Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Form City of San Jose San Jose City Clerk For Official Use Only Division, Department, or Region (if applicable) e-muil Council District 4 2018 DEC 14 AM 8: 06 Designated Agency Contact (Name, Title) Thulien Dang, Council Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 408-535-4904 District4@sanioseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 225 box and 82 seat Does the agency have a ticket policy? Yes X No □ Event Description: Sharks Vs. Oilers Date(s) __11__/ 20 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗷 Name of Source If yes: Lan Diep 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 A. 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes** Community Involvement/Support Recognition. Dumpster Day Volunteers from 9/15/18 24 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. Lan Diep Lan Diep Councilmember 11/29/2018 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED **A Public Document** San lose Walk stalking to 1. Agency Name California OTUN Form City of San Jose 2018 SEP 18 PM 2: 47 For Official Use Only Division, Department, or Region (if applicable) Council District 4 Designated Agency Contact (Name, Title) Thulien Dang, Council Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4904 District4@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Summer Jams Date(s) __9__/_ 9 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: Shelly Wang, Ticket Programs Coordinator 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 A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square 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 Community Involvement/Support Recognition Summer Event Festival Volunteers 14 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. Lan Diep Councilmember 9/18/18 (month, day, year)

Comment:

C	eremonial Role Even	ts and Ticket/P	RECEIVED A Public Documen						
1.	Agency Name		San Jose City Cler	California 202					
	City of San Jose		Form Co						
	Division, Department, or Reg	ion (if applicable)	018 JUN 20 PM 1: 41	For Official Use Only					
	Council District 4					•			
	Designated Agency Contact ((Name, Title)	***************************************]					
	Thulien Dang, Council Assis	stant	Amendment (Must Provide	de Explanation in Part 3.)					
	Area Code/Phone Number	E-mail				<u> </u>			
	408-535-4904	District4@sanjosed	ca.gov		Date of Original Filling:	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick	ret policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 27.00)			
	Event Description: Neighbor	rhood Nights SJ Ear			<u>, 13 , 18 </u>	1 1			
	Event Description.	Provide Title/ Expla		Jaie(5)	<i>I</i>				
	Ticket(s)/Pass(es) provided	by agency? Yes I	f no:	Name of Source					
	Was ticket distribution made	at the behest Yes	□ No⊠ 「	f yes:	Official's Name (Last, First)				
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
	A Name of Agency Deng	utmont or Unit	Number	Dogariba th					
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
	Council District 4	2	Host particip	ants- Ceremonial Role					
			2						
	B. Name of Indi	Number of Ticket(s)/		Identify one of the follow	wing:				
	(Last, Firs	st)	Passes			<u> </u>			
					nonial Role 🗵 Other 🔲 king "Ceremonial Role" or "Other" describe	Income			
				" UNCOM	ing determination of other describe	bolow.			
						,			
				3	nonial Role Other Chartering "Ceremonial Role" or "Other" describe	Income			
				,, 0,,00,	mg Coromonia Noic S. Stror accomp	boloti.			
	· .		Number						
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe the	e public purpose made pursuar	ıt to the agency's policy			
	(Passes			· · · · · · · · · · · · · · · · · · ·			
1	Verification								
÷.		DC Dogulations 19044	1 and 10010	I have verified t	that the distribution sat forth	ahaya ia in accordance			
	I have read and understand FPI with the requirements.	ro negulalions 10944	. i aliu 10942.	ı nave venileü l	กละ เกษ นเจเกมนิเบก ริษะ เปกุก	above, is in accordance			
	1. Du	1 -	n Dion		Councilmember	6/19/18			
	Signature of Agency Head of Designation		n Diep int Name		Title	(month, day, year)			
	g,					, , , , , , , , , , , , , , , , , , , ,			
	A				1				

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California OSDate Stamp **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) Council District 4 Designated Agency Contact (Name, Title) Thulien Dang, Council Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-4904 District4@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 254.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Justin Timberlake Concert Date(s) __4__/_ 25 / Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ 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 Council District 4 Host participants 3 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income Other 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes Dumpster Day/Litter Day Pick Up Volunteers Community Involvement/support recognition 13 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. Lan Diep Councilmember 4/23/18 Print Name (month, day, year)

Comment: _

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

	RECEIVED	
San	Jose City Cla Publi	c Document

1.	Agency Name	Date Stamp California 802					
	City of San Jose	2014 SEP 22 PM 3	- FOIII				
	Division, Department, or Region (If Applicable)	MAR	For Official Use Only				
	Council District 4						
	Designated Agency Contact (Name, Title)						
				#D47-24-1-44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	Area Code/Phone Number E-mail	Amendment (Must pro	vid e explanation in Part 3.)				
	408 535.4904 district4@sar	njoseca.gov		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Information				(MONN, 20), 1001)		
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	262.00				
		8 , 23 , 14					
	Event Description SLAM, The Tour Provide Title/Expla		· ·				
				ose Arena Authority			
	Thoret(a)/1 das(cs) provided by agency: Yes NO			Name of Sour	ce		
	Was ticket distribution made at the behest						
	of agency official?			Official's Name (La	st, First)		
	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	olic purpose mede pursuant to	the agency's policy				
	THE COUNTY SAME THE SAME	Pass(es)					
	·						
	B. Name of individual	Number of Ticket(s)/		Identify one of the following			
	(Last, First)	Pass(es)					
			Ceremonial Role If checking "Ceremon	Other Iniel Role" or "Other" describe below:	Income [
			Communical Duly	П он П			
			Ceremonial Role If checking "Ceremon	Other In the control of the control	Income L		
	C. Name of Outside Organization	Number of					
	(Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	e public purpose made pursuant to the agency's policy			
	Federation of Indo Americans of Northern California 8		Recognition event for their efforts to unite local South Asians culturally & cultivate their moral values through various events				
	Verification I have read and understand FPPC Regulations 18944.1 and	19040 15	offeed that the distribution of	fault about to be considered.			
	mave reading unique steril FFFC regulations 16944.1 and						
	///lliged Chu	<u></u> Kansen (····	Councilmember	09/19/14		
	Signature of Agency Head or Designee	Print Nam	····	Title	(Month, Day,		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** Date Stamp 1. Agency Name California **Form** SEP 22 PH 3: 02 City of San Jose For Official Use Only Division, Department, or Region (If Applicable) of oth Council District 4 **Designated Agency Contact** (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408 535,4904 district4@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 Ringling Bros & Barnum?Bailey Circus 08 , 23 , 14 If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest No ⊠ Yes □ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s) Pass(es) Recognition event for efforts of City's School Safety Unity staff San Jose Police Dept. School Safety Unit 24 over the past school year Number of В. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income | If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Kansen Chu

Print Name

Comment: _

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

09/19/14

(Month, Day, Year)

Councilmember

remonial Role Events and Tic	ket/Pass	Distributionș _{an}	vereiner 1088 Ein Cipar	A Public Document
Agency Name		400 F S	Date Stamp	California Ono
City of San Jose	EB 21 AM 8:57	Form OU4		
Division, Department, or Region (If Applicable	10.01	For Official Use Only		
Council District 4		- 0X	1	
Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
408/535-4904 district4@sa	njoseca.gov	,	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				(month, 20), 100,
Does the agency have a ticket policy?	Yes □ No	Face Value of	of Each Ticket/Pass \$ _	52.50
Event Description Imagine Dragons	,		2 , 13 , 14	
Event Description	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	ose Arena Authority			
	Name of So	urce		
Was ticket distribution made at the behest of agency official?	No 🛛 Yes	☐ If yes:	Official's Name (i	Last, First)
Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual, ♦ Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow Other ital Role" or "Other" describe below:	Ing:
			Other Interpretable below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	to the agency's policy	
Independence High School student	16	Recognition event House volunteers.	for D <u>i</u> strict 4's Spooky	Halloween and Haunted
volunteers		1		- I allowed and Tradition
				, ranowost, and radinos
volunteers Verification	d 18942. I have v	erified that the distribution set	forth above, is in accordance wi	
volunteers	d 18942. I have v Kansen		forth above, is in accordance wi Councilmember	

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

1.	Agency Name	Date Stamp California 80			
	City of San Jose	[20] [2] [3] [3] [3] [3] [3] [3] [3] [3] [3] [3	Form 002		
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Council District 4				
	Designated Agency Contact (Name, Title)		William		
		·			
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	408/535-4904 district4@san	ioseca gov		Date of Original Filing:	
-	Function or Event Information	joodaa.gu			(Month, Day, Year)
۷.	Does the agency have a ticket policy?	f Each Ticket/Pass \$	192		
	Sharke v. Duake				
	Event Description Sharks v. Ducks Provide Title/Explain				
		se Arena Authority			
	Ticket(s)/Pass(es) provided by agency?	If no:	Name of Sour	се	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: _				
	of agency official?		, 901	Official's Name (Le	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an Individu	ial. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Describe the public purpose made pursuant to the agency's policy			
		Ticket(s)/ Pass(es)			
					•
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	The Control of Control	Identify one of the followin	g:
		r ass(es)	Ceremonial Role	Other	Income
			1	ial Role" or "Other" describe below:	
			Ceremonial Role	Other D	Income
	•		ii checking Gerenioni	al Kole of Other describe below.	
	C. Name of Outside Organization	Number of	Describe the public purpose made pursuant to the agency's p		
	(include address and description)	Ticket(s)/ Pass(es)			o the agency's policy
	Counsel General of Taiwan and EVA		Recognition event.		
	Airlines	24			
		-			
1	Verification /				
+.	I have read end understand FPRC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	//2 Go KN	Kansen (Councilmember	12/12/13
	Signature of Agency Read or Designed	Print Nam		Title	(Month, Day, Year)
	Comment:				

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

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А	rı	w	14:	υu	CL.		en	ı

	Agency Name		Date Stamp	California 802				
	City of San Jose		MES 10 711 9:31	Form 502				
	Division, Department, or Reg	on (If Applicable		For Official Use Only				
	Council District 4							
	Designated Agency Contact (Name, Title)						
				•	-			
	Area Code/Phone Number	E-mail	Amendment (Must pro	vide explanation in Part 3.)				
	408/535-4904					- Maria - Maria		
	Function or Event Infor		,000000.901			(Month, Day, Year)		
	Does the agency have a ticke		Yes ☐ No	☐ Face Value o	f Each Ticket/Pass \$	39.50		
	* '	t policy:						
	Event Description Paramore	Provide Title/Exp	lanation	Date(s)	18 , 13			
		,		San Jo	se Arena Authority			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:				Name of Sour	TC8		
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:							
	of agency official?		140 [2] 103		Official's Name (Le	est, First)		
}.	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.							
					lic purpose made pursuant t	o the agency's policy		
			Pass(es)					
	· · · · · · · · · · · · · · · · · · ·							
	B. Name of Individual (Last First)	al	Number of Ticket(s)/		ldentify one of the followin	g:		
	B. Name of Individual (Last, First)	al		Coromanial Pole				
		3	Ticket(s)/	Ceremonial Role If checking **Ceremon		g: Income		
		al	Ticket(s)/		Other			
		3	Ticket(s)/		Other			
		al	Ticket(s)/	If checking *Ceremon Ceremonial Role	Other Other Other Other			
		3	Ticket(s)/	If checking *Ceremon Ceremonial Role	Other I	Income		
		al	Ticket(s)/	If checking *Ceremon Ceremonial Role	Other Other Other Other	Income		
	(Last, First)		Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Income Income		
		nization	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other	Income Income		
	C. Name of Outside Organ	nization scription)	Ticket(s)/ Pass(es)	If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub	Other	Income Income		
	(Last, First) Name of Outside Organ	nization scription)	Ticket(s)/ Pass(es)	If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub	Other	Income Income		
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub	Other	Income Income		
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub	Other	Income Income		
	C. Name of Outside Organ (include address and des Independence High School volunteers	nization scription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub	Other	Income Income		
1.	C. Name of Outside Organ (include address and des Independence High School volunteers	sization scription) student	Number of Ticket(s)/Pass(es)	Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub Recognition event f Movie Night volunte	Other	Income In		
	C. Name of Outside Organ (include address and des Independence High School volunteers	sization scription) student	Number of Ticket(s)/Pass(es)	Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the pub Recognition event f Movie Night volunte	Other	Income In		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp : 53 Form City of San Jose For Official Use Only Division, Department, or Region (If Applicable) Council District 4 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Pert 3.) Area Code/Phone Number E-mali Date of Original Filing: 408-535-4904 district4@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 238 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description Vicente Fernandez Concert Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest No X Yes □ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy

(include address and description)	Pass(es)			
San Jose Vet Center	8	Recognition ev	ent.	
. Verification I have read and inderstand FBPC Regulations 1894	4.1 and 18942. I have ve	rified that the distribution	on set forth above, is in accordance with the	
May 2011 Chu	Kansen (Chu	City Councilmember	4/26/13
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:			***************************************	EDDC Forms 2002 /4/4
•				FPPC Form 802 (4/1 ASK-FPPC (866/275-777

Agency Report of: Seremonial Role Events and Tic	cket/Pass	Distributions Jose City Clerk Sa _l A.	RECEIVED Rublic Document				
. Agency Name	2013 FEB 22 PM 3: 34913	California 802					
City of San Jose	Sky Or Gair 0000						
Division, Department, or Region (If Applicable	10)		** **				
Council District 4							
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)						
		Amendment (Must provide	explanation in Part 3.)				
Area Code/Phone Number E-mail							
	anjoseca.gov	Date of Original Filing:(M	onth, Day, Year)				
. Function or Event Information			80				
Does the agency have a ticket policy?	Yes□ No[
Event Description Disney on Ice: Dare to	Dream	Date(s) 2 / 23 / 13					
Provide Tille/Ex	Can loss Arons Authority						
Ticket(s)/Pass(es) provided by agency?	If no: San Jose Arena Authority Name of Source						
Was ticket distribution made at the behest	No⊠ Yes[···					
of agency official?	140 [2] 165 [If yes:Official's Name (Last, F	irst)				
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 Ticket Pass(Describe the public purpose made pursuant to the agency's policy					
B. Name of individual (Last, First)	Number of Ticket(s)/ Pass(es)	identify one of the following: Ceremonial Role Other If the following Other Other	Income [
	·	Carernonial Role Other If checking "Caremonial Role" or "Other" describe below:	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				
District 4 Community Volunteers	16	Recognition for community volunteers - 12/8/1 Santa event.	2 Breakfast with				
. Verification I have read and upderstand FPDC Regulations 18944.1 a	nd 18942. I have ve	ified that the distribution set forth above, is in accordance with the i	equirements.				
Ala. L. VII	Kansen 0	hu Councilmember	2/19/13				
TAMARIN AIV	Managh	TIM OVATION TO THE	2/19/13				

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name <u>California</u> Date Stamp City of San Jose For Official Use Only Division, Department, or Region (If Applicable) Council District 4 Designated Agency Contact (Name, Title) Amondment (Must provide explanation in Part 3.) Area Code/Phone Number E-mall Date of Orlginal Filing: . 408-535-4904 district4@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 100 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No Event Description SAP Open Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Was ticket distribution made at the behest No Yes if yes: __ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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: (Lust, First) Pass(es) Income Ceremonial Role Other If checking "Ceremoniel Role" or "Other" describe below: Other Income Ceremonial Role 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)/ Pass(es) (include address and description) Pledmont Hills High School Recognition event. 16. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, Kansen Chu Counclimember Print Name (Month, Day, Year)

Agency Report of:

Comment: _

Ceremonial Role Events and Ticket/Pass Distributionis Clark A Public Document 1. Agency Name California Date Stamp Form 2013 FEB 27 City of San Jose PM 3:31 For Official Use Only Division, Department, or Region (If Applicable) Council District 4 Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number E-mail Date of Original Filling: 408-535-4904 district4@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 64 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No No Event Description SAP Open Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Was ticket distribution made at the behest No ⊠ Yes □ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purposo made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Tieket(s)/ Identify one of the following: Pass(es) Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremoniel 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)/ Pass(es) (include address and description) Recognition event. Berryessa Senior Advisory Council 48 Verification I have read on Funders and FPP9 Regulations 18944,1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements. Councilmember Kansen Chu 2/19/13 Print Name (Month, Day, Year) Comment: _

Agency Report of:

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

A Public Document

1. Agency Name		Date Stamp California 80				
City of San Jose		B 22 PM 3: 31	Citi			
Division, Department, or Regio	n (If Applicable)		For Official Use Only			
Council District 4						
Designated Agency Contact (N	ame, Title)					
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Area Code/Phone Number	E-mall			Amendment (Must pi	rovide explanation in Part 3.)	
	district4@sar	njoseca,gov	·	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inform	teled continues and recommendation				(Month, Day, Taar)	
Does the agency have a ticket		Yes 🗌 No 🛭	ا Face Value o	f Each Ticket/Pass \$	\$80/\$130/192	
· ·	•	100 1-1				
Event Description Sharks v. P	Provide Title/Exple	nation	Date(s)		remainder transmissel sens to resolution to the free transmisser of	
Ticket(s)/Pass(es) provided by	anenev?	Yes 🗀 No 🛭	a If no. San Jo	se Arena Authority		
Ticket(s)/Tasa(ca) provided by	Yes 🔲 No 🛚	11 13637	Name of So	urce		
Was ticket distribution made at of agency official?	the behest	No⊠ Yes [If yes:	Official's Name (L	ast, First)	
3. Recipients						
 Use Section A to identify the agency! 	s department or u	init. • Use Sect	ion B to identify an individu	al. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Departmen	A. Name of Agency, Department or Unit		Describe the publ	lic purpose made pursuant	to the agency's policy	
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			elemente esta esta esta esta esta esta esta es	and the second and th		
B. Name of Individual				Identify one of the following:		
		Pass(es)		Other	Income _	
the final and finding the control of	gen Lave general van de general van		Ceremonial Role If checking "Ceremoni	Other I all Role" or "Other" describe below:	Income	
C. Name of Outside Organic (include address and desc	C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant	to the agency's policy	
San Jose Junior Sharks 1500 S. 10th Street, SJ, CA	San Jose Junior Sharks 1500 S. 10th Street, SJ, CA 95112		Recognition event.			
4. Verification There read and moderstand EPPC Regulation	tions 18944.1 and	18942. I have ver	ified that the distribution set fo	orth above. Is in accordance wi	th the requirements.	
Marlan VI	2	Kansen C		Councilmember	2/19/13	
Signature of Agency Head or Designee	-	Print Name	the state of the s	Title	(Month, Day, Year)	
Comment:		anga dalak kanada da				

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Ceremonial Role Events and Ticket/Pass Distributions Jose City Clark

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. Agency Name			NOTO Police	Date Stamp	California 802	
City of San Jose		3 22 PH 3: 31	Form For Official Use Only			
Division, Department, or Reg	ion (If Applicable)		1 of Small 330 Stay			
Council District 4						
Designated Agency Contact	Name, Tille)	·				
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Area Code/Phone Number	E-mall			Amendment (Must pr		
408-535-4904	district4@sar	njoseca.gov	ł	Date of Original Filing:	(Month. Dav. Year)	
2. Function or Event Infor	mation	TAXABLE PROPERTY OF COMMO			(1111)	
Does the agency have a ticke		f Each Ticket/Pass \$	49			
- Valentine's	The board 1/2 board					
Event Description	Event Description Valentine's Super Love Jam Date(s) 2 Provide Title/Explanation					
Ticket(s)/Pass(es) provided h				se Arena Authority Neme of Sou		
inototion andian biganaga a	Ficket(s)/Pass(es) provided by agency? Yes ☐ No 🛛			Neme of Sou	Irce	
	Vas ticket distribution made at the behest No ☒ Yes ☐			Official's Name (L	and Plant	
of agency official?				Official's Name (L	ast, ritst)	
3. Recipients	enterior (Charles and Anna March Control of Control of Anna Anna Anna Anna Anna Anna Anna Ann	Approximately 12 Control of the State of State o				
• Use Section A to Identify the agence	y's department or u	ial. • Use Section C to ident	lfy an outside organization.			
A, Name of Agency, Department	ant or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
		Pass(es)			AND THE PROPERTY OF THE PROPER	
B, Name of Individu	Name of Individual Number			Identify one of the following:		
(Last, First)	***	Ticket(s)/ Pass(es)		119:		
THE STOCKES OF A SECTION SECTI	A STANDARD OF ST. A STANDARD A ST. AND			Other	Income 🔲	
			If cheaking *Ceremon	ial Role" or "Other" describe below:		
			Ceremonial Role	Other 🗌	Income	
				ial Role" or "Other" describe below:	, (1-01) - He	
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C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	llc purpose made pursuant	to the agency's policy	
(include address and de		Pass(es)				
Berryessa Community Cent	er	48	Recognition event.	•		
. Verification						
i have read and inderstand FPPC Regu	ilations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance Witi	h the requirements.	
Mauroully.		Kansen (<u> </u>	Councilmember	2/19/13	
Signature of Agency Head or Designer	9	Print Nam	9	Tille	(Month, Day, Year)	
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Comment:	energenesischer Constitutioner	Charles May and September	and the second of the second o			