

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

A Public Document

1. Agency Name		Date Stamp RECEIVED San Jose City Clerk 2019 DEC 23 PM 5:06	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) City Council, District 10			
Designated Agency Contact (Name, Title) Ammal Elhaddad, Community Relations			
Area Code/Phone Number 408-535-4910	E-mail district10@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 240.00

Event Description: San Jose Sharks vs. Vegas Knights Date(s) 12 / 22 / 19
Provide Title/ Explanation

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

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

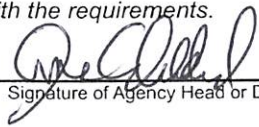
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Khamis, Johnny	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Elhaddad, Ammal	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Staffing Councilmember Khamis
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
Blossom Valley Neighborhood Association	12	Recognize community volunteers who have helped with neighborhood cleanups and other City projects

4. Verification

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

 Signature of Agency Head or Designee	Ammal Elhaddad Print Name	Community Relations Title	12/22/19 (month, day, year)
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Comment: _____

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

Agency Name

City of San Jose

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Seth, Muskan	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 4th of July Volunteer
Bader, John	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Dumpster Day Volunteer
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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1. Agency Name City of San Jose		Date Stamp RECEIVED San Jose City Clerk 2019 DEC 23 PM 5:06	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) City Council, District 10		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Ammal Elhaddad, Community Relations			
Area Code/Phone Number 408-535-4910	E-mail district10@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 240.00

Event Description: San Jose Sharks vs. Canucks Date(s) 12 / 14 / 19
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Navarro, Enrique	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> D-10 Staff member hosting suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
C.E.R.T Disaster Preparedness Volunteers	12	Recognize community volunteers on the Disaster 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.

 <small>Signature of Agency Head or Designee</small>	Ammal Elhaddad <small>Print Name</small>	Community Relations <small>Title</small>	12/22/19 <small>(month, day, year)</small>
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Comment: _____

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

Agency Name

City of San Jose

3. Recipients

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

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

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

A Public Document

1. Agency Name		Date Stamp/EC <i>San Jose City Cl</i> <i>OTC</i> 2019 APR 26 PM 3:24	California Form 802 <small>For Official Use Only</small>
City of San Jose			
Division, Department, or Region <i>(if applicable)</i>			
Council District 10			
Designated Agency Contact <i>(Name, Title)</i>			
Shane Patrick Connolly, Chief of Staff			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
408-535-4910	district10@sanjoseca.gov	Date of Original Filing: <u>04/26/2019</u> <small><i>(month, day, year)</i></small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 201.00

Event Description: Sharks v. Avalanche playoff game Date(s) 04 / 26 / 19
Provide Title/ Explanation

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

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

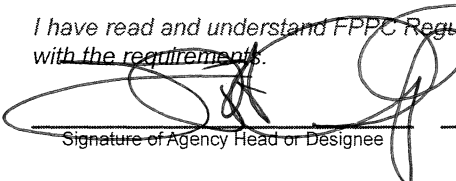
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Volunteers for July 4th Family Fun Festival & Fireworks event c/o Alan Vonderwerth, lead	8	Recognition for volunteer activities related to annual City-sponsored July 4th event in District 10

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.

 <small>Signature of Agency Head or Designee</small>	Shane Patrick Connolly <small>Print Name</small>	Chief of Staff <small>Title</small>	04/26/2019 <small><i>(month, day, year)</i></small>
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Comment: _____

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk	Date Stamp 2018 NOV -1 PM 3: 34
Division, Department, or Region (if applicable) City Council, District 10		California Form 802 For Official Use Only	
Designated Agency Contact (Name, Title) Shane Patrick Connolly, Chief of Staff			
Area Code/Phone Number 408-535-4910	E-mail district10@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225.00

Event Description: San Jose Sharks vs. Buffalo Sabres Date(s) 10 / 18 / 18
Provide Title/ Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jose Planning, Building, Code Enforcement Department	18	Recognize PBCE employees involved with program to expedite restaurant openings within the City of San Jose
City of San Jose - City Council District 7	4	Recognize community volunteers who have helped with flood recovery and other City projects
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Connolly, Shane Patrick	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Host suite guests on behalf of Councilmember Khamis
Kou, Peter	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognize contributions of volunteer intern for his service to District 10 constituents
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Shane Patrick Connolly
Chief of Staff
11/01/18
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

1. Agency Name <u>CITY OF SAN JOSE</u>		RECEIVED Date Stamp San Jose City Clerk <u>OTC - AL</u> 2018 SEP 14 PM 3:11	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) <u>COUNCIL DISTRICT 10</u>			
Designated Agency Contact (Name, Title) <u>SHANE PATRICK CONNOLLY, CHIEF OF STAFF</u>			
Area Code/Phone Number <u>408/535-4910</u>	E-mail <u>shanepatrick.connolly@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 169.95

Event Description: SHAKIRA (CONCERT) Date(s) 9/6/18
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>SJPD Southern Division</u>	<u>3</u>	<u>Recognize officers involved in District 10 anti-crime initiatives including Safe Communities</u>
<u>SJPD CRIME PREVENTION</u>	<u>3</u>	<u>Recognize staff involved in District 10 anti-crime initiatives, including Safe Communities</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Khamis, Johnny</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Hosting of D10 volunteers and City staff event w/ safe communities</u>
<u>BITAR, CLAUDINE</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Recognize D10 community volunteer.</u>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

[Signature] Johnny Khamis Council member 09/14/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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 San Jose City Clerk
 OTC - AL

2018 SEP 14 PM 3:11

Agency Name

CITY OF SAN JOSE, COUNCIL DISTRICT 10

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
CITY OF SAN JOSE COUNCIL DISTRICT 2	3	Recognize staff involved with joint D2 / D10 initiatives such as Winter Walk
CITY OF SAN JOSE COUNCIL DISTRICT 5	1	Recognize staff involved with joint D5 / D10 initiatives such as anti-graffiti/anti-dumping
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Supercheck, Josie	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Recognize July 4th Festival volunteers
Fadness, Aiko	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Recognize July 4th Festival volunteers
Kou, Peter	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Recognize July 4th Festival volunteers
Khamis, Juliana	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Recognize July 4th Festival Volunteers
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**

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1. Agency Name City of San Jose Division, Department, or Region (if applicable)		Date/Stamp 2018 FEB 14 AM 9:38 San Jose City Clerk OTCAR	California Form 802 For Official Use Only
Council District 10 Designated Agency Contact (Name, Title) Shane Patrick Connolly, Chief of Staff			
Area Code/Phone Number 408.535.4910	E-mail district10@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 129.00

Event Description: WWE Monday Night Raw Date(s) 2/12/18
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Great American Litter Pickup volunteers / Pioneer HS volunteers	16	Community involvement / support

4. Verification

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

Signature of Agency Head or Designee: _____
 Print Name: Johnny Khamis
 Title: City of San Jose Councilmember
 Date: 2/12/18
(month, day, year)

Comment: _____

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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**

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1. Agency Name <u>City of San Jose</u>		SAN JOSE PUBLIC CLERK Date/Stamp <u>OTC m</u> 2017 SEP 18 PM 2:35	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>City Council, District 10</u>			
Designated Agency Contact (Name, Title) <u>Shane Patrick Connolly, Chief of Staff</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4910</u>	E-mail <u>district10@sanjoseca.gov</u>	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 \$ 128 + \$98

Event Description: WWE Monday Night Raw Date(s) 9/18/17
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Council District 10</u>	<u>1</u>	<u>Host participant</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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>Playa Del Rey Neighborhood Assoc. / Bob Vonderwerth / VP / 585 Blair burry way, San Jose, CA</u>	<u>6</u>	<u>Recognition of volunteer efforts of District 10 for Annual 4th of July Event</u>

4. Verification

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

[Signature] Print Name Johnny Khamis Title Council member, District 10 9/15/17
Signature of Agency Head or Designee (month, day, year)

Comment: _____

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

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1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Council, District 10

Designated Agency Contact (Name, Title)

Shane Patrick Connolly, Chief of Staff

Area Code/Phone Number

408.535.4910

E-mail

district10@sanjoseca.gov

SAN JOSE City Clerk
Date Stamp
RW OTC
2017 MAR 14 AM 10:36

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ (16) \$222 & (8) \$86

Event Description: San Jose Sharks vs Dallas Stars Date(s) 03 / 12 / 17
Provide Title/Explanation

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

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

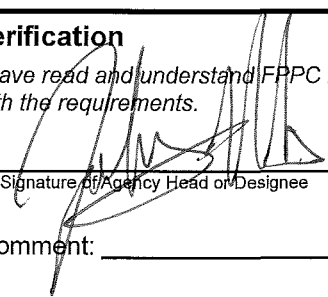
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jose Department of Transportation (DOT)	24	These tickets were given to DOT staff members as a "Thank You" for all their work
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee:  Print Name: Johnny Khamis Title: Councilmember Date: 03/06/2017
(month, day, year)

Comment: _____

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San Jose City Clerk

TITLE DISTRIBUTION OF TICKETS OR PASSES TO CITY/AGENCY OFFICIALS

PAGE 5 of 7

POLICY NUMBER

9-11
2016 MAY -3 PM 3:31

EP OTC

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if Applicable)			
Council District 10			
Designated Agency Contact (Name, Title)			
Shane Patrick Connolly, Chief of Staff			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
408.535.4910	district10@sanjoseca.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 \$ 333.00 and \$129.00

Event Description Sharks v. Predators game Date(s) 05, 01, 16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Council District 10	4	Host participants
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Great American Litter Pick up Volunteers	16	Community involvement / support-reward

4. Verification

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

[Signature] Johnny Khamis City of San Jose Councilmember 5/3/16
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

Comment: _____

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

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1. Agency Name <u>CITY of SAN JOSE / SAN JOSE ARZENA AUTHORITY</u> <small>Division, Department, or Region (if applicable)</small>		<small>Date Stamp</small> <u>EP OTC</u> <u>16 MAR 28 PM 1:07</u>	California Form 802 <small>For Official Use Only</small>
Designated Agency Contact (Name, Title) <u>Shane Patrick Connolly, Chief Staff</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4910</u>	E-mail <u>district10@sanjoseca.gov</u>	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 188.00

Event Description: Sharks v. L.A. Kings Date(s) 3/28/16
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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>Cahalen Neighborhood Assoc. 711 Prunto Dr. San Jose, CA 95123</u>	<u>6/3</u>	<u>Recognition of volunteer efforts of District 10 neighborhood leaders</u>
<u>Surprise-Blossom Valley Neighborhood Assoc. 5705 Snell Way San Jose CA 95123</u>	<u>2/1</u>	<u>" " "</u>

4. Verification

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

Signature of Agency Head or Designee: [Signature] Print Name: Johnny Khamis Title: Councilmember, Dist. 10 Date: 03/28/16
(month, day, year)

Comment: _____

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name City of San Jose		Date Stamp 2014 MAR 24 P 1:31	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Council District 10		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 03/21/2014 (Month, Day, Year)	
Designated Agency Contact (Name, Title) Shane Patrick Connolly			
Area Code/Phone Number 408-535-4910	E-mail district10@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 48.00

Event Description Electric Bounce House concert Date(s) 03 / 21 / 14
Provide Title/Explanation

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

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

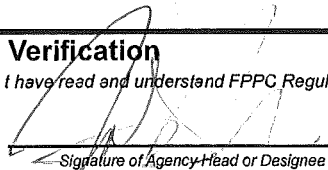
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Connolly, Shane Patrick (City of San Jose, Council District 10)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Hosting of volunteer organization
Ferguson, Jerad (City of San Jose, Council District 1)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Hosting of volunteer organization
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
Alpha Phi Omega service club at SJSU 1 Washington Square, San Jose, CA	14	Per Council Policy 9-11, award made to service organization to recognize volunteers who assisted with WOWW senior event.

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.


Johnny Khamis
Councilmember
03/21/14

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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San Jose City Clerk

A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 DEC -6 PM 2:41	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 10</u>			
Designated Agency Contact (Name, Title) <u>Shane Patrick Connolly, Chief of Staff</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408.535.4910</u>	E-mail <u>district10@sanjose.ca.gov</u>	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 192

Event Description SJ Sharks vs. Tampa Bay Lightning game Date(s) 11, 21, 13
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Council District 10</u>	<u>2</u>	<u>Host participants</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
<u>D10 Leadership Coalition</u>	<u>22</u>	<u>Community involvement support - reward</u>

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.

Johnny Khamis City of San Jose Councilmember 12/6/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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1. Agency Name <u>Office of Councilmember Johnny Khamis</u> Division, Department, or Region (if applicable)		Date Stamp 2013 MAY -9 AM 9:37	California Form 802 For Official Use Only
Street Address <u>200 E Santa Clara Street - 18th Floor</u>			
Designated Agency Contact (Name, Title) <u>Rayshelle Brant - Council Assistant</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4910</u>	E-mail <u>rayshelle-brant@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title San Jose Sharks Game Face Value of Each Admission \$ 130

Description Hockey Game Date(s) 4, 2, 13

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
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	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Khamis, Johnny	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Brant, Rayshelle	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Armeniasiz, John	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Volunteer Recognition <input type="checkbox"/>
Kimmel, Mason	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Goodwin, Tommy	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	" <input type="checkbox"/>
Herrera, Robert	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Nguyen, Dang	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	" <input type="checkbox"/>
Radlo, Connor	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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.

[Signature] Johnny Khamis Councilmember 5/8/13
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.)

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

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San Jose City Clerk
A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 APR 16 AM 9:00	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Councilmember Johnny Khamis</u>			
Street Address <u>200 E Santa Clara St, San Jose 95113</u>			
Designated Agency Contact (Name, Title) <u>Rayshelle Brant: Council Assistant</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4910</u>	E-mail <u>district10@sanjoseca.gov</u>	Date of Original Filing: <u>04/08/13</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Andre Riev Concert Face Value of Each Admission \$ 112

Description Musical Concert Date(s) 3, 16, 13

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Brant, Rayshelle: 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	Income
<u>Almaden Senior Association - Senior Organization</u>	<u>8</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>6554 Camden Ave San Jose CA 95120</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>Brant, Rayshelle</u>	<u>1</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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.

[Signature] Signature of Agency Head or Designee
Johnny Khamis Print Name
Councilmember Title
4/8/13 (month, day, year)

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

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

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San Jose City Clerk

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1. Agency Name <u>City of San Jose</u>		2013 APR -9 AM 9:04 Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Office of Councilmember Johnny Khamis</u>		<i>copy JTC</i>	
Street Address <u>200 E Santa Clara St, SJ 95113</u>			
Designated Agency Contact (Name, Title) <u>Rayshelle Brant: Council Assistant</u>			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number <u>408-535-4910</u>	E-mail <u>district10@sanjoseca.gov</u>	Date of Original Filing: <u>04/08/13</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title San Jose Sharks Game Face Value of Each Admission \$ 130

Description Hockey Game Date(s) 2/28/13

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Brant, Rayshelle: 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	Income
Pioneer High School - Special Education Dept 1290 Blossom Hill Rd San Jose, CA 95118	7	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Education <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Brant, Rayshelle</u>	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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.

[Signature] Johnny Khamis Councilmember 4/8/13
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.)