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

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1. Agency Name

City of San Jose

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For Official Use Only

Division, Department, or Region *(if applicable)*

Office Of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ 291.67

Event Description: San Jose Sharks Game *Provide Title/ Explanation*

Date(s) 09 / 24 / 2024 09 / 24 / 2024

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See Attached List	24	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Together SJ Neighborhood Leaders
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Megan White	Megan White	Executive Asssistant	09/26/2024

Comment: _____

Print Clear

San Jose Sharks Game

September 24, 2024

Attendees

Last Name	First Name	Quantity of Tickets	Notes
Marquez	Adrian	2	Together SJ Neighborhood Leader
Atak	Barbara	2	Together SJ Neighborhood Leader
Ramos	Gracie	2	Together SJ Neighborhood Leader
Green	Jim	2	Together SJ Neighborhood Leader
Kubota	Ken	2	Together SJ Neighborhood Leader
Chan	MyLinh	3	Together SJ Neighborhood Leader
Chan	Ben	2	Together SJ Neighborhood Leader
Mejia	Orlana	3	Together SJ Neighborhood Leader
Kraus	Mike	2	Together SJ Neighborhood Leader
Bettelheim	Mark	2	Together SJ Neighborhood Leader
Lansing	Emily	1	Mayor's Team
Pawar	Rheya	1	Mayor's Team

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

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1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ 99

Event Description: Bay Area Panthers Playoff Game *Provide Title/ Explanation* Date(s) 07 / 28 / 24 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: The Bay Area Panthers *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:
Mahan, Matt	1	Ceremonial Role ■ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Coin Toss
Lomio, Michael	1	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Event Staffer

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
Megan White	Megan White	Executive Assistant	08/05/2024

Comment: _____

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

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1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ 333

Event Description: San Jose Sharks Game *Provide Title/ Explanation*

Date(s) 04 / 01 / 24 04 / 01 / 24

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	14	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* SJPD Bureau of Investigations: VCU recognition
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Megan White	Megan White	Executive Assistant	04/18/2024

Comment: _____

Print Clear

San Jose Sharks vs Seattle Kraken
Monday, April 1, 2024
SAP Center Box

Group/Organization: San Jose Police Department's Bureau of Investigations: Violent Crimes Unit (VCU)

About: The Violent Crimes Unit (VCU) is responsible for investigating violent assaults, gang-related crimes, hate crimes, monitoring gang intelligence, providing gang training, and proactively initiating investigations into illegal gun possession, manufacturing and sales. The VCU is currently short staffed and took on nearly 6,500 cases last year. These detectives are truly committed to providing justice to the victims and making the city of San Jose a safer place for its residents to thrive.

Name	Quantity of Tickets	Notes
Lt. Geeno Gular	1	SJPD VCU
Sgt. Ryan Dote	1	SJPD VCU
Kasey Padia	1	SJPD VCU
Bill Nguyen	1	SJPD VCU
Bret Weidner	1	SJPD VCU
Jared Peterson	1	SJPD VCU
Matthew Porcelli	1	SJPD VCU
Christopher Weber	1	SJPD VCU
Abraham Escobedo	1	SJPD VCU
Christian Balala	1	SJPD VCU
Kassandra Guevara	1	SJPD VCU
Nicholas Tong	1	SJPD VCU
Katherine Huerta	1	SJPD VCU
Sam Conerly	1	SJPD VCU Guest

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

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1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ $28

Event Description: San Jose Giants home-opener *Provide Title/ Explanation*

Date(s) 04 / 05 / 24 04/ / 05/ / 24

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Giants *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:
Mahan, Matt	1	Ceremonial Role ■ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* First pitch
Mahan, Silvia | Phan, Sammi	2	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Mayor's Guest | Event Staffer

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Megan White	Executive Assistant	04/10/24

Comment: _____

Print Clear

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

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For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ $333

Event Description: San Jose Sharks Game *Provide Title/ Explanation*

Date(s) 04 / 04/ / 24 04 / 04/ / 24

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	24	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Together SJ Neighborhood leaders
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Megan White	Executive Assistant	04/10/24

Comment: _____

Print Clear

San Jose Sharks Game

April 4, 2024

Attendees

Last Name	First Name	Quantity of Tickets	Notes
Lewis	Mark	2	Together SJ Neighborhood Leader
Kraus	Mike	1	Together SJ Neighborhood Leader
Nieto	Joe	2	Together SJ Neighborhood Leader
Mejia	Orlana	1	Together SJ Neighborhood Leader
Moreno	Michelle	2	Together SJ Neighborhood Leader
Stearns	Angela	2	Together SJ Neighborhood Leader
Atak	Barbara	4	Together SJ Neighborhood Leader
Flores	Rudy	1	Together SJ Neighborhood Leader
Kubota	Kenny	2	Together SJ Neighborhood Leader
Hannan	Jim	2	Together SJ Neighborhood Leader
Addison	Cory	2	Together SJ Neighborhood Leader
Green	Jim	2	Together SJ Neighborhood Leader
Srouji	Myrna	1	Mayor's Team

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

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1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ $25.00

Event Description: BayFC home-opener
Provide Title/ Explanation

Date(s) 03 / 30 / 24 03 / 30 / 24

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: BayFC
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:
Mahan, Matt	1	Ceremonial Role ■ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Speaking role
Mahan, Silvia | Gann, Seamus	2	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Mayor's Guest | Event Staffer

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
[signature]	Megan White	Executive Assistant	04/10/24

Comment: _____

Print Clear

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)*

Office of Mayor Matt Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

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☐ **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 $ $38.00

Event Description: Enchantment San Jose Event *Provide Title/ Explanation*

Date(s) 12 / 1 / 23 12 / 1 / 23

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: Enchantment San Jose *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Mahan, Matt [Mayor] *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Matt Mahan	1	Ceremonial Role ■ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
Silvia Mahan	1	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Megan White — Signature of Agency Head or Designee

Megan White — Print Name

Executive Assistant — Title

12/19/23 — *(month, day, year)*

Comment: _____

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

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1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ $26.50

Event Description: Panthers Game *Provide Title/ Explanation*

Date(s) 07 / 29 / 23 07 / 29 / 23

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Panthers *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:
Mahan, Matt	1	Ceremonial Role ■ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Coin flip at opening game
Lomio, Michael | Biebel, Robert	2	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Event Staffer | Mayor's Security

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Megan White	Executive Assistant	04/10/2024

Comment: _____

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

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California Form **802**
For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Mahan

Designated Agency Contact *(Name, Title)*

Megan White, Executive Assistant to Mayor Mahan

Area Code/Phone Number	E-mail
408.535.4800	megan.white@sanjoseca.gov

☐ **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 $ $27.00

Event Description: Earthquakes game
Provide Title/ Explanation

Date(s) 03 / 04 / 23 03 / 04 / 23

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Earthquakes
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:
Mahan, Matt	1	Ceremonial Role ■ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* First kick at Opening game
Davis, Rachel | Biebel, Robert	2	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Event Staffer | Mayor's Security

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Megan White	Megan White	Executive Assistant	04/10/2024

Comment: _____

Print Clear

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)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	**E-mail**
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp

Rec'd via e-mail
12/22/2022

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 $ 141.00

Event Description: Pancho Barraza Concert *Provide Title/ Explanation*

Date(s) 05 / 14 / 22 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Recognition-Laborers Local 270 for work w/ City cleanup
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

Comment: _____

Print **Clear**

Pancho Barraza Concert
May 14, 2022
Attendees

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

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	**E-mail**
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp: Rec'd via e-mail 12/22/2022

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 $ 231.00

Event Description: Bad Bunny Concert *Provide Title/ Explanation*

Date(s) 03 / 03 / 22 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Liccardo, Sam (Mayor) *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County vaccination raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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

Print Clear

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

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)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	E-mail
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp: Rec'd via e-mail 12/22/2022

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 $ 203.50

Event Description: Justin Bieber Concert *Provide Title/ Explanation*

Date(s) 02 / 28 / 22 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Liccardo, Sam (Mayor) *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County vaccination raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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

Print Clear

Justin Bieber Concert
February 28, 2022
Attendees

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

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	E-mail
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp: Rec'd via e-mail 12/22/2022

California Form 802

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☐ **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 $ 185.00

Event Description: Marc Anthony Concert *Provide Title/ Explanation*

Date(s) 12/17/21 _____/_____/_____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Liccardo, Sam (Mayor) *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County vaccination raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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

Print Clear

Marc Anthony Concert
December 17, 2021
Attendees

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

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)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	E-mail
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp

Rec'd via e-mail
12/22/2022

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☐ **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 $ 249.50

Event Description: Enrique Iglesias & Ricky Martin Concer
Provide Title/ Explanation

Date(s) 11 / 14 / 21 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Liccardo, Sam (Mayor)
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County vaccination raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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

Print Clear

Enrique Iglesias and Ricky Martin Concert
November 14, 2021
Attendees

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

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	**E-mail**
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp

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12/22/2022

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☐ **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 $ 139.50

Event Description: Harry Styles Concert *Provide Title/ Explanation*

Date(s) 11/11/21 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Liccardo, Sam (Mayor) *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County vaccination raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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

Print **Clear**

Harry Styles Concert
November 11, 2021
Attendees

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

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)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operating Officer

Area Code/Phone Number	E-mail
408.535.4800	rhonda.hadnot@sanjoseca.gov

Date Stamp: Rec'd via e-mail 12/22/2022

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☐ **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 $ 79.50

Event Description: Evanesence & Halestrom Concert *Provide Title/ Explanation*

Date(s) 11/9/21 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Liccardo, Sam (Mayor) *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County vaccination raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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

Print Clear

Evanesence & Halestrom Concert
November 9, 2021
Attendees

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

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

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California Form 802
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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Mayor's Office

Designated Agency Contact *(Name, Title)*

Rhonda Hadnot, Chief Operation Officer

Area Code/Phone Number	E-mail
408.535.4800	rhonda.hadnot@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 200.50

Event Description: Alejandro Fernandez Concert *Provide Title/ Explanation* Date(s) 10 / 15 / 21 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	16	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Santa Clara County Vaccination Raffle
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Rhonda Hadnot Print Name	COO-Mayor's Office Title	11/3/21 *(month, day, year)*

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

Alejandro Fernandez Concert
October 15, 2021
Attendees

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 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)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Khanh Russo, Sr. Policy Advisor

Area Code/Phone Number	E-mail
408.535.4800	theofficeofmayorsamliccardo@sanjoseca.gov

Date Stamp

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☐ **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 $ 295.00

Event Description: Paul McCartney Concert *Provide Title/ Explanation*

Date(s) 7 / 10 / 19 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Please see attached list.		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* San Jose Promise Donor + Partner Recognition
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
[signature]	Rhonda Hadnot	COS - Mayor's Office	7/15/19

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

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California Form 802
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1. Agency Name City of San Jose

Division, Department, or Region *(if applicable)* Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)* Khanh Russo Policy Analyst

Area Code/Phone Number 408-535-4826

E-mail Khanh.Russo@sanjoseca.gov

Date Stamp

☐ **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 $ 476.00 and 252.00

Event Description: Sharks vs. Blues *Provide Title/ Explanation*

Date(s) 5/19/19 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Sam Liccardo	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Recognition
Tak Odama	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Security

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
San Jose Promise	22	Recognition

4. Verification

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

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

Comment: _____

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

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California Form 802
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1. Agency Name
City of San Jose

Division, Department, or Region *(if applicable)*
Mayor's Office

Designated Agency Contact *(Name, Title)*
Christopher Ratana - Policy Analyst

Area Code/Phone Number: 408-535-4829
E-mail: christopher.ratana@sanjoseca.gov

☐ **Amendment** *(Must Provide Explanation in Part 3.)*
Date of Original Filing: 08/27/2018 *(month, day, year)*

2. Function or Event Information

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

Event Description: Monster Jam - *Provide Title/ Explanation* Date(s) 09 / 01 / 18 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Trash Punx - TheTrashPunx@gmail.com http://www.thetrashpunx.org/	24	Thank you to volunteers for hundreds of hours of volunteer service picking up trash and blight from our City.

4. Verification

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

Signature of Agency Head or Designee | Dylan Simon Print Name | Deputy Chief of Staff Title | 8/27/18 *(month, day, year)*

Comment: _____

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

California Form 802

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Agency Name

City of San Jose

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

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

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

A Public Document

1. Agency Name City of San Jose

Division, Department, or Region *(if applicable)* Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)* Khanh Russo, Sr. Policy Advisor

Area Code/Phone Number: 408.535.4800

E-mail: The Office of Mayor Liccardo @ sanjoseca.gov

Date Stamp: RECEIVED San Jose City Clerk OTC 24 2018 MAY 10 AM 8:40

California Form 802

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☐ **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 $ 329.00

Event Description: U2 Concert *Provide Title/ Explanation*

Date(s) 5/8/18 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Sports Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Please see attached list		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* San Jose Works Donor & Partner Recognition
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

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 | Jim Reed Print Name | Mayor's Chief of Staff Title | 5/9/18 *(month, day, year)*

Comment: _____

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

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

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Shelley Opsal - Secretary to Mayor

Area Code/Phone Number	E-mail
408 535-3899	Shelley.Opsal@sanjoseca.gov

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☐ **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 $ $63.00

Event Description: US Figure Skating *Provide Title/ Explanation*

Date(s) 1/3/18 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: S.J. Sports Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mayor Sam Liccardo, Ted Trujillo (security) Jessica Garcia-Kohl (wife)	3	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Mayor to Speak - Welcome
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Sam Liccardo	Mayor	1/3/18

Comment: _____

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

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California Form 802

For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon, Deputy CoS

Area Code/Phone Number

(408) 535-4825

E-mail

dylan.simon@sanjoseca.gov

☐ **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 $ 225 & 86

Event Description: Sharks v. Sabres
Provide Title/ Explanation

Date(s) 10/12/2017 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Christmas in the Park	24	Recognition

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 ☐ 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.

[signature] | Sam Liccardo | Mayor | _____

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

Comment: _____

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

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California Form 802
For Official Use Only

1. Agency Name City of San Jose

Division, Department, or Region *(if applicable)* Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)* Dylan Simon, Deputy CoS

Area Code/Phone Number (408) 535-4825

E-mail dylan.simon@sanjoseca.gov

☐ **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 $ 225 $486

Event Description: Sharks vs. Flyers *Provide Title/ Explanation* Date(s) 10/4/2017 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Jose Conservation Corps	24	Recognition

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 ☐ 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.

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

Comment: _____

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

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California Form 802

For Official Use Only

1. Agency Name

Office of Mayor Sam Liccardo

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Dylan Simon - Deputy Chief of Staff

Area Code/Phone Number

(408) 535-4825

E-mail

dylan.simon@sanjoseca.gov

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 115 & 50

Event Description: Marvel Universe Live *Provide Title/ Explanation*

Date(s) 8 / 19 / 2017 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
McKinley Neighborhood Assn	24	Recognition

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

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

4. Verification

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

Signature of Agency Head or Designee | Dylan Simon (Print Name) | Deputy Chief of Staff (Title) | _____ *(month, day, year)*

Comment: _____

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

A Public Document

1. Agency Name

City of San José

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon, Policy Analyst

Area Code/Phone Number: 408 535 4900

E-mail: dylan.simon@sanjoseca.gov

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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒

Face Value of Each Ticket/Pass $ 50

Event Description: Disney on Ice *Provide Title/ Explanation*

Date(s) ___/___/___ ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Red Cross (for Flood Victims)	38	Recognition

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 ☐ 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.

Signature of Agency Head or Designee | Sam Liccardo (Print Name) | Mayor (Title) | 2/26/2017 (month, day, year)

Comment: _____

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

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For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon

Area Code/Phone Number	E-mail
408-535-4800	dylan.simon@sanjoseca.gov

☐ **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 $ $222, $86

Event Description: SHARKS VS. KINGS *Provide Title/ Explanation* Date(s) 10 / 12 / 16 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Jose Support Services for Veteran Families (SSVF) Agencies	24	Recognition

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

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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
[signature]	Sam Liccardo	Mayor	10-12-16

Comment: _____

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

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California Form **802**

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1. Agency Name

City of San José

Division, Department, or Region *(if applicable)*

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon, Policy Analyst

Area Code/Phone Number: 408 535 4825

E-mail: dylan.simon@sanjoseca.gov

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒

Face Value of Each Ticket/Pass $ 57 and $30

Event Description: Ringling Bros. Circus *Provide Title/ Explanation*

Date(s) 8/27/16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
McKinley Bonita Neighborhood Assn.	24	Recognition of service

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Lerma, Dario		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

Comment: _____

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

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California Form 802

For Official Use Only

1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region *(if applicable)*

OFFICE OF MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*

DYLAN SIMON, POLICY ANALYST

Area Code/Phone Number	E-mail
408 535-4825	dylan.simon@sanjoseca.gov

☐ **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 $ 667 and 324

Event Description: SHARKS STANLEY CUP GM 4 *Provide Title/ Explanation*

Date(s) 6/6/16 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: SAN JOSE ARENA AUTHORITY *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
LICCARDO, SAM	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Recognition
SANCHEZ, BRANDON	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Security

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
DESTINATION: HOME	22	Recognition

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	SAM LICCARDO	MAYOR	6/6/16

Comment: _____

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

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For Official Use Only

1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region *(if applicable)*

OFFICE OF MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*

Dylan Simon, Policy Analyst

Area Code/Phone Number

(408) 535-4800

E-mail

dylan.simon@sanjoseca.gov

☐ **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 $ 148.00

Event Description: Stars on Ice *Provide Title/ Explanation*

Date(s) 05/08/2016 __/__/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: SJ Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
American Cancer Society	24	Recognition

4. Verification

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

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

Comment: _____

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

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California Form 802
For Official Use Only

1. Agency Name
CITY OF San JOSE

Division, Department, or Region *(If Applicable)*
OFFICE OF Mayor SAM Liccardo

Designated Agency Contact *(Name, Title)*
Maggie Le, Assistant Chief of STAFF

Area Code/Phone Number
(408) 535-4800

E-mail
margaret.le@sanjoseca.gov

Date Stamp

☐ **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 $ 222.00

Event Description Sharks vs. Anaheim Ducks *Provide Title/Explanation*

Date(s) 10 / 10 / 2015 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
DOWNTOWN STREETS TEAM	24	recognition

4. Verification

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

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

Comment: _____

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

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California Form 802
For Official Use Only

1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region *(If Applicable)*

OFFICE OF MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*

Maggie Le, ASSISTANT CHIEF OF STAFF

Area Code/Phone Number	E-mail
(408) 535-4800	margaret.le@sanjoseca.gov

☐ **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 $ 502.00

Event Description GOLDEN STATE WARRIORS GAME *Provide Title/Explanation*

Date(s) 10 / 05 / 2015 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SHOP WITH A COP	16	Recognition

4. Verification

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

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

Comment: _____

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

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A Public Document

1. Agency Name

CITY OF San Jose

Division, Department, or Region *(If Applicable)*

OFFICE OF Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Maggie Le, ASSISTANT CHIEF OF STAFF

Area Code/Phone Number: (408) 535-4800

E-mail: margaret.le@sanjoseca.gov

Date Stamp: 2015 AUG 12 PM 12:

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 82.00

Event Description: Saber Cats Vs. Arizona Rattlers *Provide Title/Explanation*

Date(s): 07 / 31 / 15 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Dumpster Day Volunteers	24	recognition

4. Verification

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

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

Comment: _____

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

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A Public Document

1. Agency Name

City of San Jose

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California Form 802

For Official Use Only

Division, Department, or Region *(If Applicable)*

Office of Mayor Chuck Reed

Designated Agency Contact *(Name, Title)*

Sara Wright, Agenda Services Manager

Area Code/Phone Number	E-mail
408-535-4800	mayoremail@sanjoseca.gov

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 01/29/13 *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ Suite:$192,SRO:$95

Event Description: Sharks Hockey/Econ Devo Outreach *(Provide Title/Explanation)*

Date(s): 01 / 24 / 13 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____ *(Name of Source)*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Reed, Chuck *(Official's Name (Last, First))*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Please see attached sheet	25	

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
" "		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

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

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 Organization (include address and description)	**# of Ticket(s)/ Pass(es)**	**Describe the public purpose made pursuant to the agency's policy**
County of Santa Clara (Asset and Economic Development), 70 West Hedding Street, East Wing, 7th Floor, San Jose, CA 95110	1	Economic development outreach (Council Policy Manual 9-11)
State of California (Business Development), 1400 10th Street, 2nd Floor, Sacramento, CA 95814	1	Economic development outreach (Council Policy Manual 9-11)
Samsung, 75 West Plumeria Drive, San Jose, CA 95134 (Information Systems America (SISA) R&D Center)	13	Economic development outreach (Council Policy Manual 9-11)

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

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1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region *(If Applicable)*

MAYOR'S OFFICE

Designated Agency Contact *(Name, Title)*

JEREMY M. GOLDBERG DEP. CHIEF OF STAFF - CIVIC INNOVATION

Area Code/Phone Number: 408-535-4800

E-mail: mayoremail@sanjoseca.gov

Date Stamp: 2014 FEB -6 PM 4:07

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 $ 192.00

Event Description: SILICON VALLEY TALENT PARTNERSHIP APPRECIATION EVENT *Provide Title/Explanation*

Date(s): 01/27/2014

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____ *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: REED, CHUCK *Official's Name (Last, First)*

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
REED, CHUCK (CITY OF SAN JOSÉ, MAYOR'S OFFICE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
TRUJILLO, TED (CITY OF SAN JOSÉ, MAYOR'S OFFICE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS

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

4. Verification

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

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

Comment: _____

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

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Agency Name
CITY OF SAN JOSE - OFFICE OF THE MAYOR

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
GOLDBERG, JEREMY (CITY OF SAN JOSÉ, MAYOR'S OFFICE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
SHIKADA, ED (CITY OF SAN JOSÉ OFFICE OF CITY MANAGER)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
NALESH, KIM (CITY OF SAN JOSÉ OFFICE OF ECONOMIC DEV)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
SAMMETA, VIJAY (CITY OF SAN JOSÉ OFFICE OF IT)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS

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

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

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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:
EDMUNDS-MARES, JULIE (CITY OF SAN JOSÉ) PRNS	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/ PROGRAMS
GUARDINO, CARL (SVLG)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS / PROGRAMS
BEYER, CASEY (SVLG)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS / PROGRAMS
MENDONCA, LENNY (MCKINSEY & CO)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/ PROGRAMS

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

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

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City of SAN JOSE - OFFICE OF THE MAYOR
Agency Name

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
MASSRY, ALEX (MCKINSEY & Co)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CIM-RELATED PROJECTS/PROGRAMS
INGRAM, MRINALINI (CISCO)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CIM-RELATED PROJECTS/PROGRAMS
LIPSCOMB, MARK (STRYKER)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CIM-RELATED PROJECTS/PROGRAMS
PIERCE, ANDY (STRYKER)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CIM-RELATED PROJECTS/PROGRAMS

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

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Agency Name

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
GUIO, LAURA (IBM)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
GUIO, MICHAEL	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
ANDREWS, ANNE (PNC)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
VENNEMITZ-PIERCE, JULIE (eBay)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY RELATED PROJECTS/PROGRAMS

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

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Ceremonial Role Events and Ticket/Pass Distributions
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CITY OF SAN JOSE - OFFICE OF THE MAYOR
Agency Name

3. Recipients

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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:
KLEINBERG, JUDY (KNIGHT FOUNDATION)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
HERBERT, GARRETT (DELOITTE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
GUTIERREZ, LENNIES (COMCAST)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
NOBLE, JONATHAN (MICROSOFT)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVMT IN CITY RELATED PROJECTS/PROGRAMS

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

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CITY OF SAN JOSE - OFFICE OF THE MAYOR
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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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
MARSHALL, COREY (SPLUNK)	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:

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