Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of San Jose an Jose City Clerk For Official Use Only Division, Department, or Region (if applicable) City Council, District 10 Designated Agency Contact (Name, Title) Ammal Elhaddad, Community Relations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 408-535-4910 district10@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 240.00 Does the agency have a ticket policy? Yes X No □ Event Description: San Jose Sharks vs. Vegas Knights 12 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes ☑ No ☐ Name of Source If yes: Khamis, Johnny 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)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Khamis, Johnny If checking "Ceremonial Role" or "Other" describe below: 1 Other X Elhaddad, Ammal Ceremonial Role Income Staffing Councilmember Khamis 1 Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Recognize community volunteers who have helped with Blossom Valley Neighborhood Association 12 neighborhood cleanups and other City projects

4. V	'eri	rıca	tior

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have read and understand FPPC Regulation	ons 18944.1 and 18942. I have	verified that the distribution set forth ab	ove, is in accordance
vith the requirements.			
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CV	Kel	X/IVE		
Sign	ture of A	gency He	ead or D	esignee

Ammal Elhaddad

Community Relations

12/22/19

e (month, day, year)

Comment:

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



Agency ty of Sa		a a rocke allegation and a larger state of the state of t	
Reci	pients	Use Section B to	identify an individual. • Use Section C to identify an outside organization.
Α.			Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Seth,	Muskan	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: 4th of July Volunteer
Bader	r, John	1	Ceremonial Role Other Image Income In
			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:
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: Geremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San Jose San Jose City Clark For Official Use Only Division, Department, or Region (if applicable) City Council, District 10 2019 DEC 23 PM 5: 06 Designated Agency Contact (Name, Title) Ammal Elhaddad, Community Relations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 408-535-4910 district10@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 240.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: San Jose Sharks vs. Canucks Date(s) 12 / 14 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Khamis, Johnny 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 Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Income Ceremonial Role Navarro, Enrique D-10 Staff member hosting suite 1 Ceremonial Role Other X 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 Recognize community volunteers on the Disaster C.E.R.T Disaster Preparedness Volunteers 12 Preparedness Team

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 Ammal Elhaddad Community Relations 12/22/19 (month, day, year)

Print Name

Signature of Agency Head or Designee

Comment:

Title

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



Agency 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: Other 🔀 Ceremonial Role 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: 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 Thank volunteers for providing support with Christmas in **CRANDL Chamber Group** 8 the Park musical performances Thank volunteers for assisting with November Dumpster **Dumpster Day Volunteers** 3 Day

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp/ E California 1. Agency Name San Jose City Cic. Form City of San Jose orcin For Official Use Only Division, Department, or Region (if applicable) 2019 APR 26 PM 3: 24 Council District 10 Designated Agency Contact (Name, Title) Shane Patrick Connolly, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 04/26/2019 408-535-4910 district10@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 201.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Sharks v. Avalanche playoff game Date(s) 04 / 26 / Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Khamis, Johnny Was ticket distribution made at the behest Yes ☒ No ☐ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last. First) Passes Income ___ Other ___ Ceremonial Role 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 of Ticket(s)/ (include address and description) **Passes** Recognition for volunteer activities related to annual Volunteers for July 4th Family Fun Festival & 8 City-sponsored July 4th event in District 10 Fireworks event c/o Alan Vonderwerth, lead

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 requirement

Print Name

Shane Patrick Connolly

Chief of Staff

04/26/2019

(month, day, year)

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name RECEIVE Stamp California Form City of San Jose San Jose City Clerk For Official Use Only Division, Department, or Region (if applicable) City Council, District 10 2018 NOV - 1 PM 3: 34 Designated Agency Contact (Name, Title) Shane Patrick Connolly, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 408-535-4910 district10@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 225.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: San Jose Sharks vs. Buffalo Sabres Date(s) 10 / 18 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ 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 A. of Ticket(s)/ Passes City of San Jose Planning, Building, Code Recognize PBCE employees involved with program to 18 **Enforcement Department** expedite restaurant openings within the City of San Jose City of San Jose - City Council District 7 Recognize community volunteers who have helped with 4 flood recovery and other City projects Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Income Connolly, Shane Patrick If checking "Ceremonial Role" or "Other" describe below: 1 Host suite guests on behalf of Councilmember Khamis Ceremonial Role Other X Income Kou, Peter If checking "Ceremonial Role" or "Other" describe below: 1 Recognize contributions of volunteer intern for his service to District 10 constituents 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

. Verification			
I have read and understand FPPC Reg	iulations 18944.1 and 18942. I have veri	fied that the distribution set forth	above, is in accordance
with the requirements.			
A	Shane Patrick Connolly	Chief of Staff	11/01/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
entrant particular de la constitución de la constit			
Comment:			

gency Report of: eremonial Role Events and Ticket/P	ass Distr	ibutions	Α	Public Document
Agency Name C:TY of SAN JOSE		j	RECEIMMEStamp ose City Clork	California 802
Division, Department, or Region (if applicable) COUNCIL DISTRICT (Designated Agency Contact (Name, Title)			P 14 PM 3: 11	For Official Use Only
SHANE PATRICK CONNOLLY Area Code/Phone Number E-mail 58/535-4910 Shanepatrick 5976			☐ Amendment (Must Pri	ovide Explanation in Part 3.) (month, day, year)
Function or Event Information Does the agency have a ticket policy? Yes Event Description: SHAKIRA (CON CONTROL Explan	(No ☐ F (E R T) [ation]	Face Value of I	Each Ticket/Pass \$ 10	<u>69,95</u>
Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or Unit.	Number			-
SJPD Southern Division	of Ticket(s)/ Passes		e public purpose made purs officers muolved crime initiatives	I in District 10 including Safe Gamunit
SJPD CRIME PREVENTION	3	Recognize	staff involved in s, including Saf	n District 10 anti-co
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	
Khamis, Johnny	general de la constant de la constan	If checki	onial Role Other Ming "Ceremonial Role" or "Other" desc of DIO, voluntee	
BITAR, CLAUDINE	The second secon	Ceremo If checki	onial Role Other Ming "Ceremonial Role" or "Other" described DIO Community	income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
Verification I have read and understand FPPC Regulations 18944.7 with the requirements. Signature of Agency Head or Designee Printlements			nat the distribution set for uncil member Title	. 1

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



Agency Name CITY OF SAN JUSE	Canna	2010 SEP 14 PM 3: 11
Recipients		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
CITY OF SAN JOSE COUNGIL DISTRICT 2	3	Recognize Staff involved with joint D2/D11 initiatives such as Winter Walk
CITY of SAN JOSE COUNCIL DISTRICT 5	1	Recognize staff involved with joint D5/D1 initiatues such as anti-graffiti/anti-dumpi
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
Supercheck, Josie		Ceremonial Role Other Income I
Fadness, Aiko		Ceremonial Role Other M Income
Kou, Peter		Ceremonial Role Other M. Income Income If checking "Ceremonial Role" or "Other" describe below: Recognize July 4th Festival Volunteer
Khamis, Juliana		Ceremonial Role Other M 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

gency Name City of Sandoce	ـــر بير نيخ	an JoBate Stamp Clark California O O
Che of Con los		
	****	For Official Uses Only
rision, Department, or Region (if applicable)	Z.	IBFEB 14 AM 9: 38
signated Agency Contact (Name, Title)		-
01 10 11 01 0	COLEC	
ea Code/Phone Number E-mail	of Staff	Amendment (Must Provide Explanation in Part 3.)
08.535.4910 district 10 p.sani	iosera.gov	Date of Original Filing:(month, day, year)
inction or Event Information	y J	
es the agency have a ticket policy? Yes 🖊 No	Face Value of	Each Ticket/Pass \$ 129.00
ent Description: WWE Monday Night	th Rabate(s) 2	, 12, 18
ket(s)/Pass(es) provided by agency? Yes 🗖 No	□ If no:	Name of Source
as ticket distribution made at the behast Vac 🗖 Na	If yes:	Khamis, Ahnny
as ticket distribution made at the behest Yes No f agency official?	o ☐ If yes:	Official's Name (Last, First)
Recipients	et D 4 i J et C i ji i i	duel Alle Centre Che identifican entrile committeetier
Use Section A to identify the agency's department or unit. • Use Sect	mber	iuai. • Use Section C to identify an outside organization.
Name of Agency, Department or Unit of Tic		ne public purpose made pursuant to the agency's policy
Name of Individual of Tic	mber cket(s)/	Identify one of the following:
(Last, First) Pa	sses	
		nonial Role Other Income In
	Cerem	nonial Role Other Income
		king "Ceremonial Role" or "Other" describe below:
Name of Outside Organization of Tic	mber cket(s)/ Describe th	e public purpose made pursuant to the agency's policy
	sses	
And A Comment Live Contract		Assessment of the second
areat American Litter Pickup 11	A COMM	inity involvement support
volunteers / Proneer H5		V
VOUNTRUS		
rification we read and understand FPPC Regulations 18944.1 and	19010 hove verified t	that the distribution put forth above is in accordance
ve read and understand FPPC Regulations 18944.1 and in the requirements.	16942. I Have Verilled L	nat the distribution set form above, is in accordance
	VW 25.00	und Con lase Conscilnanolox 2.11
11/1/1/ 1/h // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ignature of Agendy Head or Designee Print Name	MANUT CUL	Title (month, day, year)

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



	Recipients		
	• Use Section A to identify the agency's department or unit		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 agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		1,43303	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 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

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name S⊟⊓ JOBāteStampClor California For Official Use Only 7017 SEP 18 PM 2: 35 City Council District 10
Designated Agency Contact (Name, Title) Shane Patrick Connolly
Area Code/Phone Number | E-mail Amendment (Must Provide Explanation in Part 3.) **Date of Original Filing:** (408)535-4910 (month, day, year) district 100 sanjoseca. 9 ov **Function or Event Information** Face Value of Each Ticket/Pass \$ 128 Does the agency have a ticket policy? Yes ☑ No □ Event Description: NWE Monday Night Raw Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🗆 If no: Name of Source hamis Was ticket distribution made at the behest Yes ☑ No □ If yes: 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 jource Datuct 10 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other \square 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 Neigh barhood volunteer efforts for Annual 4th of July Event Vonder werth 585 Blair burn Way Sun Jose, CA 4. Verification I have read and understand FPPG Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements lead or Designed

Agency Report of:

Confirment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED A Public Document JOBate Stamp Clerk 1. Agency Name California **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) City Council, District 10 Designated Agency Contact (Name, Title) Shane Patrick Connolly, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408.535.4910 district10@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ (16) \$222 & (8) \$86 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Sharks vs Dallas Stars Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Khamis, Johnny Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes City of San Jose Department of These tickets were given to DOT staff members as a 24 "Thank You" for all their work Transportation (DOT) 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: Other 🔲 Ceremonial Role 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 Verification I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Johnny Khamis Councilmember 03/06/2017 Print Name Title (month, day, year)

Comment:

TITLE DISTRIBUTION OF TICKETS OR PASSES TO CITY/AGENCY OFFICIALS

sture of Agency Head or Designas

Comment:

PAGE 5 of 7 POLICY NUMBER ITY Clerk 9-11 2016 MAY -3 PM 3:3}

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of San Jose
Division, Department, or Region (# Applicable) Form For Official Use Only Council District 10
Designated Agency Contact (Name, Title) Shane Patrick Connolly, Chief of Staff Amendment (Must provide explanation in Part 3.) Area Code/Phone Number district 10@sanjoseca.gov Date of Original Filling: 408 535.4910 2. Function or Event Information Face Value of Each Ticket/Pass \$ 333.00 and \$129.00 Does the agency have a ticket policy? Event Description SharkS V. Pred extors Date(s) 05,01,16 Yes I No I If no: Ticket(s)/Pass(es) provided by agency? Johnny 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 Ticketts V 4 ouncil District 10 Number of Name of Individual В. Ticket(s)/ Identify one of the following: Pass(cs) Income 🔲 Ceremonial Role Offer 🗌 If checking "Coremanial Role" or "Other" describe below Caramosial Rola 🔲 Other 🔲 laccoma 🔲 If checking "Coremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 16 involvement Verific/ation Lingvio reglet aftet ungb , and PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

C	eremonial Role Events and Ticket/P	ass Distri	butions	KENETAFO	A Public Documer				
1.	Agency Name / S	an Jose		Date Stamp	Califo				
	City of San Jose Arena Anthority Ef ott: Form Out Spirision, Department, or Region (if applicable) For Official Use Only								
	Designated Agency Contact (Name, Title)								
			101						
	Shane Patrick Connoll Area Code/Phone Number E-mail	y, Cha	tor Hatt	☐ Amendment (Mo	ust Provide Explan	ation in Part 3.)			
L	108-535-4910 district1		seca,gov	Date of Original Fili	ng:(month, d	ay, year)			
2.	Function or Event Information		•		1000	20			
		Ø No□ F	ace Value of	Each Ticket/Pass \$: <u>/88.</u> -				
	Event Description: Sharks v. L.A. King	<u>S</u> D	ate(s) <u>3</u>	28,16	*				
	•		no:			<u></u>			
	Was ticket distribution made at the behest Yes [of agency official?	Í No□ If	yes: K	Name of Source 14 m 15 Jo Official's Name (Last, Fi	hony rst)				
 3.	Recipients								
	• Use Section A to identify the agency's department or unit.	• 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	e public purpose made	pursuant to the	agency's policy			
		Number							
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of t	ne following:				
				onial Role Othe ing "Ceremonial Role" or "Othe		Income			
				onial Role Othe ong "Ceremonial Role" or "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			
10	Cahalen Neighborhood Assoc. Suzan Bartlett School Santus, CA	95103	4.7	tion of volunt trict 10 neigh		orts leaders			
<u>/</u> ડ	Survise-Blossom Valley Neighborhood Assel Eldon Nichols Son Not CA 95/23	2/1		n 12	()				
	Verification								
	I have read and understand FPPC Regulations 18944. with the requirements	_				is in accordance			
	Signature of Ages Head or Designee Pri	nt Name	<u> </u>	ouncilmember, Title	<u> </u>	(month, day, year)			

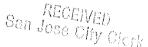
Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Clerk A Public Document 1. Agency Name Date Stamp California Form 2014 MAR 24 FP 1:31 City of San Jose For Official Use Only Division, Department, or Region (If Applicable) Council District 10 Designated Agency Contact (Name, Title) Shane Patrick Connolly Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-maii Date of Original Filing: 03/21/2014 408-535-4910 district10@sanjoseca.gov 2. Function or Event Information 48.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Electric Bounce House concert **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes⊠ No□ Name of Source If ves: Khamis, Johnny 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)t identify one of the following: Pass(es) Ceremonial Role Other X Income Connolly, Shane Patrick If checking "Ceremonial Role" or "Other" describe below: 1 (City of San Jose, Council District 10) Hosting of volunteer organization Ceremonial Role Other X Income Ferguson, Jerad If checking "Ceremonial Role" or "Other" describe below: 1 (City of San Jose, Council District 1) Hosting of volunteer organization Number of Name of Outside Organization C Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Alpha Phi Omega service club at SJSU Per Council Policy 9-11, award made to service organization to 14 1 Washington Square, San Jose, CA recognize volunteers who assisted with WOWW senior event. Verification t 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. Johnny Khamis Councilmember 03/21/14 Title Signature of Agency Head or Designee Print Name (Month, Day, Year) Cømment:

Agency Report of:

gency Report of: eremonial Role Events and Tick	et/Pass	RECEIVED Distributions Jose City Clark A Public Document
Agency Name Division, Department, or Region (If Applicable)	Jose	Date Stamp California 802
Designated Agency Contact (Name, Title)	<u>+ </u>	(D) (C) (C) (M)
	1	Amendment (Must provide explanation in Part 3.) Sanjose Ca. 901 Date of Original Filing: (Month, Day, Year)
Function or Event Information		195
Does the agency have a ticket policy? Event Description ST Sharks Vs. Tark Provide Title/Explan	Yes No Yes Day Light Mallion	Face Value of Each Ticket/Pass \$
Ticket(s)/Pass(es) provided by agency?	∕es ☑ No∣	☐ If no:
Was ticket distribution made at the behest of agency official?	No ☐ Yes,	1/1
Recipients • Use Section A to identify the agency's department or un	nit. • Use Sec	ction 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
Council District 10	2	Host participants
B. Name of individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
- 127 JAN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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:
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
DIO Leadership Coalition	22	Community involvement Expport - Pers
Verification I have read and understand FPPC Regulations 18944.1 and a Signature of Agency Head or Designee	18942. I have ve	enified that the distribution set forth above, is in accordance with the requirements. City of San Tosc Council member 12/6/17
Connent:	, riminali.	. ние (мони, рау, теат)

Agency Report of: Ceremonial Role Events and



ickevAdmission Distribution	15		A MARIE	AH	Public Documer
Agency Name	20131	MY -9K	11/2:37	Date Stamp	California 802
Division, Department, or Region (if appli	icable)	\sqrt{nm}	-1 MW(13		For Official Use Only
200 E Santa Clasa	Street -	18m F	1005		
Street Address	1	A 1	1		•
Rayshelle Brant-	(ouncil	Assist	ant		
Designated Agency Contact (Name, Title,				☐ Amendment (Must provi	ide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
08-835-4910 rays	hello bra	10 Car	Nibseca.	bate of original raining.	(month, day, year)
Function, Event, or Ceremonial	V-, 40-		Museca.	NOV.	
C. Tota Classic					120
Title Dan Jose Svark	s vama		Face \	/alue of Each Admissio	on \$ <u>150</u>
Description Hockey Game			Date(s	4,2113	1 1
Description			Date(s		Λ
Ticket(s)/Admission(s) provided by	agency? Yes	∏ No ⊠	(If no: Sa	n Jose Arena	Athority
, , , , , , , , , , , , , , , , , , , ,	3 ,			Name of So	urce
Was the distribution to persons ide	entified below r	nade at the	e behest of	an agency official?	
. /					
Yes 🔲 No 🔯 Ifyes:	Official's	Name (Last F	First) and Title		
The identify of recipient/s) and			noiy and Thia		
The identity of recipient(s) and t) . 	- Chack th	e Income box if the agency offici	lal alalma admiantan an
Name (Last, First)	Number of	Agency	taxable Ir	ncome. If the agency official per	
or Organization	Admission(s)/ Ticket(s)	Official	If not ince	/ide a descripilon. ome, describe the public purpos	
(Name, Address, Description)	nonce(o)		ceremon organizat	lal roles, performed by an agenc tion.	y official, individual, or
		Yes 🗖			ncome
Khamis, Johnny	2000	No 🗆			
Brant, Rayshelle	1	Yes 🗆	1/1.	1. D	Income
Armenolasiz, John	1	No 🗆	VUVV	oteer Kelogni	hon 0
Kimmel, Mason Goodwin, Tommy	Agueria .	Yes ☐ No ☐		.	Income
HETTESA, Robert		Yes 🗆			·····
Navuen. Dana	,	No 🔲		11	Income
Radio, Lonnor		Yes 🔲			Income
120000000000000000000000000000000000000		No 🗖			
Verification				,	
I have read and understand FPPC Regulation is in accordance with the provisions.	ations 18944.1 an	id 18942. I h	ave verified t	hat the distribution of admis	ssions, set forth above,
is in accordance with the provisions.	_ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,			,	, 1
AXI . T	Ohnay Print Na	amic	()	suncilvanter	5/8/12
Signature of Agency Head or Designee	Print Na	me 7		Title	(month, day, year)
Comment: (Use this space or an attachmon	t for any additional i	information inc	dudina amand	ment evalenation \	,
Comment: (Usa this space or an attachment	t for any additional i	ntormation inc	uaing amendi	ment explanation.)	

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

	RECI	EIVEL)	
San	Jose	City	A Public	Document

1.	Agency Name				1013 APR 16 AH 9:	California 802	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Office of Cancil Memb. Street Address						
	200 E Santa Clara St.						
-	Designated Agency Contact (Name, Title)	☐ Amendment (Must provide	explanation in Part 3.)				
	Area Code/Phone Number E-mail				Date of Original Filing:	4/08/13	
1/2	14-535-4910 distric	419 Denv	<u> Nivseca</u>	and	(r.	nonth, day, year)	
2.	Function, Event, or Ceremonial Ro					Cate Balantina (Annie State Balantina (Balantina, memorpe en segmen <u>a en en en en en</u> en	
	Andre Dies Com		4			112	
	Title FVIGTE REU SOVICE			Face \	/alue of Each Admission	\$	
Description Musical Concert Date(s) 3, 16, 13						1. 1	
	• • • • •			_	A.	1	
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No 🏻	(If no: 🖄	an Jose Areno	2 Athority	
			• "		Name of Sour	Ce ()	
	Was the distribution to persons ident	ified below n	nade at th	e behest of	an agency official?		
	Yes No I If yes: Brant, Raushelle: Council Assistant Official's Name (Last, First) and Title						
	The identity of recipient(s) and the explanation:						
•	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	taxable li also prov • if not inc	e income box if the agency official neome. If the agency official perforide a description. ome, describe the public purpose, ial roles, performed by an agency official.	rmed a ceremonial role, Including	
	Almaden Senior Association	` ~	Yes 🗖			ncome	
	- Senior Organization	8	No 🗆	<u> </u>			
	SSY Camain Asic		Yes ☐ No ☐			Income	
	San Jose CA 95120		Yes 🗖			Income	
	Brant, Kayshelle		No 🗖				
			Yes 🗖			Income	
		<u>.</u>	No 🗆				
		•	Yes ☐ No ☐	-	•	Income	
3.	Verification	· jagoj (tak Sajak samana)					
٠.	I have read and understand FPPC Regulation is in accordance with the provisions.	ns 18944.1 an	d 18942. I h	ave verified t	hat the distribution of admiss	ions, set forth above,	
	1/1/2/-	را ا	Ί.	ſ	n 100 100 10 -	1/0/12	
	Signature of Agency Head or Designee	Ohnny X	hami.	<u> </u>	analmember	(month day year)	
	14	FJBIL 1981			1 WiG	(monut, day, year)	
	Comment: (Use this space or an attachment for	r any additional ii	nformation inc	duding amendi	ment explanation.)		
	/						

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

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A Public Document

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1.	Agency Name		2013 APR	-9 AM S	≎ {} L _t Date Stamp	California 802		
	City of San Jose		LOTO IN ET	e +11.1	~UM>	Form OUZ For Official Use Only		
	Division, Department, or Region (if applica	ble)	11		36	Por Official Use Only		
	Office of Councilmember							
	200 E Santa Clara St Designated Agency Contact (Name, Title)							
	Ranshelle Brant: Con Area Code/Phone Number E-mail	uncil A	ssista	t.	☐ Amendment (Must prov	ide explanation in Part 3.)		
40	8-535-4910 distric	c+10@50	wiosec	a.gov		(month, day, year)		
2.	Function, Event, or Ceremonial R	ole Informa	tion	U				
	Title San Jose Sharks	Came	<u> </u>	Face V	alue of Each Admission	on \$ 130		
	Description tocker Game Date(s) 2 1281 13							
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ဩ	If no: Sa	Name of So	Arthority		
	Was the distribution to persons iden	tified below r	nade at the	e behest of	an agency official?			
	· + > .	10	· \ .	1 . (1111	·		
	Yes No I If yes:	Official's	Nama (Last, F	First) and Title	ouncil Assist	an 1		
The identity of recipient(s) and the explanation:								
	Name				income box if the agency offic			
	(Last, First) or	Number of Admission(s)/	Agency Official		come. If the agency official per ide a description.	Tormed a ceremonial role,		
	Organization (Name, Address, Description)	Ticket(s)	- Cinicial		ome, describe the public purpos al roles, performed by an agenc lon.			
	Pioneer High School -	day and	Yes ☐ No 酒	Educa	ition	ncome		
	1290 Blassom Hill Rd		Yes 🔲			Income		
	San Jose, CA 95118		No 🗖			<u> </u>		
ž	Brant Rayshelle	1	Yes 🛣			Income		
			Yes 🔲 No 🔲	,		Income		
			Yes 🔲			Income		
	_		No 🗖					
3.	Verification					(College of the speciment of the specimens of the specime		
	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.							
	Signature of Agency Head or Designee	huny (namis	(ouncil member	4/8/13		
		,			t ine	(month, day, year)		
	Comment: (Use this space or an attachment for any additional information including amendment explanation.)							