Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document KE Date Stamp California 1. Agency Name San Jose City Clerk **Form** City Of San Jose e-mail il For Official Use Only Division, Department, or Region (if applicable) 70/ APR -3 AMII: OI Strategic Support, Human Resources Designated Agency Contact (Name, Title) Jessica Delgado, Staff Specialist ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: jessica.delgado@sanjoseca.gov 408-975-1476 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ■ No □ Event Description: Sharks game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No 🗆 Name of Source If yes: _ Was ticket distribution made at the behest Yes No III Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below: 24 See attached list Strategic support and Employee recognition committee Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below:

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.

Number

of Ticket(s)/

Passes

(Jessica Delgado
1	Signature of Agency Head or Designee

Name of Outside Organization

(include address and description)

Jessica Delgado
Print Name

Staff Specialist

3,22,2024

Title

Describe the public purpose made pursuant to the agency's policy

(month, day, year)

Comment: _

4. Verification

C.

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		RECE	WED Date Stamp	California Q02
City of San Jose		San Jose	DILY Clark	Form OUZ
Division, Department, or Region (if applicable)		e-min	l m	For Official Use Only
Human Resources Department		2023 JAN 25	PM 4: 11	
Designated Agency Contact (Name, Title)				
Emily Hendon, Division Manager			☐ Amendment (Must Pr	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail			Statement of the second	
408-9751448 emily.hendon@sa	anjoseca.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$	30.00
Event Description: San Jose Sharks v. Edmon	No. of the Control of) oto(a) 01	, 16 , 2023	
Provide Title/ Exp	L planation	Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes	s No 🗆 I	f no:		
		-	Name of Source	
Was ticket distribution made at the behest Yes	s 🗌 No 🌆 📑	f 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 i	dentify an individu	ual. Use Section C to identify	an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
B. Name of Individual	Number		Identify one of the fo	Jones -
(Last, First)	of Ticket(s)/ Passes		identity one of the id	mowing.
		Cerem	nonial Role Other	Income
See attached List	22	If check	ring "Ceremonial Role" or "Other" desi	cribe below:
		City Manag	er's Employee/Departr	nent Recognition
		Cerem	nonial Role Other	Income
		If check	ring "Ceremonial Role" or "Other" desi	cribe below:
C Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
(include address and description)	Passes			
4. Verification				18
I have read and understand FPPC Regulations 189- with the requirements.	44.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
Emily Hender Emily Hend	lon	Divis	ion Manager	01/23/2023
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
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

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	RECEIVED A PU	ıblic Document
_	Agency Name				FUEL CHART.	California OOO
	City of San Jose				an Jose Stamolerk	Form OUZ
	Division, Department, or Reg	ion (if applicable)		201	9 JAN -4 PM 3: 44	For Official Use Only
	Human Resources			201	J JMN Y Y N O 1.	
	Designated Agency Contact	(Name, Title)			1	
	Amy Morton, Senior Analysi	t			C Amondment (Mark Barriel	- Franks of the in Port ()
	Area Code/Phone Number	E-mail			Amendment (Must Provid	
	408-205-4941	amy.morton@sanj	oseca.gov		Date of Original Filing: Jan	, 3, 2019 month, day, year)
2.	Function or Event Infor	mation			205/4	00
	Does the agency have a ticl	ket policy? Yes	⊠ No □ F	Face Value of	Each Ticket/Pass \$ 225/\$	82
	Event Description: Hockey	Game		Date(s)12	<u>/ 20 / 18 1</u>	2 , 20 , 18
		Provide Title/ Expla	nation	. ,		
	Ticket(s)/Pass(es) provided	by agency? Yes	X No□ I	f no:	Name of Source	
	Was ticket distribution made	at the beheat 3/ 1	~	f yes: <u>City Ma</u>	nager	
	of agency official?	at the benest Yes	집 No□ ,	. yes	Official's Name (Last, First)	
	or agency official:					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify a	n outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	t to the agency's policy
	Human Resources		16	Department Passes	Recognition- Suite Tickets	s with Parking
	Human Resources	8	Department	Recognition- Seat Tickets		
	B. Name of Indi (Last, Fire	Number of Ticket(s)/ Passes		Identify one of the follow	ring:	
					nonial Role Other Other describe	Income [
				i i	nonial Role Other or "Other" describe	Income D
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuan	t to the agency's policy
	agest and the company of the company	Committee of the Commit				
	Verification			<u></u>		
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set forth a	above, is in accordance
	with the requirements.					
	111/		y Morton		Senior Analyst	1/3/19
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Comment:					
					· · · · · · · · · · · · · · · · · · ·	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California San Jos **Form** Division, Department, or Region (if applicable) For Official Use Only Designated Agency Contact (Name, Title Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? No □ Event Description: CR OUE DUSDIES Date(s) 04 / 01 / 2018 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes™ No 🗆 Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes RECOGNITION Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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 Comment: FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California City of San Jose For Official Use Only DEC -1 AM 10: 23 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 11/29/2017 408-535-8150 webmaster.manager@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 179.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Poptopia Date(s) __12__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Office of Employee Relations **Employee Recognition** 16 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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. Director of Employee Relations Jennifer Schembri 11/29/2017 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

A C	gency Report of: eremonial Role Events	and Tic	ket/Pass	Distributions _{) at}	RECEIVED Jose City Clerk	A Public Document
STATE OF THE PARTY.	Agency Name				Date Stamp	California 802
	City of San Jose			20 15	MAR 10 PM 2:21	State recommendation of the state of the sta
	Division, Department, or Region	(If Applicable	9)		DE OUT	For Official Use Only
	City Manager's Office of Emplo	yee Relati	ons			
	Designated Agency Contact (Nat	-				
	Sarah Steele -Executive Assist	ant			Silvering Control of the Control of	
	Area Code/Phone Number E-	mail		<u> </u>	Amendment (Must pi	•
	408-535-8150 sa	rah.steele	@sanjoseca	.gov	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Informa	tion				160.00
	Does the agency have a ticket po	olicy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	160.00
	Event Description Sharks Game	ovide Title/Expl				
	Ticket(s)/Pass(es) provided by a	gency?	Yes ☐ No	✓ If no: San Jo	se Arena Authority Name of Sou	urce
	Was ticket distribution made at the of agency official?	e behest	No 🛛 Yes	☐ If yes:	Official's Name (L	.ast, First)
3.	Recipients • Use Section A to identify the agency's of	lepartment or	unit. ● Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify 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		
			Number of			
	Name of Individual.		Ticket(s)/ Pass(es)	•	Identify one of the following	ng:
	Schembri, Jennifer		1	Ceremonial Role If checking *Ceremoni Recognition Event	Other And a Role" or "Other" describe below:	Income 🗖
	Mercado, Marco		1	Ceremonial Role [If checking "Ceremonia Recognition Event	Other al Role" or "Other" describe below:	Income 🔲
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
					N	
4.	Verification					
	I have read and understand FPPC Regulation		18942. I have ve Jennifer Sch		rth above, is in accordance with Interim Director	the requirements.
	Signature of Agency Head or Designee		Print Nam	9	Title	(Month, Day, Year)

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

Δ	Puh	lic	Doc	umani

۱.	gency Report of: eremonial Role Event Agency Name					California O 🔿 🤈			
	City of San Jose			7.0133	CT Date Stamp 30	Form 604			
	Division, Department, or Regi	on (If Applicable)				For Official Use Only			
	Office of Employee Relations	s (OER) / Hun	an Resour	ces (HR)					
	Designated Agency Contact (• •	ian resour	063 (1114)					
	Danette Fickes, Executive A	•							
	Area Code/Phone Number	E-mail			Amendment (Must pro-	vide explanation in Part 3.)			
	(408) 535-8150	employee.rel	ations@sar	njoseca.gov	Date of Original Filing: —	(Month, Day, Year)			
	Function or Event Inform	nation	**************************************		adande est aprilagio pasa sus est emplo principo por esta pel remenero di alta Sociolado emprigar	ang arang melahinga 2 kecara sajah mendara membaran nganang gaya 16 ke melambada Amerika Amerika Amerika Amerika			
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$16	5@\$192.00/8-\$82.00			
	Event Description San Jose S	Event Description San Jose Sharks Ice Hockey Game Date(s) 10 , 5 , 13							
	Event Becomption	Provide Title/Expla	nation						
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No	⊠ If no: San Jo	ose Arena Authority Name of Source	24			
	Was ticket distribution made a	t the behest	No⊠ Yes						
	of agency official?	t the bolloot	140 🔯 162	☐ If yes:	Official's Name (La	st, First)			
3.	Recipients			occurrence um reference doctorio il signi il signi il seccio dell'ARRA DI REGISSI di colo il colo di colo di colo colo colo colo colo colo colo col					
	Use Section A to Identify the agency	's department or u		ction B to identify an individu	ual. • Use Section C to Identify	/ an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy					
	Employee Relations / Human Resources		24	Employee Recogni	tion				
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following				
	(Last, First)		Pass(es)						
	Schembri, Jennifer		E .			yeligi sa hinaka kasaling batan daan			
	Schembri, Jennifer			Ceremonial Role If checking "Ceremon	Other X iiel Role" or "Other" describe below:	Income			
	Schembri, Jennifer		2		iel Role" or "Other" describe below:	·			
	Schembri, Jennifer		2	If checking "Ceremon Employee Recogni	iel Role" or "Other" describe below: tion				
		· · · · · · · · · · · · · · · · · · ·	2	If checking "Ceremon Employee Recogni Ceremonial Role	tion Other	•			
	Schembri, Jennifer Rank, Carrie		2	If checking "Ceremon Employee Recogni Ceremonial Role	tion Other in Role" or "Other" describe below:				
		· · · · · · · · · · · · · · · · · · ·		If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon	tion Other in Role" or "Other" describe below:				
			2 Number of Ticket(s)/	If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon Employee Recogni	tion Other in Role" or "Other" describe below:	Income			
	Rank, Carrie C Name of Outside Organi		2	If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon Employee Recogni	tion Other tion Other tion	Income [
	Rank, Carrie C Name of Outside Organi		2 Number of	If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon Employee Recogni	tion Other tion Other tion	Income			
	Rank, Carrie C Name of Outside Organi		2 Number of	If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon Employee Recogni	tion Other tion Other tion	Income			
1.	Rank, Carrie C. Name of Outside Organi (include address and description)	cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon Employee Recogni Describe the pub	iel Role" or "Other" describe below: tion Other iel Role" or "Other" describe below: tion	Income			
ļ.,	Rank, Carrie C. Name of Outside Organ (include address and des	cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Employee Recogni Ceremonial Role If checking "Ceremon Employee Recogni Describe the pub	iel Role" or "Other" describe below: tion Other iel Role" or "Other" describe below: tion	Income I			

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