone Number 408-9751448	E-mail emily.hendon@sanjoseca.gov			

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 30.00

Event Description: San Jose Sharks v. Edmonton Oilers Date(s) 01 / 16 / 2023
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached List	22	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> City Manager's Employee/Department Recognition
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 _____ <small>Signature of Agency Head or Designee</small>	Emily Hendon _____ <small>Print Name</small>	Division Manager _____ <small>Title</small>	01/23/2023 _____ <small>(month, day, year)</small>
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Comment: _____

San Jose Sharks vs. Edmonton Oilers Hockey Game
CMO Employee/Dept. Recognition
1/16/2023 Attendees

Ortiz-Irwin, Juanita
Pea, Adrienne
Pea, Trenton
Morton, Olivia
Morton, Amy
Maurantonio, Regina
Frankowski, Mason
Frankowski, Monika
Gregory, Joseph
Gregory, Caleb
Avitia, Angelia K
Mirzapour, Yvette
Sequirea, Keila
Calanche, Marisela
Hernandez, Robert
Castillo, Keana
Andrew Tran
Kevin Fitzpatrick
Lopez, Melissa
Lopez, Pablo
Sato-Anderson, Angela
Sato-Anderson, Rich

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk Date Stamp J.M.M. 2019 JAN -4 PM 3:44	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Human Resources			
Designated Agency Contact (Name, Title) Amy Morton, Senior Analyst		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: Jan, 3, 2019 <small>(month, day, year)</small>	
Area Code/Phone Number 408-205-4941	E-mail amy.morton@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225/\$82

Event Description: Hockey Game Date(s) 12 / 20 / 18 12 / 20 / 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: City Manager
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
	Human Resources	16	Department Recognition- Suite Tickets with Parking Passes
	Human Resources	8	Department Recognition- Seat Tickets
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 1/3/19
(month, day, year)

Comment: _____

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

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1. Agency Name <u>CITY OF SAN JOSE</u> Division, Department, or Region (if applicable) <u>HUMAN RESOURCES / EMPLOYMENT DIV.</u> Designated Agency Contact (Name, Title) <u>LIKH LE (ACTING DIVISION MGR.)</u> Area Code/Phone Number E-mail <u>408-535-5652</u> <u>likh.le@sanjoseca.gov</u>	RECEIVED San Jose City Clerk OTC 2018 APR 3 PM 3:35	California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 60⁰⁰

Event Description: CIRQUE DU SOLEIL CRYSTAL Date(s) 04 / 01 / 2018
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>HUMAN RESOURCES - EMPLOYMENT</u>	<u>66</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.

Kelli Parmley Kelli Parmley Acting Asst HR Director 4/3/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office of Employee Relations

Designated Agency Contact (Name, Title)

Jennifer Schembri, Office of Employee Relations Director

Area Code/Phone Number

408-535-8150

E-mail

webmaster.manager@sanjoseca.gov

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2017 DEC -1 AM 10:23
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Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 11/29/2017
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 179.50

Event Description: Poptopia Date(s) 12 / 02 / 17
Provide Title/Explanation

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

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

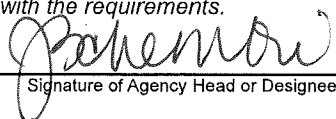
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Office of Employee Relations	16	Employee 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)		
	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


Signature of Agency Head or Designee

Jennifer Schembri
Print Name

Director of Employee Relations
Title

11/29/2017
(month, day, year)

Comment: _____

**Agency Report of:
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1. Agency Name City of San Jose		Date Stamp 2015 MAR 10 PM 2:21 OTC	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Office of Employee Relations			
Designated Agency Contact (Name, Title) Sarah Steele -Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-8150	E-mail sarah.steele@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 \$ _____ 160.00

Event Description Sharks Game Date(s) 03 / 09 / 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
Employee Relations	10	Recognition Event
B. Name of Individual (Last, First)		
Schembri, Jennifer	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Recognition Event
Mercado, Marco	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Recognition Event
C. Name of Outside Organization (include address and description)		

4. Verification

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

J. Schembri Jennifer Schembri Interim Director 3/10/15
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: The Office of Employee Relations received 10 tickets, but only 2 recipients are designated employees.

**Agency Report of:
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1. Agency Name City of San Jose		Date Stamp 2013 OCT 17 AM 10:30	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Office of Employee Relations (OER) / Human Resources (HR)			
Designated Agency Contact (Name, Title) Danette Fickes, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (408) 535-8150	E-mail employee.relations@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 16@\$192.00/8-\$82.00

Event Description San Jose Sharks Ice Hockey Game Date(s) 10 / 5 / 13
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Employee Relations / Human Resources	24	Employee Recognition
B. Name of Individual (Last, First)		
Schembri, Jennifer	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Rank, Carrie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)		

4. Verification

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

J Schembri Jennifer Schembri Deputy Director 10/15/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: The Office of Employee Relations/HR received 24 tickets, but only 2 recipients are designated employees.