**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** JODate Stamp Of K 1. Agency Name California **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) Retirement Services Designated Agency Contact (Name, Title) Deborah Sattler Senior Accountant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-794-1039 deborah.sattler@sanjoseca.gov (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 225 Does the agency have a ticket policy? Event Description: Sharks Round 1 Playoff game Date(s) \_\_04 18 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 Α. of Ticket(s)/ Passes Retirement Services Recognition Event 24 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income Chua-Foy, Benjie If checking "Ceremonial Role" or "Other" describe below: 2 Recognition Event Other 🗵 Income Ceremonial Role Niebla, Veronica If checking "Ceremonial Role" or "Other" describe below: 2 Recognition Event Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) 4. Verification Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance (with the requirements. Deborah Sattler Senior Accountant 4/30/2019 Signature of Agency Head or Designee The Office of Retirement Service received 24 tickets, 3 recipients are designated individuals and employees

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agency Name		2019 MAY - 3 PM 3: 26				
y of San Jose						
Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
Martinez, Grace	1	Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:  Recognition Event				
		Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below:				
·	-	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
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	eremonial Role Events and Ticl	<u> </u>		RECEIVED	A Public Documer
	Agency Name		ŧ	Date Stamp Clork	California 802
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	Division, Department, or Region (IT Applicable)	)			
	Designated Agency Contact (Name, Title)				
	Designated Agency Contact (Name, Title)				
	·			Amendment (Must pro	vide explanation in Part 3.)
ì	Area Code/Phone Number E-mail				
1	FUS 11 171 000 IJ Danne. Function or Event Information	wange	Sanyose Cargo	Vg.	(Month, Day, Year)
		Yes <b>⊠ N</b> ol	□ Face Value o	of Each Ticket/Pass \$	50,00
		Yes A (		128 12015	
	Event Description 5 NCV K5 6 Provide Title/Expla	nation	Date(s) <u>/ / / </u>		/
	Ticket(s)/Pass(es) provided by agency?	Yes □ No∫	7 If no: <u>5</u>	SAA	
		·	`. Q	Name of Source	ce -\frac{1}{2}
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: 100	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.				
	A. Name of Agency, Department or Unit	Number of Describe the surf		plic purpose made pursuant to the agency's policy	
	, ii	Ticket(s)/ Pass(es)			
	Office of Retirement	8	Reci	sanitaon	
	Services				
	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	j:
			Ceremonial Role	_	Income
	A .		If checking "Geremonia	al Role" or "Other" describe below:	
	Alexander, Linda	2	Reco	anition	
•			Ceremonial Role	Other 🗵	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
1	ariffithe Sur	$\mathcal{Q}$	Recog	) oftion	
•	C Name of Outside Organization	Number of Ticket(s)/	~	ic purpose made pursuant to	the agency's nolicy
_	(include address and description)	Pass(es)	Describe the publ	e purpose made pursuant to	the agency's policy
				•	
•	l				
	Verification  have read and understand FPPC Regulations 18944.1 and 1	18042   have yer	ified that the distribution set fo	rth above is in accordance with t	ho roquiromente

Comment: \_\_\_



Ag	Office of Retirement Services						
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			
	В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
			1 435(65)	Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" describe below:	Income		
•	H.	rmse, Melanie	2	Recognition Ceremonial Role Other S	Income 🔲		
_	Je	niay, Aynur	2	If checking "Ceremonial Role" or "Other" describe below:			
	1			Ceremonial Role	Income 🗌		
,				Ceremonial Role  Other  If checking "Ceremonial Role" or "Other" describe below:	Income 🗖		
	С.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the ager	ncy's policy		
•							
•							
•							
•							

Agency Name CITY OF SAN JOSE Division, Department, or Region (If Applicable)  DEPARTMENT OF RETIREMENT SERVICES Designated Agency Contact (Name, Title)  LINDA ALEXANDER Area Code/Phone Number 408-794-1005  E-mail Iinda.alexander@sanjoseca.gov  Amendment (Must provide explanation in Part 3.) Date of Original Filing: 05/27/14 (Month, Day, Year)  250.00  Event Description Sharks Playoff Game B Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes \ No \ San Jose Arena Authority  Was ticket distribution made at the behest of agency official?  No \ Yes \ If yes: Official's Name (Lest, First)	Agency Report of: Ceremonial Role Events and Tick	ket/Pass	Distributions	RECEIVED San Jose City Cla	A Public Document	
Division, Department, or Region (if Applicable)   DEPARTMENT OF RETIREMENT SERVICES   Designated Agency Contact (Name, Title)   Linda ALEXANDER   Area Code/Phone Number   E-mail   Inda alexander@sanjoseca.gov   Date of Original Filing: 05/27/14   Oate of O	1. Agency Name			Date Stamp	California OAA	
Division, Department, or Region (if Applicable)   DEPARTMENT OF RETIREMENT SERVICES   Designated Agency Contact (Name, Title)   Linda ALEXANDER   Area Code/Phone Number   E-mail   Inda alexander@sanjoseca.gov   Date of Original Filing: 05/27/14   Oate of O	CITY OF SAN JOSE		2	114 JUN -2 AM 8:	Form OUZ	
Designated Agency Contact (Name Title)	Division, Department, or Region (If Applicable)				For Official Use Only	
Designated Agency Contact (Name Title)	DEPARTMENT OF RETIREMENT SERVI	DEPARTMENT OF RETIREMENT SERVICES				
Area Code/Phone Number 408-794-1005   India.alexander@sanjoseca.gov   Date of Original Filling: \( \frac{1}{202714} \)   Date of Original Filling: \( \frac{1}{						
Area Code/Phone Number 408-794-1005   India.alexander@sanjoseca.gov   Date of Original Filling: \( \frac{1}{202714} \)   Date of Original Filling: \( \frac{1}{	LINDA ALEXANDER	LINDA ALEXANDER				
Pack   Commontain   Commontai						
2. Function or Event Information Does the agency have a ticket policy? Event Description  Sharks Playoff Game B  Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest No S Yes No S Yes Official?  3. Recipients  • Use Section A to Identify the spency's department or unit.  A. Name of Agency, Department or Unit Ticket(s)/Pass(es) City of San Jose, Department of Retirement Services  B. Name of Individual  Explanation  Number of Ticket(s)/Pass(es)  Staff Recognition  B. Name of Individual  Fine Caremonial Role Office Securibe balow: Staff Recognition  Ceremonial Role Office Securibe balow: Staff Recognition  Ceremonial Role Office Securibe balow: Staff Recognition  Control of Securibe balow: Staff Recognition  Ceremonial Role Office Securibe balow: Staff Recognition  Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  Control of Securibe balow: Staff Recognition  Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition  A. Verification  Income Control of Securibe balow: Staff Recognition of Control of Securibe Balo		ler@sanjos	eca.gov	Date of Original Filing:		
Does the agency have a ticket policy?  Event Description Sharks Playoff Game B  Provide TritleExplanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ Yes \ Yes \ No \ Yes \ Yes \ No \ Yes \ No \ Yes \ Yes \ No \ Yes \ Yes \ No \ Yes \	·				(Monai, Day, Tear)	
Event Description Sharks Playoff Game B Provide TitlerExplanation Ticket(s)/Pass(es) provided by agency? Yes		Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$	250.00	
Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: San Jose Arena Authority  Was ticket distribution made at the behest of agency official?  Recipients  • Use Section A to identify the sgency'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			<b>—</b>		,	
Was ticket distribution made at the behest of agency official?	Event Description	nation	Date(s)			
Was ticket distribution made at the behest of agency official?	Ticket(s)/Pass(es) provided by agency?	Ves □ No.	ISI If no: San Jo	ose Arena Authority		
A. Name of Agency, Department or Unit City of San Jose, Department of Retirement Services  B. Name of Individual (Leaf, Page)  Rumber of Ticket(s) Pass(es)  City of San Jose, Department of Retirement Services  City of San Jose, Department of Retirement Services  B. Name of Individual (Leaf, Page)  Rumar, Ron  Rumar, Ron  Rumar, Ron  Ceremonial Role   Citier   Income   If thereting Ceremonial Role   Citier   Income   If theret	monet(e), rues(ee) promacu 2) agene) r	163 🔲 110		Name of Sour	ce .	
See Section A to Identify the agency's department or unit.		No ⊠ Yes	☐ If yes:	Officiəl's Nəme (La	ist, First)	
A. Name of Agency, Department or Unit Tloket(s) Pass(es)  City of San Jose, Department of Retirement Services  24 Staff Recognition  B. Name of Individual (Lead Feed) Identify one of the following: Pass(es)  Kumar, Ron  2 Ceremonial Role Other Mescribe below: Staff Recognition  Emillo, Carol  Ceremonial Role Other Mescribe below: Staff Recognition  Ceremonial Role Other Mescribe below: Staff Recognition  C. Name of Outside Organization (Include address and description)  Number of Tloket(s) Pass(es)  N/A  A. 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.	<ul><li>Recipients</li><li>Use Section A to identify the agency's department or u</li></ul>	ınit.   • Use Se	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.	
B. Name of Individual (Last, Final)   Number of Ticket(b)   Pass(es)	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Rame of Individual (Leat, First)   Identify one of the following:			Staff Recognition			
Kumar, Ron  2   Ceremonial Role   Other   Income	B. Name of Individual	Ticket(s)/		Identify one of the followin	9:	
Bermillo, Carol  2 Staff Recognition  Ceremonial Role  Other  Income  Income  Income  Staff Recognition  C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  N/A  Describe the public purpose made pursuant to the agency's policy  N/A  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.  Anday Mandel Anda Alexander Staff Term 05/9-7/44	Kumar Ron	1 440(60)			Income	
Bermillo, Carol  2  If checking "Ceremonial Role" or "Other" describe below: Staff Recognition  C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  N/A  Describe the public purpose made pursuant to the agency's policy  Pass(es)  N/A  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.  Anday Mandle, Anday Alexander Start Tech  O6/27/4	·	2		or tole or other describe bolom.		
N/A    Describe the public purpose made pursuant to the agency's policy	Bermillo, Carol	2	If checking "Ceremon		Income 🗆	
N/A  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.  Andalaly under Linda Hexander Stall Tech 05/27/14		Ticket(s)/	Describe the pub	ilic purpose made pursuant t	o the agency's policy	
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.  Linda Alexander Stall Tech 05/27/14	N/A	to Bolistica area & con fina ki			Artin A. M. Sata Alianda Artinana (2011)	
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.  Linda Alexander Stall Tech 05/27/14			·			
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.  Linda Alexander Stall Tech 05/27/14	4 Verification			altado a seo respekto a suca sobra de parte a suca de se como de seguindo de secuente de secuente de secuente d	and against the same and a substitute of the same and the	
Handa Alexander Statt Tech 05/27/14 Signeture of Agency Heed or Designee Print Name VI Title (Month, Dey, Year)	Z1	18942. I have v	erified that the distribution set f	orth above, is in accordance with	the requirements.	
Signeture of Agency Heed or Designee Print Name // Title (Month, Dey, Year)	Landa Wallandon L	inda L	Hexander S	to 11 Tonh	05/27/14	
	Signeture of Agency Head or Besignee	Print Nan	<u>uananue</u> ( <u>N)</u> ne	Title	(Month, Day, Year)	

Agency Report of:

Comment: \_



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  Pass		Describe the public purpose made pursuant to the agency's policy			
	**************************************				
	Number of				
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)	Identify one of the following:			
Alexander, Linda	3	Ceremonial Role			
Yeniay, Aynur	2	Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below:  Staff Recognition			
Johnson, Toni	3	Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:			
McLaughlin, Don	2	Ceremonial Role  Other  Income    If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
N/A					
	۸				



Recipients  • Use Section A to identify the agency's department or u	sipients  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 p	oolicy			
City of San Jose, Department of Retirement Services (cont.)						
	40CCNN1C3145THU0CN-C769					
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
San Miguel, Michelle	2	Ceremonial Role  Other  II  If checking "Ceremonial Role" or "Other" describe below:  Staff Recognition	Income			
Morales, Sonia	2	Ceremonial Role  Other  II Other  II Checking "Ceremonial Role" or "Other" describe below: Staff Recognition	Income			
Holcomb, Jesselle	2	Ceremonial Role  Other  II  If checking "Ceremonial Role" or "Other" describe below:  Staff Recognition	Income [			
Ordaz, Selina	4	Ceremonial Role  Other  II Other  If checking "Ceremonial Role" or "Other" describe below:  Staff Recognition	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 p	oolicy			
N/A						
	AA-1877-AA-931-3-351-1-1-1-1		·			

4	eremonial Role Events and Tick	veurass	Distributions		<sub>e</sub> A <sub>k</sub> Public Documen		
1.	Agency Name			Date Stamp	California 802		
	CITY OF SAN JOSE -(Cont.)  Division, Department, or Region (If Applicable)		-00-10-1-1-10-1-10-1-10-1-1-1-1-1-1-1-1	2014 JUN -2 AM 9	For Official Use Only		
	Division, Department, or Region (II Applicable)						
		DEPARTMENT OF RETIREMENT SERVICES					
	Designated Agency Contact (Name, Title)						
	LINDA ALEXANDER	Amendment (Must pro	ovide explanation in Part 3.)				
	Area Code/Phone Number E-mail			Date of Original Filing:			
neen.	408-794-1005   linda.alexand	ier@sanjos	eca.gov	Dute of Original Lining.	(Month, Dəy, Yeər)		
	Function or Event Information		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	of Food Ticket/Door &	166.00		
		Yes 🗵 No		of Each Ticket/Pass \$			
	Event Description Sharks Playoff Game A Provide Title/Expla	nation	Date(s)	4 , 17 , 14			
			San J	ose Arena Authority	·		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	M If no:	Name of Sou	rce		
	Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:				
	of agency official?		-	Official's Name (L	əst, 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  Numb Ticke Pass		Describe the public purpose made pursuant to the agency's policy				
	City of San Jose, Department of Retirement Services	8	Staff Recognition				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	Alexander, Linda	2	Ceremonial Role If checking "Ceremon Staff Recognition	Other  initial Role" or "Other" describe below:	Income		
	Busse, Donna		Ceremonial Role	Other Miel Role" or "Other" describe below;	Income [		
	Busse, Donna	2	Staff Recognition				
	Busse, Donna  C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	to the agency's policy		
	C_ Name of Outside Organization	Number of Ticket(s)/		olic purpose made pursuant	to the agency's policy		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul				

Comment: .



CITY OF SAN JOSE -(Cont.)  Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
Busse, Donna	Pass(es)	Ceremonial Role  Other  Income  Income  If checking "Ceremonial Rale" or "Other" describe below:  Staff Recognition			
Organa, Andrea	2	Ceremonial Role  Other  Image Income If checking "Ceremonial Role" or "Other" describe below:  Staff Recognition			
		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			
N/A					