Agency Report of:

С	eremonial Role Event	s and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	City of San Jose					1 01111
	Division, Department, or Region	on (if applicable)				For Official Use Only
	Council District 9				DECEMBED S. Shall	
	Designated Agency Contact (/	Vame, Title)			A. Carrette	EINED OLC
	Pam Foley, Councilmember				The second living the second l	Provide Explanation in Part 3.)
	A STATE OF THE STA	E-mail			E-45 100 (445,44) St 14 . 10 (445,64)	20 PM04:24
2	408-535-4909	district9@sanjoseca	a.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				005.40
	Does the agency have a tick		■ No 🗆 F	ace Value of I	Each Ticket/Pass \$	385.42
	Event Description: Sharks vs	s. Red wings	D	ate(s) <u>11/18</u>	/2024	
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided by	by agency? Yes] No ■ If	no: <u>Arena A</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Was ticket distribution made	at the behest Vas	■ No□ If	yes: Foley, F	Name of Source Pam	
	of agency official?	103	■ NO□	, 00.	Official's Name (Last, First)	
_	Desimients					
3.	Recipients • Use Section A to identify the agence	cv's department or unit. • l	Jse Section B to id	lentify an individu	ial • Use Section C to identif	y an outside organization
	THE THE PARTY OF T		Number			
	A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	-					
			Number			
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the f	ollowing:
	* 300 all Date () 0			Cerem	onial Role Other	Income
	Foley, Pam		1	0.0000000000000000000000000000000000000	ting "Ceremonial Role" or "Other" de	Microsophia Microsophia
				***************************************	onial Role Other	
	Hughes, Scott		1	If check	ing "Ceremonial Role" or "Other" de	scribe below:
			Number			
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
	District 9 Stars and District	9 Commissioners				
4.	Verification	5				
	I have read and understand FPF	² C Regulations 18944.	1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance
	with the requirements.	2 Dom Folou		0	oilmomb = =	44/00/0004
	Signature of Assessed 1	Pam Foley	N	Cour	cilmember	11/20/2024
	Signature of Agency Head or Designe	ie Pri	int Name		Title	(month, day, year)

Comment: ____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution RECEIVED A Public Document San Jose CityDetetamp 1. Agency Name California Form City of San Jose 2023 AUG 1 4 PM 2: 00 For Official Use Only Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Pam Foley, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 408-535-4909 Date of Original Filing: . district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Cirque du Soleil Corteo Date(s) 08 / 14 Provide Title/ Explanation If no: Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No No Foley, Pam Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income 2 If checking "Ceremonial Role" or "Other" describe below: Foley, Pam Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Hguhes, Scott 1 Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4.		ca		

Comment:

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

Councilmember

8/14/23

Print Name

(month, day, year)

Print

Clear

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



ent or unit. • Use Section B to	identify an individual. Use Section C to identify an outside organization.
nit Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Tickot(s)/	Identify one of the following:
Passes	identity one of the following.
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
1	
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
d 20	Service to the neighborhhods and guidance to create ways to bring the community together.
	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 1 1 1 1 1 1 1 1 1

Print

Clear

Agency Report of:

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<u> </u>		D 1		T' 1 (/D	Distribution
arc	monial	ROID	EVANte and	LICKAT/Dace	Dietribution
c	ziiiOiiiai	LOIG	Lveilla allu	LICKEUF 455	DISHIDUHOL

A Public Document

1. Agency Name		Date Stamp V	California OOO
City of San Jose		San Jose City	C Form OUZ
Division, Department, or Region (if applicable)			For Official Use Only
Council District 9		2023 MAR 29 PM	3: 53
Designated Agency Contact (Name, Title)		OTC -JN	
Pam Foley, Councilmember			Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		Amendment (wast	Provide Explanation in Part 3.)
408-535-4909 district9@sanjos	eca.gov	Date of Original Filing	(month, day, year)
2. Function or Event Information			
Does the agency have a ticket policy? Ye	es 🔳 No 🗆 📑 F	ace Value of Each Ticket/Pass\$	417.61
Event Description: Kraken vs Sharks		ate(s) 03 16/ 23	
Provide Title/Ex	planation	ate(s)	
Ticket(s)/Pass(es) provided by agency? Ye	s No 🔳 If	no: Arena Authority	
	etrodic A	Name of Source	
Was ticket distribution made at the behest Ye	es 🔳 No 🗌 🛮 If	yes: Foley, Pamela Official's Name (Last, Firs.	t)
of agency official?		,	,
3. Recipients			
 Use Section A to identify the agency's department or unit. 	•Use Section B to id	dentify an individual. Use Section C to iden	tify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made p	
SJFD	20	To honor our district's fire fighte as first responders to our reside	
B. Name of Individual	Number	Identify one of the	• following
(Last, First)	of Ticket(s)/ Passes	identity one of the	following.
Feliciano, Shirley	2	Ceremonial Role Other If checking "Ceremonial Role" or "Other" of	345500000000000000000000000000000000000
Laveroni, Kyle	2	Ceremonial Role Other If checking "Ceremonial Role" or "Other"	1993400000000000000000000000000000000000
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made p	ursuant to the agency's policy
4. Verification			
I have read and understand FPPC Regulations 189 with the requirements.	144.1 and 18942. I	have verified that the distribution set	forth above, is in accordance
Pam Foley		Councilmember	3/29/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

A Public Document

C	eremoniai Role Even	ts and licket/P	ass Distr	enoituai	AP	ublic Document
1.	Agency Name				Date Stamp	California 802
	City of San Jose			54	Ligge City Clark	Form OUZ
	Division, Department, or Reg	ion (if applicable)			orca	For Official Use Only
	Council District 9			2020	FEB 12 PM 3:31	
	Designated Agency Contact	(Name, Title)				
	Pamela Foley, Councilmem	ber				
	Area Code/Phone Number	E-mail			Amendment (Must Provi	ide Explanation in Part 3.)
	408-535-4909	district9@sanjosed	ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u>\$83.</u>	00 and \$240.00
	Event Description: Sharks v			Date(s)02		
	0	Provide Title/ Expla	nation	10 22		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 I	f no: <u>Arena Au</u>		
	\\\\- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	at the believe	1	f yes: Foley, F	Name of Source Pamela	
	Was ticket distribution made	e at the benest Yes	× No □ '	i yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
•	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.
			Number			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursua	ant to the agency's policy
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the follo	owing:
			rasses	Coron	nonial Role X Other	.
	Foley, Pamela			(00000000000000000000000000000000000000	nonial Role X Other L sing "Ceremonial Role" or "Other" describ	Income L
			2			
	Hughes, Scott			Cerem	nonial Role 🗵 Other 🗌	Income \(\square\)
	riughes, scoll		2	District Control of the Control of t	ing "Ceremonial Role" or "Other" describ	
	Name of Outside O	rganization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pursua	ant to the agency's policy
	Council District 9 star volu	nteers	40	To honor ou	r district's volunteer lead	ers that engage and
			18	support neig	hbors with programs and	d vital resources.
4.	Verification					
	I have read and understand FP	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set forth	above, is in accordance
	with the requirements	7				
	Fam 1	Pa	ım Foley		Councilmember	2/12/2020
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	0					
	Comment:					



of San Jose						
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.						
· Use Section A to identify the agency's department or uni		dentity 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:				
Lomio, Michael	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
Laveroni, Kyle	1	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 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 Name			Date Stamp	California Q02	
	City of San Jose		S.	n Jose City Clerk	Form OUZ	
Ī	Division, Department, or Region (if applicable)			1700	For Official Use Only	
j	Council District 9		702	JAN 31 PM 3: 26		
Ī	Designated Agency Contact (Name, Title)	-				
	Pamela Foley, Councilmember			Amendment (Must Provid	de Explanation in Part 3.)	
7	Area Code/Phone Number E-mail			Americanene (muser rovie	c Explanation III T art 6.)	
	408-535-4909 district9@sanjosed	ca.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>125.0</u>	00	
	Event Description: SCCAOR Inaugural Installati	on Gala	Date(s)1	, 24 , 20		
	Ticket(s)/Pass(es) provided by agency? Yes		fno: AM	e Hansen, Cali Name of Source of R	tornia Association	
	Was ticket distribution made at the behest Yes of agency official?	⊠ No□ ^{It}	fyes: Foley	Pamela Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to	identify an indivic	ual. • Use Section C to identify a	nn outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	nt to the agency's policy	
			1			
	R Name of Individual	Number of Ticket(sV		Identify one of the follo	wing:	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follo	wing:	
		of Ticket(s)/	presenting of	Identify one of the following and the state of the following president Gustavo	Income [below: R (Assoc. of	
	(Last, First)	of Ticket(s)/ Passes	presenting of Realtors) ou	nonial Role Other Oth	Income C e below: R (Assoc. of o Gonzales Income C	
	(Last, First)	of Ticket(s)/ Passes	presenting of Realtors) ou Ceren	nonial Role	Income Ce below: R (Assoc. of o Gonzales Income Ce below:	
	Foley, Pamela Name of Outside Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	presenting of Realtors) ou Ceren	nonial Role	Income Ce below: R (Assoc. of o Gonzales Income Ce below:	
	Foley, Pamela C. Name of Outside Organization (include address and description) Verification	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	presenting of Realtors) ou Ceren If check Describe the	nonial Role Other or "Other" describe commendation to SCCAO tgoing president Gustavo nonial Role Other or "Other" describe and "Ceremonial Role" or "Other" describe e public purpose made pursua	Income Cabelow: R (Assoc. of o Gonzales Income Cabelow: Income Cabelow:	
	C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 1894-with the requirements.	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	presenting of Realtors) ou Ceren If check Describe the	nonial Role Other or "Other" describe commendation to SCCAO tgoing president Gustavo nonial Role Other or "Other" describe and "Ceremonial Role" or "Other" describe e public purpose made pursua	Income Cabelow: R (Assoc. of o Gonzales Income Cabelow: Income Cabelow: Int to the agency's policy	

	ass Distr	San Jose	City (Date Stamp	Public Document
1. Agency Name		OTC J	Pale Stamp	Form 802
Division, Department, or Region (if applicable)		2019 JUL 18	PM 3: 56	For Official Use Only
Council District 9				
Pamela Foley (Name, Title)	nahar			
Area Code/Phone Number E-mail	MOE		Amendment (Must I	Provide Explanation in Part 3.)
49535-4909 district 9 @	sanjuseo	a-gov	Date of Original Filing:	(month, day, year)
2. Function or Event Information				195 00
Event Description: Queen & Adam Lan	nbert c	Face Value of I Date(s)	Each Ticket/Pass \$_,14,19 Tose Arena Y	Lutharity
Was ticket distribution made at the behest Yes of agency official?	a No□ I	fyes: Fole	Name of Source Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit.		identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
District 9	40	Recognit	re community) or Q. Commun	Sunteers in the
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	following:
Foley, Pamela	2		onial Role Other on "Other on "Other" de	Income scribe below:
	1	[A-1993] A-1993	onial Role Other Cing "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	10	The second secon	their work + d L community.	edication to the
Billy DeFrank Center			U	
Billy DeFrank Center 938 the Alameda Son Jose, CA 95126		-	= 10	f) a:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California an Jose City Clerk Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) 9.JUM 13 PM 1:0 Council District 9 Designated Agency Contact (Name, Title) Pam Foley, Councilmember Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 252.00 and 476.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Sharks v. Blues Date(s) __05__/_ Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source If yes: Foley, Pam Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Council District 9 4 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Erikson Neighborhood Association educational and environmental efforts creating and 20 maintaining garden and planting trees. *updated ticket pricing info

4. Verification

have read and understand FPPC Regula	ations 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
with the requirements.	Pam Foley	Councilmember	12/13/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form City of San Jose San Jose CityFo@dffigial Use Only Division, Department, or Region (if applicable) Council District 9 **Designated Agency Contact** (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 12/20/18 408-535-4909 district9@sanjoseca.gov 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$225.00 and \$82.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Sharks vs. Stars Date(s) ____/ 13 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes **District 9 Commissioners** 19 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income ___ Ponciano, Frank If checking "Ceremonial Role" or "Other" describe below: 1 Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

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

| Don Rocha | Councilmember | 12/20/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: | EPPC Form 802 (2/2016)



y of San Jose							
Recipients • Use Section A to identify the agency's department or unit.	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:					
Foley, Pam	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Form City of San Jose CTC CT For Official Use Only 2018 NOV 30 AM 11: 15 Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information \$82.00/\$225.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Sharks v. Blues Date(s) __11__/ 17 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify the agency's department or unit.
 Use Section B to identify the agency's department or unit. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Camden Community Center /PRNS To honor staff and volunteers for their committed effort in 8 the success of District 9's annual community event. Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other \square Income ___ Goings, Shirley If checking "Ceremonial Role" or "Other" describe below: 2 Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance eguirements. Don Rocha Councilmember 11/29/18 Signature of Agency Head or Designee Print Name (month, day, year)

Comment: _



	ency Name of San Jose							
	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:					
•	Hughes, Scott	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
-	Falzer, Patrick	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
-	Ponciano, Frank	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
- F	Hamilton, Peter	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
(C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
/ <u></u>								
-								



Recipients	T. 0 =	
Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit	Use Section B to id Number of Ticket(s)/ Passes	dentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
		*
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Higgins - Bradanini, Jenny	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
· Lagunes, Ruby	2	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
1 -		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California San Jose City Clerk City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2018 JUN 29 PM 1:41 Council District 9 **Designated Agency Contact** (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Giants Game Date(s) _______/ Provide Title/ Explanation If no: San Jose Giants Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Throwing out first pitch as elected official Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Councilmember Don Rocha 6/21/18 Print Name (month, day, year)

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Sharks v. Knights Date(s) __05__/ 02 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ Goings, Shirley If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Branham High School To honor Branham HS for providing 50 years of 1570 Branham Ln, San Jose, CA 95118 challenging education, athletic and community focused programs. 4. Verification RC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand Fi with the requirements.

Don Rocha

Print Name

Comment: _

ilde (monut, day, year)

Councilmember

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

A Public Document

1.	Agency Name			Date Stamp REGEIVEL	California Form 802
	Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)	***************************************	201	an Joan Offy Clerk OTC 8 APR -4 PM 4: 28	For Official Use Only
	Area Code/Phone Number E-mail 408 535 4909 1524749 0	almen Son iso	nber	☐ Amendment (Must Pro	ovide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information	o yax	100 7100		^
	Event Description: Provide Title/Explana Ticket(a)/Page(as) provided by a report?	MSTAN D	Face Value of Boundary Pate(s) 03 Fino: 580	Each Ticket/Pass \$	Authorth
	Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest of agency official?	. 110,00	yes:	Official's Name (Last, First)	nald
3.	Recipients • Use Section A to identify the agency's department or unit. • U	se Section B to i	dentify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				onial Role Other Onial Role" or "Other" descri	Income In
				onial Role Other Onial Role Other Other Other	Income Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
	WRATES Haveates for	5	Commun	rity group mai	ling a healthier san Just resident
	Transparency, Equity, + Sustainability		(individu	ual group of	residents)
	Verification I have read and unders and FRPC Regulations 18944.1 with the requirements. Signature of Agency Head or Designee Print	and 18942. I a Ma t Name	have verified th	nat the distribution set for \(\text{UNMber}\)	th above, is in accordance 4/3/18 (month, day, year)
	Comment:				



	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)/ 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 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 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			
	Mothers Out Front	T T SPRINGER CONTROL OF THE SP	community group creating a healthus environment for all community			
	P.D. Box 55071 #23686		members, fighting climate change.			
	Boston, Massachusetts					
	02205-5071					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp **Form** 98 For Official Use Only Division, Department, or Region (if applicable) Amendment (Must Provide Explanation in Part 3.) **Date of Original Filing:** (month, day, year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ No □ **Event Description:** Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes No □ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C, of Ticket(s)/ (include address and description) Passes

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

4. Verification

Comment: _

with the requirements.

Signature of Agency Head or Designee

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/I	Pass Distr	ibutions	RECEIVE	A Public Document
1. Agency Name City of San	Jose		Date Stamp	California 802
Division, Department, or Region (if applicable)		· · · · · · · · · · · · · · · · · · ·	2018 FEB 22 PM	For Official Use Only
Council distric	7 9			t to
Designated Agency Contact (Name, Title)	_ :			
Donald Rocha, C	ouncill	nember	Amendment (Must i	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			D / monamons (mass)	TOTICO Explanation III are on
408 535-4909 district	9 650	njbae-(A	Date of Original Filing: - ೧೯√	(month, day, year)
2. Function or Event Information				86.00 225.50
Does the agency have a ticket policy? Yes	□ No □ F	ace Value of	Each Ticket/Pass \$	Caral xara
Event Description: Sinch		Date(s) 🔔	18,18	
Provide Title/ Expla	anation		I Jase Are	V A. Arit
Ticket(s)/Pass(es) provided by agency? Yes	□ No ☑ I	f no:	Name of Source	CO MCCINAMO
Was ticket distribution made at the behest Yes	id Not II	fves: Roc	ha Benoul	<u> </u>
of agency official?	<u>1</u> ⁄2√ 140 □		Official's Name (Last, First)	
3. Recipients				
• Use Section A to identify the agency's department or unit.	· Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe in	s public purpose made pur	suant to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the fe	ollowing:
(Last, First)	Passes			-
		1	onial Role	<u> </u>
Hughes, Scott				
		_	··-·	
		i .	onial Role Other ing "Ceremonial Role" or "Other" des	
C Name of Outside Organization	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
	0.0			
San Jose Burn foundation	123			
Province and the second				
. Verification				
I have read and understand FPPC Regulations 18944	.1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance
with the requirements.	<u> </u>	.4	30	
1) Donald	Kocha	c Ca	mallmember	2/2/118
Signature of Agency Head of Designee Pr	rint Name		Title	(month, day, year)
Comment:				
Committee.				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name California in Jose City Clerk **Form** City of San Jose TIM For Official Use Only Division, Department, or Region (if applicable) JAN-4 PM 4:23 Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information \$86.00 and \$225.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks game Date(s) __12 / 21 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Rocha, DonaldRocha, Donald Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes in recognition of their hard work in supporting the San Jose Conservation Corps and Charter 24 community by providing education opportunities for School 2650 Senter Rd. San Jose, CA 95112 students to earn a high school diploma or prepare for the California State Exit Exam.

i nave read and understand FPPC Regulation	ns 18944.1 and 18942.1 have	verilled that the distribution set forth	above, is in accordance
with the requirements.			
Ion Koche	Don Rocha	Councilmember	1/4/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Commence			
Comment:			

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	RECEIven A Pu	ıblic Document
	Agency Name		-			California OOO
	City of San Jose				2.44 A DIDI	Form OUZ
	Division, Department, or Reg	ion (if applicable)		21	1700T 17 PM 4: 13	For Official Use Only
	Council District, 9	•			111 4. 10	
	Designated Agency Contact	(Name, Title)			1 CULL	
	Donald Rocha, Councilmember				000	
	Area Code/Phone Number			Amendment (Must Provide	Explanation in Part 3.)	
	408-535-4909	district9@sanjosed	ca.gov		Date of Original Filing:	nonth, day, year)
2.	Function or Event Infor	mation			.	50
	Does the agency have a tick	ket policy? Yes!	⊠ No □ F	ace Value of	Each Ticket/Pass \$ \$149.	50
	Event Description: Depeche	e Mode concert Provide Title/ Expla	[Date(s)10	, 8 , 17	
	Ticket(s)/Pass(es) provided	•		_{f no:} San Jose	Arena Authority	
		, 5 ,,		-	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No 🗆 📑	f yes: Rocha,	Official's Name (Last, First)	
	of agency official?				Onicial's Name (Last, Filst)	
3.	Recipients • Use Section A to identify the agen	acy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to identify an	outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy
	Camden Community Cent	11	To honor staff and volunteers for their committed effort on District 9's successful Annual Community Festival.			
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the follow	ing:	
			газэез	Carrana	ial Bala 🗍 — ohaa 🗍	
	Rocha, Donald		2		onial Role Other ing "Ceremonial Role" or "Other" describe b	Income L elow:
	Hyde, Andrea C. Name of Outside Organization (include address and description)		1	Ceremonial Role Other Inco		
			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant	ade pursuant to the agency's policy
	Verification					
	Have read and understand FPI with the requirements.	PC Regulations 18944.	.1 and 18942. I	have verified th	hat the distribution set forth a	bove, is in accordance
	Ion Kow	he nor	n Rocha		Councilmember	10/17/17
	Signature of Agency Head or Designation		int Name		Title	(month, day, year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name City Pate Stamp California San Jose **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2017 JUL 1 AH 11: 04 Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 175.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Queen + Adam Lambert Concert Date(s) _____/ 29 / Provide Title/ Explanation San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? If no: __ Yes ☐ No 🖾 Name of Source Rocha, Donald Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income ___ Rocha, Donald If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes** Steindorf STEAM School In recognition of faculty and school volunteers who 14 successfully opened Cambrian District's STEAM school. 3001 Ross Ave, San Jose, CA 95124 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. Donald Rocha Councilmember Print Name Title Comment: _

Agency Report of:



Α	gency Name							
	of San Jose							
3.	Recipients • Use Section A to identify the agency's department or unit.	ncy'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 a	igency's policy				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	7				
	Hughes, Scott	1	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income				
	Joanino, Jacklyn	1	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income				
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income _				
,			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the ac	gency's policy				

	gency Report of: eremonial Role Events and Ticket/F	Pass Distri	butions	RECEIVED A	Public Document		
	Agency Name			OSS CPAte Stampk	California 802		
	City of San Jose				T Offit		
	Division, Department, or Region (if applicable)		2017 MAI	-9 PM 3: 06	For Official Use Only		
	Council, District 9						
	Designated Agency Contact (Name, Title)			of oto			
	Donald Rocha, Councilmember			Amondment (Must B	rouide Evelenation in Bart 2.)		
	Area Code/Phone Number E-mail			Amendment (Wast P	rovide Explanation in Part 3.)		
	408-535-4909 district9@sanjosed	ca.gov		Date of Original Filing: .	(month, day, year)		
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ \$86.00 (\$222.00)						
	Event Description: Sharks Game	D:		02 / 17			
	Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes		no:				
		16	yes: <u>Rocha,</u>	Name of Source Donald			
	Was ticket distribution made at the behest γ_{es} of agency official?	⊠ No 🗌 🖽	yes: <u>- roomar</u>	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	entify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	llowing:		
	(Last, First)	Passes					
	Rucha, Donald	2		onial Role Other Other Other Other Other Other Other Other	Income cribe below:		
				onial Role Other on "Other" des	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy		
	Kiwanis Club of Cambrian Park 1919 Gunston way San Jose, CA 95124	22					
	Verification I have read and understand FRPC Regulations 18944	1 and 18942	have verified th	nat the distribution set fo	rth above is in accordance		
	with the requirements.	., and 700 72. 77	ravo vormou u	rat tiro arotirio attori dot roi	1 /		

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/F	Pass Distri	ibutions	program AP	ublic Document
1. Agency Name Out of San Tose Division, Department, or Region (if applicable) Out of District 9		20	an Jo Pate Stamp Clerk Lew orc 1 FEB 22 AM 10: 57	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Donald Ruchan Council Name Area Code/Phone Number E-mail 408 535-4909 district 9		e Ca. ISV	☐ Amendment (Must Providence of Original Filing:	de Explanation in Part 3.) (month, day, year)
2. Function or Event Information	No ☐ F nation ☐ No ሺ If	<u> </u>	Each Ticket/Pass \$ 3 12,17 JOSE arena Name of Source Name of Source Name (Last, First)	authority
3. Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit	Use Section B to i	<u> </u>	ual. • Use Section C to identify a	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follow	ving:
			onial Role Other Onial Role" or "Other" describe	Income
		i e	onial Role Other One of the one of the other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes		public purpose made pursuan	
Elks Lodge #522 44411 Alma Ala SANTOR	8	and the E	ippreciation for Ci IKS Huy. Clean u Pick up indistrict 9	arlo Pedron up Team
4. Verification I have read and understand EPPC Regulations 18944. with the requirements. Signature of Agency Head or Disignee Price.	1 and 18942. I ROChO int Name	have verified th	nat the distribution set forth a LNCUMMBER Title	above, is in accordance O2/17/17 (month, day, year)

Agency Report of: **A Public Document Ceremonial Role Events and Ticket/Pass Distributions** 1. Agency Name California Date Stamp San Jose C fy Clark **Form** For Official Use Only Division, Department, or Region (if applicable) AM 3: 20 Janus ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔯 Was ticket distribution made at the behest Yes \\\ \ONO □ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes To recognize the HSC volunteers for Schallenberger HSC their workin raising funds to support Ln. San Jose, student educational precreational programs CA 95125 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 Donald Rocha Councilmember

Comment:

Agency Report of: Ceremonial Role Events and Ticket/F	Pass Distri	ributions RECEIVED A Public Document
1. Agency Name	Jose	California 802
Division, Department, or Region (if applicable)	0000	For Official Use Only
		ZUT DEC 16 AM II: 14
Designated Agency Contact (Name, Title)		
Donald Rocha, Coun	almem	bes
Area Code/Phone Number E-mail	Cion Cin	Amendment (Must Provide Explanation in Part 3.)
408 535 4909 district9	95anp	Date of Original Filling:
2. Function or Event Information	V	5 Value of Early Fally Band 222 0/86 00 Se
Does the agency have a ticket policy? Yes	⊠ No□ F	Face Value of Each Ticket/Pass \$ 222 7 86.00 Se
Event Description: Description: Provide Title/ Expla		Date(s) 12,07,16
Ticket(s)/Pass(es) provided by agency? Yes	□ No 🔯 If	If no: Jan Jose Arena Hutharry
Was ticket distribution made at the behest γes of agency official?	ĭ No □ If	If yes: Name of Source Official's Name (Last, First)
3. Recipients• Use Section A to identify the agency's department or unit.	Use Section B to i	o 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
Canden Community Center	16	
Parks / General Services	total	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rocha, Donald	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Goings, Shirley	The second secon	Ceremonial Role Other Income
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
1. Verification		
I have read and understand FPPC Regulations 18944. with the requirements. Senature of Agency Head or Designee Prince of Agency Head or Designee	1 and 18942. I	I have verified that the distribution set forth above, is in accordance Council Member 12/16/16 (month, day, year)
Comment:		



Recipients • Use Section A to identify the agency's department or unit.	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	Number of Ticket(s)/	Identify one of the following:				
Joanino, Jacklyn	Passes	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Hamilton, Peter	(Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Ityde Andrea		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Urban, Brianne	C. Maria	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
		·				



	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to	dentify an individual. • Use Section C to identify an outside	organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the ag	
•	<u> </u>	, r doses		
,				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
	Hughes, Scott	/	Ceremonial Role Other Interest of the Communication	Income
	Kupitz Kimberly	1	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
	· ,		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
-	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the ag	ency's policy
_				\
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEIVED California 1. Agency Name Jose Date Stamp ork City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2016 AUG -5 PM 12: 20 Council District 9 P or Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 408-535-4909 district9@sanjosea.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Adele concert Date(s) _____/_ 30 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes To honor their work on the handless Housing Department 14 Crisis. Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income \square Rocha, Donald If checking "Ceremonial Role" or "Other" describe below. 2 Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes Verification PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand with the requirements. Councilmember Donald Rocha Print Name Signature of Agency Head or Designee

Comment:

gency Report of: Ceremonial Role Events and Ticket/P	ass Distr	ibutions	PECE	A Publ	ic Documen
. Agency Name	Date Stamp California 80		ALI.		
City of Jan Jose			7016 MAY 0 T		orm Official Use Only
Division, Department, or Region (if applicable)	t a		LUIUIMI CI	1433 11 * H	
Designated Agency Contact (Name, Title)	-1 7				
Shirley Goings, Exec	. Assis	stant	Amondment (4	fuet Brouide Eve	planation in Part 3.)
Area Code/Phone Number E-mail			_ `	•	nananon in rait 3.)
100 535-4909 District 9	1@sanjo	seca.gov	Date of Original Filing:(month, day, year)		
Function or Event Information				21	2 10
Does the agency have a ticket policy? Yes	/ \		Each Ticket/Pass	\$ <u>21</u>	2, 4
Event Description: Bellator 154: King i	No VS. Phil	Date(s)	14,2016		·
Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes[nation **	fno: Sar	Tose a	rend	authority
ricket(s)/Fass(es) provided by agency? Yes [וו אַצוֹסאו וו		Name of Source	1 .	000011000
Was ticket distribution made at the behest Yes	⊠ No□ I	fyes:K00	Official's Name (Last, I	irst)	
of agency official?			, ,	,	
Recipients					
• Use Section A to identify the agency's department or unit.	■ 1817-000-000-000-000-000-000-000-000-000-0	identify an individ	ual. • Use Section C to	identify an out	side organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuant to t	he agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of	the following:	
			onial Role	er describe below.	Income [
		1	onial Role Oth ng "Ceremonial Role" or "Oth	er describe below.	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes		public purpose made		
Smash Gyms	8		fion on the Educational		
226 Quimby Rd. 95122		for yout	n and their	familit	28.
Verification					
Thave read and understand FPPC Regulations 18944. with the requirements.	1 and 18942. i	/	nat the distribution s Nouncil Men	1	re, is in accordance

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name J Ôate Stamp Cl⊖rl California SH OTC City of San Jose For Official Use Only 2016 MAY -3 PM 2:0 Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Barracuda Hockey 04 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes \$ 25. 50 each Other 🔲 Ceremonial Role Income ___ Rocha, Donald If checking "Ceremonial Role" or "Other" describe below. 2 Other Income ___ Ceremonial Role if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes To recognize the school board for their work in enhancing Bagby Elementary Home and School Club 16 the educational and recreational programs for the students 1840 Harris Ave. San Jose. CA 95124 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. Councilmember 05/03/2016 Donald Rocha (month, day, year) Title Print Name

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** For Official Use Only Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number | E-mail Amendment (Must provide explanation in Part 3.) Date of Original Filing: district 9 @ sanjose ca.gov 408 535-4909 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗖 No 🛚 Date(s) 00 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔯 Was ticket distribution made at the behest No ☐ Yes ☒ of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) a safe and fun dog park. PRNS Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other 🗌 Income sonald Rocha If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Scott Hughes Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Friends of Butcher Park Providing community a fun and safe experience for residents and their closs. 4.

Verification				
I have read and understand FPPO Regulations 1	8944.1 and 18942. I	have verified that the dis-	tribution set forth above, is in accordance with the re	equirements.,
Dow / Corbe	Donald	Rocha	Councilmember	02/22/10
Signature of Agency Head or Designee	F	Print Name	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp Cle 1. Agency Name California **Form** For Official Use Only 7015 DEC 17 P 4:107 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number | E-mail Amendment (Must provide explanation in Part 3.) district 9 @ Sanjoseca so Date of Original Filing: 408-535-4909 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☒ No ☐ Event Description Barranda V. Head

Provide Title/Explanation Date(s) 12,04, Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Was ticket distribution made at the behest No ☐ Yes 🖼 of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Donald Rocha Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Enriching families through health, fitness and wellness programs and educational enrichment-Verification I have read and understand FPPQ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Signature of Agency Head or Designee

Comment: _



Agency N	Agency Name						
-	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:				
5	acklyn Joanino	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
So	cott Hughes		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
Pe	ter Hamilton	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
An	idrea Hyde		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				

unction or Event Information less the agency have a ticket policy? ent Description SHARKS hockey game Provide Title/Exp eket(s)/Pass(es) provided by agency? as ticket distribution made at the behest fagency official? ecipients se Section A to identify the agency's department or	anjoseca.gov Yes ⊠ No solanation Yes □ No No □ Yes	/ □ Face Value □ Date(s) □ 1 □ If no: San □	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	\$90.00 /\$220.00
puncil District 9 puncil Distr	anjoseca.gov Yes ⊠ No solanation Yes □ No No □ Yes	/ □ Face Value □ Date(s) □ 1 □ If no: San □	Amendment (Must p. Date of Original Filing: of Each Ticket/Pass \$ 0	For Official Use Only rovide explanation in Part 3.) (Month, Day, Year) \$90.00 /\$220.00
council District 9 resignated Agency Contact (Name, Title) renald Rocha, Councilmember rea Code/Phone Number Remail district9@sa unction or Event Information res the agency have a ticket policy? Rent Description Restricted Frovide Title/Exp Reket(s)/Pass(es) provided by agency? Restricket distribution made at the behest rea agency official? Recipients Recipients Research A to identify the agency's department or	anjoseca.gov Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	rovide explanation in Part 3.) (Month, Day, Year) \$90.00 /\$220.00
consignated Agency Contact (Name, Title) conald Rocha, Councilmember ea Code/Phone Number 08-535-4909 Conction or Event Information ees the agency have a ticket policy? ent Description SHARKS hockey game Provide Title/Exp esket(s)/Pass(es) provided by agency? as ticket distribution made at the behest agency official? ecipients se Section A to identify the agency's department or	Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	(Month, Day, Year) \$90.00 /\$220.00
consignated Agency Contact (Name, Title) conald Rocha, Councilmember ea Code/Phone Number 08-535-4909 Conction or Event Information ees the agency have a ticket policy? ent Description SHARKS hockey game Provide Title/Exp esket(s)/Pass(es) provided by agency? as ticket distribution made at the behest agency official? ecipients se Section A to identify the agency's department or	Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	(Month, Day, Year) \$90.00 /\$220.00
ea Code/Phone Number 08-535-4909 Cunction or Event Information es the agency have a ticket policy? ent Description SHARKS hockey game Provide Title/Exp eket(s)/Pass(es) provided by agency? as ticket distribution made at the behest f agency official? ecipients se Section A to identify the agency's department or	Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	(Month, Day, Year) \$90.00 /\$220.00
ea Code/Phone Number 08-535-4909 Cunction or Event Information es the agency have a ticket policy? ent Description SHARKS hockey game Provide Title/Exp eket(s)/Pass(es) provided by agency? as ticket distribution made at the behest f agency official? ecipients se Section A to identify the agency's department or	Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	(Month, Day, Year) \$90.00 /\$220.00
district9@sa Junction or Event Information Less the agency have a ticket policy? Lent Description SHARKS hockey game Provide Title/Exp Cket(s)/Pass(es) provided by agency? Less ticket distribution made at the behest of agency official? Lecipients	Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	of Each Ticket/Pass \$ 0 22 15 Jose Arena Authority Name of Sou	\$90.00 /\$220.00
unction or Event Information less the agency have a ticket policy? ent Description SHARKS hockey game Provide Title/Exp eket(s)/Pass(es) provided by agency? as ticket distribution made at the behest fagency official? ecipients se Section A to identify the agency's department or	Yes ⊠ No solanation Yes □ No No □ Yes	☐ Face Value Date(s) If no: San	0 , 22 , 15 Jose Arena Authority Name of South	\$90.00 /\$220.00
ent Description SHARKS hockey game Provide Title/Exp sket(s)/Pass(es) provided by agency? as ticket distribution made at the behest f agency official? ecipients se Section A to identify the agency's department or	e planation Yes □ No No □ Yes	Date(s)1	0 , 22 , 15 Jose Arena Authority Name of South	
eket(s)/Pass(es) provided by agency? as ticket distribution made at the behest fagency official? ecipients se Section A to identify the agency's department or	e planation Yes □ No No □ Yes	Date(s) 1	Jose Arena Authority Name of Soo ha, Donald	irce
eket(s)/Pass(es) provided by agency? as ticket distribution made at the behest fagency official? ecipients se Section A to identify the agency's department or	Yes No	⊠ If no: San	Jose Arena Authority Name of Soo ha, Donald	irce
as ticket distribution made at the behest fagency official? ecipients se Section A to identify the agency's department or	No ☐ Yes		Name of Sou ha, Donald	ırce
as ticket distribution made at the behest fagency official? ecipients se Section A to identify the agency's department or	No ☐ Yes		Name of Sou ha, Donald	ırce
f agency official? ecipients se Section A to identify the agency's department or		☑ If yes: Rocl	ha, Donald	
ecipients se Section A to identify the agency's department or	unit. • Use Se		Official's Name (L	act Firet)
se Section A to identify the agency's department or	unit. • Use Sec		Omolars Name (L	ast, i iisij
	milliff. A Ope our	ation P to identify an individ	dual - Lico Soction C to ident	ify an outside examization
	Number of			
Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
amden Community Center Staff and Junteers	13	To honor staff and Cambrian (Aug. 23	l volunteers for commur 3, 2015)	nity event, Celebrate
ublic Works and Parks Div. City of SJ	4	To honor staff and Cambrian (Aug. 23	nity event, Celebrate	
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
ocha, Donald 0.00	1	Ceremonial Role If checking "Ceremo	Other anial Role" or "Other" describe below:	Income 🗌
pings, Shirley	2	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income 🔲
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	to the agency's policy
rification e lead and understand FPPC Regulations 18944.1 and	l 18942. I have ve	rified that the distribution set	forth above, Is in accordance with	the requirements.
7000	Donald Ro	ocha	Councilmember	11/5/2015
Signature of Agency Head or Designee	Print Name	е	Title	(Month, Day, Year)

Agency Report of:

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



gency Name City of San Jose								
Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy .						
B. Name of Individual	Number of							
Hughes, Scott	Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:						
Hamilton, Peter	1	Ceremonial Role Other Income Income						
Hyde, Andrea	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:						
Joanino, Jacklyn	1	Ceremonial Role Other Income						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						

Print Form

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

_				Diotination in		A Public Document
1.	Agency Name			2015	FER Date Stame: 00	California 802
	City of San Jose					TOTAL
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Council District 9					
	Designated Agency Contact	(Name, Title)		<u> </u>		
	Donald Rocha, Councilmen	nber				
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	408-535-4909	district9@sa	njoseca.gov	/	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	62.50
	Event DescriptionEric	Church Co	ncert	Date(s)02	05, 2015	
	Ticket(s)/Pass(es) provided b	•	Yes □ No	☑ If no: San Journal	se Arena Authority Name of Sour	ce
	Was ticket distribution made a	at the hehest	No ☐ Yes	☑ If yes: Rocha		
	of agency official?	at the benest	No ☐ Yes	If yes:	Official's Name (La	st, First)
3.	Recipients					
•	Use Section A to identify the agence	y's department or ı	ınit. • Use See	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
			1 235(35)			
	B. Name of Individual	il	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other D	Income
	Donald Rocha		2	ir checking Geremonia	al Role" or "Other" describe below:	
				Ceremonial Role [Other All Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
•	Cambrian Little Leag	ue	14		ambrian Park Little erving the youth in t	
	****				, , , , , , , , , , , , , , , , , , ,	,
	Verification	-11	40040 15		dh shara io in assessina . ""	iko roguiramonto
,	I have read and understand EPPC Regul	auons 18944.1 and				
	Signature of Agency Head or Designee		Donald Ro		Councilmember	02/12/15 (Month, Day, Year)
	olynature of Ayency Head of Designee		r-un Nam	U	Thi	(moint)
	Comment:					

Reset Page **Print Form** Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** Josa City Clark 1. Agency Name Date Stamp California Form City of San Jose PM 4:51 For Official Use Only Division, Department, or Region (If Applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ callling with Dinosquis Date(s) 12, 26, 2014 Event Description \(\) If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 If ves: Rocha, Donald Was ticket distribution made at the behest No ☐ Yes 🗵 of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: rawna Rocha Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

have veac	and understand	RPPC Regulations	: 18944.1 and 18942.	I have verified that the	e distribution set forth above	e, is in accordance with t	the requirement

Donald Rocha

Councilmember

Print Name

Print Form

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

A Public Document

	The state of the s					*
1.	Agency Name			part of the	Date Stamp	California 802
	City of San Jose			2015 JAN	1-5-PH 4:51	Form For Official Use Only
	Division, Department, or Regi	ion (If Applicabl	e)		(19) NG	To Official Ose Office
	Council District 9					
	Designated Agency Contact (Name, Title)				
	Donald Rocha, Councilmem	ber			Amondment (Must be	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	408-535-4909	district9@sa	anjoseca.go	V	Date of Original Filing: .	(Month, Day, Year)
	Function or Event Inform					74.00 4000
	Does the agency have a ticker		Yes⊠ No	, ☐ Face Value o	f Each Ticket/Pass \$	11100 : 9 003
	Event Description	Provide Title/Exp	AMR Janation	Date(s)	4,11,14	
	Ticket(a)/Bass(as) provided by	•		If no. San Jo	se Arena Authority	
	Ticket(s)/Pass(es) provided by	ayency!	Yes ☐ No		Name of Sou	irce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Rocha	a, Donald	
	of agency official?			-	Official's Name (L	ast, First)
	Recipients					
•	Use Section A to identify the agency		unit. • Use Se	-		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Canden Comm	runty Cer	ta/8	To honor v	aunteers fo	or community
	District 9 sta	ff.	.5	Celebra	te Cambria	~ (Aug. 24, 201
**************************************	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Councilmember Donald Ruch	Q.		Ceremonial Role [Other In the state of the state	Income
•				Ceremonial Role [Other In Indian Other describe below:	Income
THE PERSON NAMED IN	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy
	Verification have read and understand FPPC Regula	ations 18044 1 and	118942 have w	arified that the distribution sat for	th above is in accordance with	the requirements
			100 IL. I Maro re	minou that the alembation out for	in above, to mi accordance than	and requirements.
	Down Dark		Donald R	acha	Councilmember	10 /19/14

Print Form

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

Cá	alifornia Form	802
A	Public D	ocument

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. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ Pass(es) Other \square Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income \square Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income Andrea Hyde If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions	RECEIVED San Jose City Ck	A Public Documen
1. Agency Name			San Jose City Cis	
City of San Jose			1014 OCT 30 PM 2:	Form OUZ
Division, Department, or Region (If Applicable)		1 ST OTC	For Official Use Only
Council District 9				
Designated Agency Contact (Name, Title)			4	
Donald Rocha, Councilmember				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
408-535-4909 district9@sa	njoseca.go	V	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				(mena, bay, real)
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	82.00
Event Description Disney on Ice			0 , 19 , 14	, ,
Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: San Jo	ose Arena Authority	
	100 🗀 110	_	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Roch	Official's Name (La	ast. First)
· ·				,
 Recipients Use Section A to identify the agency's department or to 	mit. ∙ Use Se	ection B to identify an individ	ual. • Use Section C to identi	fv an outside organization.
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	19:
(Last, First)	Pass(es)	Ceremonial Role	Other 🗆	Income
Rocha, Donald	4		ial Role" or "Other" describe below:	meone _
			Other Interest of the second o	Income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant t	o the agency's policy
Bagby Home and School Club Board 1840 Harris Ave. San Jose, CA 95124	20		y H&SC Volunteer Boar fund raiser, Halloween l	rd for their work on their Fun Night.
4. Verification Thave read and understand FPPQ Regulations 18944.1 and	18942. I have ve		orth above, is in accordance with Councilmember	the requirements.
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
F organization of Figure 1	, inc ivan		raio .	(money say)
Comment:				

Print Form

Agency Report of:	A	g	е	n	C	/	R	е	p	O	r	t	0	f	
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Agency Name		W/ W 2	Date Stamp	California 802
City of San Jose		2011	OOT IT OM O. LO	1 01111
Division, Department, or Region (If Applicable)			DCT 15 PM 3: 18	For Official Use Only
Council District 9			A OTC	
Designated Agency Contact (Name, Title)		-		
Donald Rocha, Councilmember				
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
408-535-4909 district9@sar	njoseca.gov	,	Date of Original Filing: _	(Month, Day, Year)
Function or Event Information				
	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	131.50
		Date(s)	, 05 , 2014	,
Event Description Tom Petty Concert Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	ISI If no: San Jo	se Arena Authority	
	169 T 140		Name of Sour	ce
Was ticket distribution made at the behest	No ☐ Yes	If yes: Rocha	a, Donald	-1 Fi-0
of agency official?			Official's Náme (La	st, First)
Recipients				4-11
Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g;
		Ceremonial Role	-	
Rocha, Donald	2		☐ Other ☐ al Role" or "Other" describe below:	Income
Rocha, Donald	2	If checking "Ceremonia Ceremonial Role	al Role" or "Other" describe below:	Income I
Rocha, Donald	2	If checking "Ceremonia Ceremonial Role	al Role" or "Other" describe below:	
Rocha, Donald Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role . If checking "Ceremonia.	al Role" or "Other" describe below:	Income .
C Name of Outside Organization	Number of Ticket(s)/	Ceremonial Role Ceremonial Role Describe the publication of the Volume To honor the Volume Ceremonia Cerem	al Role" or "Other" describe below: Other al Role" or "Other" describe below: ic purpose made pursuant to	Income Income of the agency's policy
C. Name of Outside Organization (Include address and description) West Valley Slammers Softball	Number of Ticket(s)/ Pass(es)	Ceremonial Role Ceremonial Role Describe the publication of the Volume To honor the Volume Ceremonia Cerem	al Role" or "Other" describe below: Other al Role" or "Other" describe below: ic purpose made pursuant to	Income Income of the agency's policy
C. Name of Outside Organization (Include address and description) West Valley Slammers Softball 340 Harris Ave, San Jose, CA 95124	Number of Ticket(s)/ Pass(es)	Ceremonial Role Ceremonial Role Describe the publication of the Volume To honor the Volume Ceremonia Cerem	al Role" or "Other" describe below: Other al Role" or "Other" describe below: ic purpose made pursuant to	Income of the income of their effo
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Ceremonial Role [. If checking "Ceremonial Describe the puble To honor the volusupporting youth	al Role" or "Other" describe below: Other other describe below: or "Other" describe below: or "Other" describe below: or purpose made pursuant to	on the agency's policy Ognition of their efformed athletic growth.
C. Name of Outside Organization (Include address and description) West Valley Slammers Softball 340 Harris Ave, San Jose, CA 95124 Verification	Number of Ticket(s)/ Pass(es)	Ceremonial Role [. If checking "Ceremonial Describe the publ To honor the volu supporting youth	al Role" or "Other" describe below: Other other describe below: or "Other" describe below: or "Other" describe below: or purpose made pursuant to	on the agency's policy Ognition of their efformed athletic growth.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Jose City Clark A Public Document 1. Agency Name Date Stamp California PM 12: 53 Form 2014 FEI City of San Jose For Official Use Only Division, Department, or Region (If Applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4909 district9@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 45.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description Valentine's Super Love Jam Concert 02 If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: Rocha, Donald Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other 🔲 Goings, Shirley and guest If checking "Ceremonial Role" or "Other" describe below. 2 Income Other Ceremonial Role 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 th	e agency's policy
Health Trust 3180 Newberry Dr., suite 200 San Jose, CA 95118	14	Work creating	g solutions to chronic homelessr	ness.
Verification	I 180/12 have ve	arified that the distribut	ion set forth above, is in accordance with the	requirements
Verification I have read and understand FPPC Regulations 18944.1 and	i 18942. I have ve Donald R		ion set forth above, is in accordance with the Councilmember	requirements. 02/20/2014
<u> </u>		ocha		

	nial Role Events and Tic	ket/Pass I	Distributions.lo	sa City Clark	A Public Documen
C		. ^	201 3 NO\	Date Stamp 26 AMM: 12 Seport	California 802 Form For Official Use Only
	O E. Santa C de/Phone Number E-mail 535-4909 distri	Jara d 19@sa	st.	☐ Amendment (Must pro	ovide explanation in Part 3.) (Month, Day, Year)
Does the Event D Ticket(s) Was tick	e agency have a ticket policy? escription Sharks Provide Title/Exp ()/Pass(es) provided by agency? tet distribution made at the behest ncy official?	Yes ☑ No ☐ Ianation Yes ☐ No ☑ No ☐ Yes ☑	Date(s) $\frac{1}{\sqrt{2}}$ If no: $\frac{\sqrt{2}}{\sqrt{2}}$	of Each Ticket/Pass \$	rald
B. Recipi	ents tion A to identify the agency's department or	unit. • Use Secti	on B to identify an individu	ial. • Use Section C to identi	y an outside organization.
A. N	ame of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin ☐ Other ☐ ial Role" or "Other" describe below:	g: Income [
				Other idescribe below:	Income [
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Fam 200	matre Elementary O New Jersey AVE.	g eac	ch game, to	tal. So lle tia	kets
I. Verific	ation d and underទៅតា្រង FPPC Kegulations 18944.1 an	d 18942. I have ven	fied that the distribution set fo	orth above, is in accordance with	the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California Form For Official Use Only Division, Department, or Region (If Applicable ☐ Amendment (Must provide explanation in Part 3.) Q5Anibecasov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☑ No 🗆 Event Description _ Date(s) If no: Ticket(s)/Pass(es) provided by agency? Yes□ No 🗖 Was ticket distribution made at the behest No ☐ Yes If yes: of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Other \square Income \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income \square If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description) Pass(es) 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

Comment: .

	gency Report of:	4 (1979)		RECEIVED	
C	eremonial Role Events and Tick	(et/Pass	Distributions &	oso City Clark	A Public Document
1.	Agency Name City & San Jose Division, Department, or Region (If Applicable)		2813 07	Date Stamp	California 802 Form For Official Use Only
	Designated Agency Contact (Name, Title)	9			
	Area Code/Phone Number E-mail 408 535-4909 dist		2. Sagjose · gov	☐ Amendment (Must p	rovide explanatlon in Part 3.) (Month, Day, Year)
2 .	Function or Event Information				
		Yes 🗹 No I	Face Value o	f Each Ticket/Pass \$ _	<u>38.° </u>
	Event Description	nation	Date(s)	<u> 136, 13</u>	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No[If no: Sa	VI JOSE ARE Name of So	na Authority
t-weither the second	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes:	Ocha, Donal Official's Name (CL Last, First)
3.	Recipients • Use Section A to Identify the agency's department or u	uit - Hao Coo	tion D to Identify an Individu	ust a the Section C to iden	tifu an outoido organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	Name of Individual	Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremon	Other islanded of the second o	Incame 🗍
			Caremonial Role If checking "Ceremon	Other interpretation of the security of the se	income 🗌
				•	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Bagby Elementary	4			
4.	Verification I have read and understand FPP Regulations 18944.1 and Signature of Agency Head or Designee Comment:	18942. I have ve N Ro Cl Print Nem	na C	iorth above, is in accordance w Dun Cilmemb Tille	

_	ncy Report of: emonial Role Events and Tick	cet/Pass	Distributions	CENED	A Public Document
A	gency Name City of San Jose	CITY III, SOOT, W. CANGE COLUMN CONTRACTOR COLUMN C	9013 0000	Dale Stamp	California 802
Div	vision, Department, or Region (If Applicable)		2013 och :	19 PM 12: 33	For Official Use Only
	Council District 9				
De	signated Agency Contact (Name, Title)				
	200 E. Santa Clar	a 57.			
Δr	ea Code/Phone Number E-mail			☐ Amendment (Must p	provide explanation in Part 3.)
		+9@50	injoseca.gov	Date of Original Filing:	(Month, Day, Year)
	unction or Event Information		<u> </u>		1000
		Yes d No[Face Value o	of Each Ticket/Pass \$ _	192.00
r.,		ockey		0,12,13	1 1
⊏v	Provide Title/Expla				
Tic	cket(s)/Pass(es) provided by agency?	Yes□ No 🏻	₹ If no: <u>56</u> /	Name of Sc	
	as ticket distribution made at the behest fagency official?	No ☐ Yes [If yes:	Scha, Dona Official's Name (
	ecipients Ise Section A to identify the agency's department or u	nit. • Use Sect	tion B to identify an individu	ual. ● Use Section C to Iden	itify an outside organization.
A	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy
	District 9 Staff		To honor	voluntee	ns for
	Canden Comm. Center	n 16	Celebras	te Cambri	an (Aug 25,2013)
В	(Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
0	aincil member			Other D	Income [
	buncilmember bonald Rocha	The state of the s	ir chacking. Ceremon	iial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income [
c	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
_					
	erification ave read and understand-FPPC Regulations 18944.1 and	18942. I have ve	nified that the distribution set i	forth above, is in accordance w	ith the requirements.
	Don Konta Do	n Ro	cha_	Councilmen	Noer 10/23/13 (Month, Day, Year)

Comment: ___

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



1 1	cker/Admission distributions	201-		18.34		nic Document
1.	Agency Name	- 2013 MA	Y21 AM	O. O. Date Stamp	Ca	lifornia 802
	City of San Jose		, Fil j	9: 02	in an in the second	properties and the property of the state of
	Division, Department, or Region (if applicable)			1		For Official Use Only
	Council District 9			·		
	Street Address	·				
	200 E. Santa Clara St.					
	Designated Agency Contact (Name, Title)			☐ Amendment (M	ust provide ex	planation in Part 3.)
	Donald Rocha, Councilmember					
	Area Code/Phone Number E-mail			Date of Original Fili	ng:	th, day, year)
0015011	donald.rocha@sanjos		nogy wowen			
2.	Function, Event, or Ceremonial Role Inform	ation				
	Title Sharks		Face \	Value of Each Adr	mission \$	250,00
			1 400	and or Edon Adi	7	
	Description Hockey		Date(s	s) <u>05, 01, 1</u>	<u>> </u>	
	1			50 T-	<i>(</i>)	e: (i 0
	Ticket(s)/Admission(s) provided by agency? Ye	es 🔲 No 🖸	lf no:	Jan Jose	Wex	ia authority
				ivan	ne of Source	
	Was the distribution to persons identified below	made at the	e behest of	f an agency offici	al?	
	0.1.5	1 100	C 55. 100	June . Lac		
	Yes ☑ No ☐ If yes: Rucha Do	I's Name (Last)	First) and Title	V ON OUR DEL		
		And the second second	noty and thic			
	The identity of recipient(s) and the explanat	tion:				
	Name (Last, First) Number of	Agency		he Income box if the ager Income. if the agency of		
	or Admission(s		 I was to resolve the sto 	vide a description. come, describe the public	a numasa In	
	Organization Ticket(s) (Name, Address, Description)		ceremon	nial roles, performed by a		
		Yes 🗖	organiza	ation.	<u> New York And Alexander</u>	Income
	Latinas Contra Cancer 14	No 🗆				
	Latinas Contra, Cancer 14 Shirley Goings 2	Yes 🗆				Income
	Shirley Goings 2	No 🗖				
	3 3	Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗆			·	
		Yes 🗆				Income
		No 🗆				
3.	Verification					
	I have read and understand FPPC Regulations 18944.1 is in accordance with the provisions.	and 18942. I h	ave verified	that the distribution of	of admissio	ns, set forth above,
	D about daried man the provisions.		1	7		
	Im Worke Don Roc	ha	(Suncilma	imber	05/19/13
	Signature of Agency Head or Designee Print	Name		Title		(month, day, year)
	Comment: (Use this space or an attachment for any additional	al information in	cluding amend	dment explanation.)		
				zprantanom,		

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

RECEIVED San Jose Algublic Document

1.	Agency Name City of San Jose Division, Department, or Region	1 (If Annlicable)	Date Stamp 2013 MAR 29	California 802 Form For Official Use Only			
	Council District 9 Designated Agency Contact (Na						
	Donald Rocha, Councilmemb		AV-2		Amendment (Must provid	de explanation in Part 3.)	
	Area Code/Phone Number E-mail donald.rocha@sanjoseca.gov			Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Inform Does the agency have a ticket property and the second	oolicy? Provide Title/Explain agency?	Yes ☐ No nation Yes ☐ No No ⊠ Yes	Date(s)	of Each Ticket/Pass \$ 3	//	
3.	Recipients • Use Section A to identify the agency's	department or u	nit. • Use Sec	ction B to identify an indivic			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	ones in Espainica, il manorità de maio	the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the following Other Other describe below:	Income 🗆	
				Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant to	the agency's policy	
	South Bay Guitar Society 72 North Fifth Street, Suite 1	8 San Jose	6		•		
4.	Verification Theve read and understand FPPC Regula	tions 18944.1 and		•			
	Signature of Agency Head or Designee	Chineses.	Donald R Print Ner		Councilmember	03/28/13 (Month, Day, Yeer)	
	Comment:						

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

RECEIVED -San Jose City Clerk A Public Document

. Agency Name			2013 FE	B 27 Date Stamp L	California 802
City of San Jose					Form OUZ
Division, Department, or Region (if applica	ble)				For Official Use Only
Council District 9					
Street Address		# <u>-</u> ####			
200 E. Santa Clara St.					
Designated Agency Contact (Name, Title)				☐ Amendment (Must r	provide explanation in Part 3.)
Donald Rocha, Councilmember				Ailleiluilleilt (Mast)	novide explanation in r dit o.y
Area Code/Phone Number E-mail		w		Date of Original Filing:	(month, day, year)
408-535-4909 donald.ro	cha@sanjosec	a dov			(month) day, year,
t. Function, Event, or Ceremonial R		mand the second of the second	and the state of t		
Tuliction, Event, or ocicinomark	ole illiolillat				,
Title Disney on Ice			Face \	Value of Each Admis	sion \$ <u>80.00</u>
					the second secon
Description Ice Skating Show			Date(s	s) <u></u>	·
				•	
Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	If no: San	Jose Arena Authority	
()	•			Name o	of Source
	ere i di bili alassa	4 4 15 .	. babaat a	f an aganay official?)
Was the distribution to persons iden	tilled below h	naue at tire	benesi o	ran agency official:	•
Yes 🗸 No 🔲 If yes: Rocha,	Donald Councilm	nember			
Yes 🖸 No 🔲 If yes: Rocha,	Official's i	Name (Last, F	irst) and Title		
men to the forest to the house of the					
The identity of recipient(s) and th	e explanatio)[].			. ff. (a) . (a) . (a) . (a) . (b) . (a) . (b) . (c) .
Name			Check to taxable	he Income box if the agency Income. If the agency officia	official claims admission as
(Last, First) or	Number of Admission(s)/	Agency Official	also pro	vide a description.	
Organization	Ticket(s)		 If not income ceremon 	come, describe the public pu nial roles, performed by an a	gency official, individual, or
(Name, Address, Description)			organiza		医多数形式 医多种性 医多种性 医多种性 医皮肤
		Yes 🗖			Income
Willow Glen National Jr. Basketball Le	16	No 🗆			
		Yes □			Income
		No 🛘	·		
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗆		•	
3. Verification	inun 10011 1 on	~ 10010 lh	ava varifiad	that the distribution of a	admissions, set forth above
I have read and understand FPPC Regulat is in accordance with the provisions.	ions 18944.1 an	iu 10942. I [[ave verilleu	anat the distribution of a	t >
A A					alanto
Don Vlorbe Do	nald Rocha		Cou	ıncilmember	WY 2+113
Signature of Agency Head or Designee	Print Na	ime		Title	(month, day, year)
• • • • • • • • • • • • • • • • • • • •					
Comment: (Use this space or an attachment	for any additional i	inform <mark>a</mark> tion in	cluding <mark>a</mark> men	dment explanation.)	

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

RECEIVED San Jose City Cle**A**kPublic Document

. Agency Name			ባል	Date Stamp	California 802
City of San Jose			2.0	3 FEB 27 PM 3: 1	Form OU2
Division, Department, or Region (if applied)	cable)			,	Poi Official Use Offiy
Council District 9					
Street Address			4		
200 E. Santa Clara St. Designated Agency Contact (Name, Title)					
				☐ Amendment (Must pr	ovide explanation in Part 3.)
Donald Rocha, Councilmember Area Code/Phone Number [E-mail]				Date of Original Filling: -	•
				Date of Original Chinigh	(month, day, year)
	ocha@sanjosed				
. Function, Event, or Ceremonial	Role informat	lion			
Title Pink			Face \	Value of Each Admiss	sion \$ 80.00
Description Concert			Date(s	s)	
			_		
Ticket(s)/Admission(s) provided by	agency? Yes	☐ No ☑	If no: San	Jose Arena Authority Name of	Source
				rvamo or	50u/00
Was the distribution to persons ide	entified below n	nade at the	e behest of	f an agency official?	
D 1	B (100 : 1)	. I			
Yes ☑ No ☐ If yes: Rocha	a, Donald Counciln	nember Name (Last F	First) and Title		
	a, Donald Councilm Official's		First) and Title		
Yes ☑ No ☐ If yes: Roche The identity of recipient(s) and the					
The identity of recipient(s) and to	the explanation	on:	Check the	ne Income box if the agency o Income. If the agency official	医二甲基二二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基
The identity of recipient(s) and to Name (Last, First) or			Check the taxable I also pro-	ne Income box if the agency o Income. If the agency official vide a description.	performed a ceremonial role,
The identity of recipient(s) and to Name (Last, First)	the explanation	On:	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, pose, including pncy official, individual, or
The identity of recipient(s) and to Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur	performed a ceremonial role, pose, including ency official, individual, or
The identity of recipient(s) and to Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, pose, including pncy official, individual, or
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, bose, including ency official, individual, or Income
The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, pose, including ency official, individual, or Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, pose, including pocy official, individual, or Income Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes Yes Yes	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, bose, including ency official, individual, or Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, pose, including ency official, individual, or Income Income Income Income
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Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club Rocha, Donald	Number of Admission(s)/ Ticket(s)	Agency official Yes	Check the taxable I also profile of the ceremon ceremon.	ne Income box if the agency o Income. If the agency official vide a description. come, describe the public pur Ital roles, performed by an ag	performed a ceremonial role, pose, including ency official, individual, or Income Income Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club Rocha, Donald 8. Verification I have read and understand FPPC Regulation	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable I also pro If not incommon organizations	ne Income box if the agency of Income. If the agency official vide a description. come, describe the public purilal roles, performed by an agrition.	Income Income Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club Rocha, Donald	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check the taxable I also pro If not incommon organizations	ne Income box if the agency of Income. If the agency official vide a description. come, describe the public purilal roles, performed by an agrition.	Income Income Income Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club Rocha, Donald 8. Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s) 14 2 ations 18944.1 an	Agency Official Yes	Check the taxable I also profession of the ceremon organization organiz	that the distribution of add	performed a ceremonial role, pose, including ency official, individual, or Income
Name (Last, First) or Organization (Name, Address, Description) Ida Price Home and School Club Rocha, Donald 8. Verification I have read and understand FPPC Regulation in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official Yes No Yes No Yes No Yes No No Yes No And 18942. I had a second continuous continu	Check the taxable I also profession of the ceremon organization organiz	ne Income box if the agency of Income. If the agency official vide a description. come, describe the public purilal roles, performed by an agrition.	performed a ceremonial role, pose, including ency official, individual, or Income

RECEIVED Agency Report of: San Jose City Clerk Ceremonial Role Events and A Public Document Ticket/Admission Distributions 1. Agency Name California Form City of San Jose Division, Department, or Region (if applicable) Council District 9 Street Address 200 E Santa Clara Street Designated Agency Contact (Name, Title) Donald Rocha, Councilmember ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . E-mail (month, day, year) Donald.Rocha@sanjoseca.gov 408-535-4909 2. Function, Event, or Ceremonial Role Information alentines Super Love Jam Face Value of Each Admission \$ Description Conce Ticket(s)/Admission(s) provided by agency? Yes ☐ No 🔞 If no: Was the distribution to persons identified below made at the behest of an agency official? Donald Councilmember Rocha No 🗆 Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Check the income box if the agency official claims admission as Name taxable income. If the agency official performed a ceremonial role, (Last, First) Number of Agency also provide a description. or Official Admission(s)/ If not income, describe the public purpose, including Organization Ticket(s) ceremonial roles, performed by an agency official, individual, or (Name, Address, Description) organization. Income Yes 🔲 No Income Yes 🔲 No Income Yes Π No Yes Income No

3. Verification

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

Yes 🔲

No □

Don Corte	Donald Rocha	Councilmember	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income