

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

A Public Document

1. Agency Name City of San José		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Department of Parks, Recreation and Neighborhood Services		RECEIVED San Jose City Clerk OTC EA 2019 JAN 18 PM 3:39	
Designated Agency Contact (Name, Title) Amy Chamberlain, Analyst I		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 793-5506	E-mail amy.chamberlain@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 129.50

Event Description: Childish Gambino (Concert) Date(s) 12 / 12 / 20
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
Strategic Partnerships Unit (Parks, Recreation, and Neighborhood Services)	16	Recognition of evaluators who dedicated 20-25 hours of time to the Safe Summer Initiative.
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

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.

Amy Barnwell Amy Barnwell Staff Specialist 01-18-2019
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		Date Stamp <i>San Jose City Clor</i> 2019 JUN 21 PM 1:20	California Form 802 <small>For Official Use Only</small>
City of San Jose			
Division, Department, or Region <i>(if applicable)</i> Parks, Recreation & Neighborhood Services			
Designated Agency Contact <i>(Name, Title)</i> Xochitl Montes			
Area Code/Phone Number 408-795-1851	E-mail xochitl.montes@sanjoseca.gov	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
		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 \$ 129

Event Description: WWE Date(s) 06 / 10 / 19 _____ / _____ / _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: SAP Center - San Jose Ticket Distribution Program
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
Parks, Recreation & Neighborhood Services	2	City Policy Manual 1.2.7
B. Name of Individual <small>(Last, First)</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>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 <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Cadillac Winchester Neighborhood Association	22	

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.

	Xochitl Montes	Community Coordinator	<u>6/20/19</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

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

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Date Stamp
2019 APR 16 PM 3:38
JOM YA

**A Public Document
California Form 802**

1. Agency Name City of San José		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
Division, Department, or Region (If Applicable) Administrative Services Div.- Parks, Recreation & Neighborhood Services		
Designated Agency Contact (Name, Title) Veronica Schulte, Senior Analyst		
Area Code/Phone Number (408)793-5597	E-mail veronica.schulte@sanjoseca.gov	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$225.00/\$86.00

Event Description NHL Hockey Game Date(s) 4 / 12 / 19
Provide Title/Explanation

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

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

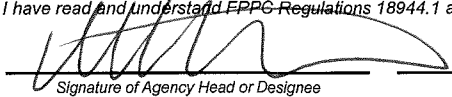
3. Recipients

• 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
Parks, Recreation and Neighborhood Services	8	Recognition for participation in the Park Ranger Working Group to evaluate the Park Ranger Program Service Model.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

Title

(Month, Day, Year)

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

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San Jose City Clerk **Public Document**

1. Agency Name City of San José		Date Stamp 2019 APR -4 PM 2:10	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Administrative Services Div.- Parks, Recreation & Neighborhood Services			
Designated Agency Contact (Name, Title) Veronica Schulte, Senior Analyst			
Area Code/Phone Number (408)793-5597	E-mail veronica.schulte@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/\$86.00

Event Description NHL Hockey Game Date(s) 3 / 30 / 19
Provide Title/Explanation

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

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

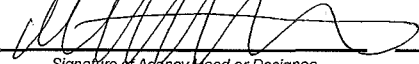
3. Recipients

• 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
Parks, Recreation and Neighborhood Services	24	Recognition for participation in the Park Ranger Working Group to evaluate the Park Ranger Program Service Model.
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>
		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

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.


Veronica Schulte
Senior Analyst
4/02/19
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

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A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Parks, Recreation and Neighborhood Services- Capital Division

Designated Agency Contact (Name, Title)

Nicolle Burnham, Deputy Director

Area Code/Phone Number

408-535-3520

E-mail

nicolle.burnham@sanjoseca.gov

San Jose Date Stamp
2019 MAR 30 PM 12:53

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 \$ 225 and 82

Event Description: Sharks vs. Blackhawks Date(s) 3 / 28 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Arena Authority
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
Parks, Recreation and Neighborhood Services	24	Staff gratitude and recognition for committing their time and energy making San José a stronger community.
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.

Nicolle Burnham YVES ZSUTTY ON BEHALF OF
Signature of Agency Head or Designee Print Name Deputy Director Title
3/29/19
(month, day, year)

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 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

TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$225 and \$85.

NAME	I AM A FORM 700 REPORTER	SIGNATURE
1 Patricia Olague	<input type="checkbox"/>	
2 Zacharias Mendez	<input type="checkbox"/>	
3 Jason Condit	<input type="checkbox"/>	
4 Christy Ngo	<input type="checkbox"/>	
5 Lauri Yarwasky	<input type="checkbox"/>	
6 CHRIS HERBERT	<input type="checkbox"/>	
7 	<input checked="" type="checkbox"/> <i>Carolina Camarero</i>	
8 	<input type="checkbox"/>	
9 Selena Ubando	<input type="checkbox"/>	
10 Enrique DeAnda	<input type="checkbox"/>	
11 Jaideeh Shergill	<input type="checkbox"/>	
12 NOLAN BERTUCA	<input type="checkbox"/>	
13 ROBIN WENTZ	<input type="checkbox"/>	
14 Richard Avolos	<input type="checkbox"/>	
15 Beth Tidwell	<input type="checkbox"/>	
16 Pamela Velasco	<input type="checkbox"/>	

ORGANIZATION

PRNS- Capital Team

TIME

7:30PM

EVENT DATE

March 28, 2019

LOCATION

SAP Center (Sharks vs. Blackhawks)

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

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1. Agency Name City of San José		San José Date Stamp OTC M 2019 JAN -2 AM 9:22	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Parks, Recreation and Neighborhood Services			
Designated Agency Contact (Name, Title) Veronica Schulte		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-793-5597	E-mail veronica.schulte@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225 and \$82

Event Description: NHL Sharks Game Date(s) 12 / 22 / 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)

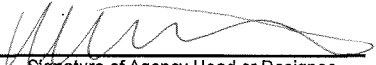
3. Recipients

• 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
PRNS ASD and Parks Staff & HR Staff	24	In recognition of the work accomplished to minimize the Parks staff vacancy rate.
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

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.



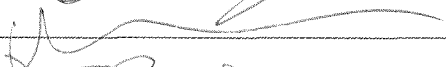


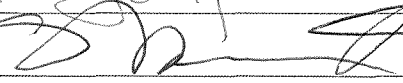

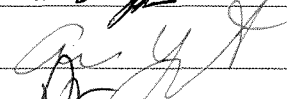

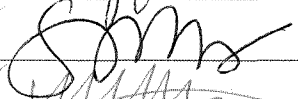
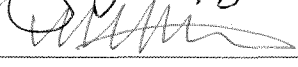

Veronica Schulte
Senior Analyst
1/2/19

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$329.

NAME	I AM A FORM 700 REPORTER	SIGNATURE
1 Dan Greeley	<input checked="" type="checkbox"/>	
2 Teresa Meyer Calvert	<input type="checkbox"/>	
3 Tomie O'Reilly	<input checked="" type="checkbox"/>	
4 JEFF COMER	<input checked="" type="checkbox"/>	
5 JOSH SAARELA	<input type="checkbox"/>	
6 Stephanie Duran	<input type="checkbox"/>	
7 Mike Jones	<input type="checkbox"/>	
8 Ari Yotz	<input checked="" type="checkbox"/>	
9 Brandon Casper	<input checked="" type="checkbox"/>	
10 STEVE PERIN	<input checked="" type="checkbox"/>	
11 Veronica Schulte	<input checked="" type="checkbox"/>	
12 Manjit Atwal	<input type="checkbox"/>	

ORGANIZATION

PRNS - 2018 Parks Maintenance

TIME

1:00PM

EVENT DATE

December 22, 2018

LOCATION

Sharks v. Kings

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

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1. Agency Name City of San Jose		Date RECEIVED San Jose City O <i>OTC</i> 2018 NOV 26 PM 4:12	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Parks Recreation and neighborhood Services			
Designated Agency Contact (Name, Title) Tony Daly Food & Beverage manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408 794 6427	E-mail tony.daly@sanjoseca.gov		

2. Function or Event Information

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

Event Description: Sharks VS. Wild Date(s) 11 / 06 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Arena uthority - Shelly Wang
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
Parks Recreation & Neighborhood Services/HHPZ	24	Recognition of collaborative exceptional work within the Parks Division.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See Attached List of Recipients.		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognition of collaborative exceptional work within the Parks Division.
		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

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	<u>Justin Long</u> Print Name	<u>Deputy Director</u> Title	<u>11/26/18</u> (month, day, year)
--	----------------------------------	---------------------------------	---------------------------------------

Comment: _____

Form 802

Section 3.B.

<u>Name</u>	<u>Tickets</u>
Laura Alauger	1
Anthony Teschera	1
Shalanda Walker	1
Yadira Ibanez	1
Samantha Camacho	1
Kelly Walsh	1
Melissa Keo	1
AJ Wells	1
Joe Vaccaro	1
Salina Teas	1
Shannon Heimer	1
Amy Du	1
Justin Long	1
Tony Daly	1
Kiersten McCormick	1
Mario Day	1
Aileen Milich	1
Willie Martinez	1
Justin Immamra	1
Julio Serrano	1
Thomas Griffen	1

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

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1. Agency Name		Date Stamp 2018 MAY 14 AM 10:39 JOMM	California Form 802 For Official Use Only
City of San José			
Division, Department, or Region (if applicable)			
Parks, Recreation and Neighborhood Services			
Designated Agency Contact (Name, Title)			
Veronica Schulte, Analyst II C			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
408-793-5597	veronica.schulte@sanjoseca.gov	Date of Original Filing: 08/10/18 (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 329

Event Description: U2 Concert Date(s) 05 / 07 / 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: Schulte, Veronica
Official's Name (Last, First)

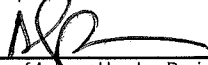

3. Recipients

• 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 José, PRNS	16	Recognition of City of San José employees for participation & planning of the Citywide Employee Giving Campaign.
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

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.


Angel Rios, Jr.
Director


Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are \$329.

	NAME	I AM A FORM 700 REPORTER	SIGNATURE
1	KARI DAVISSON	<input type="checkbox"/>	<i>Kari Davisson</i>
2	VERONICA SCHULTE	<input type="checkbox"/>	<i>Veronica Schulte</i>
3	Dean Cesate	<input type="checkbox"/>	<i>Dean Cesate</i>
4	Ryan Sheelen	<input type="checkbox"/>	<i>Ryan Sheelen</i>
5	Andrea Maestre	<input checked="" type="checkbox"/>	<i>Andrea Maestre</i>
6	Annael Rius	<input checked="" type="checkbox"/>	<i>Annael Rius</i>
7	LAURA BLACK	<input type="checkbox"/>	<i>Laura Black</i> 1
8	Lynda De Santiago	<input type="checkbox"/>	<i>Lynda De Santiago</i> 1
9	Patsy Carter	<input type="checkbox"/>	<i>Patsy Carter</i> 1
10	Teresa Meyer-Coburn	<input type="checkbox"/>	<i>Teresa Meyer-Coburn</i>
11	Matt Cano	<input checked="" type="checkbox"/>	<i>[Signature]</i> for Matt Cano
12		<input type="checkbox"/>	

ORGANIZATION

PRNS - 2016 Giving Campaign

TIME

8:00PM

EVENT DATE

May 7, 2018

LOCATION

U2 Concert

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

A Public Document

1. Agency Name City of San Jose		Date Stamp San Jose City C <i>IUM</i> 2018 MAR 15 AM 10:51	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Parks, Recreation and Neighborhood Services			
Designated Agency Contact (Name, Title) Alex Niles - Analyst II		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (408) 535-3570 X35592	E-mail alex.niles@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 \$ 225 (suite)/86 (lower)

Event Description: SJ Sharks vs. Washington Capitals Date(s) 03 / 10 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: Rios Jr, Angel
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 - Parks, Recreation and Neighborhood Services	24	Tickets presented to City staff in recognition of their volunteer efforts as grant application raters.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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.

	<u>Walt Com</u>	<u>Assr. Director</u>	<u>3/13/2018</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

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San Jose City Clerk
Date Stamp
FORM
2018 JAN 19 PM 3:06

A Public Document

1. Agency Name City of San José		California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Administrative Services Div.- Parks, Recreation & Neighborhood Services		
Designated Agency Contact (Name, Title) Veronica Schulte, Analyst		
Area Code/Phone Number (408)793-5597	E-mail veronica.schulte@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/\$86.00

Event Description NHL Hockey Game Date(s) 01 / 13 / 18
Provide Title/Explanation

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

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

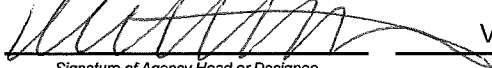
3. Recipients

• 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
Parks, Recreation and Neighborhood Services	24	Staff recognition for participation with the Employee Engagement Through Action Team.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

 Veronica Schulte
 Print Name

 Analyst
 Title

 1/16/18
 (Month, Day, Year)

Comment: _____

TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are \$0.00. *\$225 - suite / \$86 - seats*

	NAME	I AM A FORM 700 REPORTER	SIGNATURE
1	Mike Jones	<input type="checkbox"/>	<i>Michael Jones</i>
2	Patsy Cortez	<input type="checkbox"/>	<i>Patsy Cortez</i>
3	Veronica Schutte	<input type="checkbox"/>	<i>Veronica Schutte</i>
4	ALVIN GALANG	<input type="checkbox"/>	<i>Alvin Galang</i>
5	Amy Chamberlain	<input type="checkbox"/>	<i>Amy Chamberlain</i>
6	Yu-Wen Huang	<input type="checkbox"/>	<i>Yu-Wen Huang</i>
7	Maricela Anla	<input type="checkbox"/>	<i>Maricela Anla</i>
8	Amanda Carreras	<input type="checkbox"/>	<i>Amanda Carreras</i>
9	TORRE O'NEILL	<input type="checkbox"/>	<i>Torre O'Neill</i>
10	Danielle Torralba	<input type="checkbox"/>	<i>Danielle Torralba</i>
11	Alex Nuño-Liu	<input type="checkbox"/>	<i>Alex Nuño-Liu</i>
12	Terera Meyer-Calvert	<input type="checkbox"/>	<i>Terera Meyer-Calvert</i>

ORGANIZATION

PRNS - Employee Engagement Through Action Team

TIME

7:30PM

EVENT DATE

January 13, 2018

LOCATION

Sharks v. Coyote NHL Game

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

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A Public Document

1. Agency Name <u>CITY OF SAN JOSE</u>		San Jose State Park Date Stamp <u>OTC</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>PARKS, RECREATION AND NEIGHBORHOOD SERVICES</u>		2017 NOV 21 AM 10:21	
Designated Agency Contact (Name, Title) <u>VERONICA SCHULTE, ANALYST II</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-793-5597</u>	E-mail <u>VERONICA.SCHULTE@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 \$ 200.50

Event Description: KATY PERRY CONCERT Date(s) 11 / 14 / 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: _____
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>CITY OF SAN JOSE EMPLOYEES (MULTIPLE DEPARTMENTS)</u>	<u>16 TICKETS & PARKING PASSES</u>	<u>RECOGNITION FOR DEPARTMENT 2016 EMPLOYEE GIVING CAMPAIGN LIAISONS</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

4. Verification


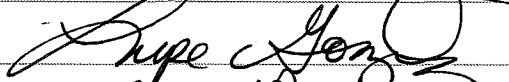


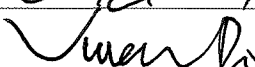




I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Mark Caro Signature of Agency Head or Designee Mat Caro Print Name ASSISTANT Director Title 11/16/2017 (month, day, year)

Comment: _____

TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are ~~\$0.00~~ ^{200.00}

NAME	I AM A FORM 700 REPORTER	SIGNATURE	
1 Andrew Andrade	<input type="checkbox"/>		PP
2 Lupe Gonzalez	<input type="checkbox"/>		
3 Anh Tran	<input type="checkbox"/>		PP
4 Melrose Cacal	<input type="checkbox"/>		PP
5 Vivian Do	<input type="checkbox"/>		PP
6 MEUSSA ESPINOZA	<input type="checkbox"/>		PP
7 Lynda De Santiago	<input type="checkbox"/>		PP
8 Patsy Cortez	<input type="checkbox"/>		
9 Michelle Saechao	<input type="checkbox"/>		PP
10	<input type="checkbox"/>		

ORGANIZATION

PRNS - Giving Campaign Team 2016

TIME

7:00PM

EVENT DATE

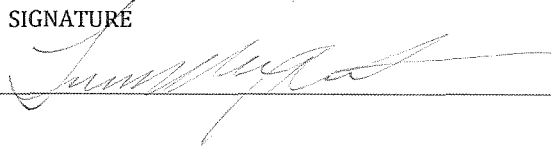
November 14, 2017

LOCATION

Katy Perry Concert

TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$0.00.

	NAME	I AM A FORM 700 REPORTER	SIGNATURE
1	<i>Teresa Mayor-Calvert</i>	<input type="checkbox"/>	
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	
4		<input type="checkbox"/>	
5		<input type="checkbox"/>	
6		<input type="checkbox"/>	
7		<input type="checkbox"/>	
8		<input type="checkbox"/>	
9		<input type="checkbox"/>	
10		<input type="checkbox"/>	

ORGANIZATION

PRNS - Giving Campaign Team 2016

TIME

7:00PM

EVENT DATE

November 14, 2017

LOCATION

Katy Perry Concert

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

RECEIVED
San Jose City Clerk
Date Stamp
2017 NOV 21 AM 10:22

A Public Document

1. Agency Name City of San José		California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Capital Division - Parks, Recreation & Neighborhood Services		
Designated Agency Contact (Name, Title) Janine Bray, Acting Staff Specialist		
Area Code/Phone Number (408)793-4304	E-mail janine.bray@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 \$ 200.50

Event Description Katy Perry Concert Date(s) 11 / 14 / 17
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Janine Bray
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.

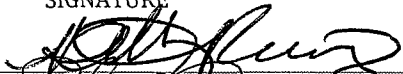
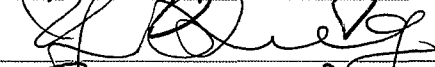
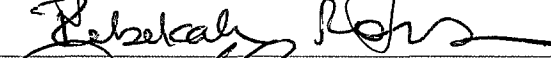

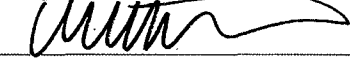
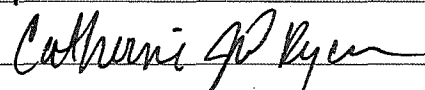
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
PRNS - Capital Division	16	Staff recognition for planning and participation in the St. James Design process.
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	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>
		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

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] Mark Carr Assistant Director 11/16/2017
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are \$200.50.

	NAME		I AM A FORM 700 REPORTER		SIGNATURE
1	Betty Ramirez		<input type="checkbox"/>	2 Tickets	
2	Yu-Wen Huang		<input checked="" type="checkbox"/>	2 Tickets	
3	Rebekah Ross		<input checked="" type="checkbox"/>	2 Tickets	
4	David McCormic		<input checked="" type="checkbox"/>	3 Tickets	
5	Veronica Schulte		<input type="checkbox"/>	2 Tickets	
6	Rocio Reyes		<input type="checkbox"/>	2 Tickets	RR
7	CJ Ryan		<input checked="" type="checkbox"/>	2 Tickets	
8			<input type="checkbox"/>		
9			<input type="checkbox"/>		
10			<input type="checkbox"/>		

ORGANIZATION

PRNS - St. James Design Committee

TIME

7:00 pm

EVENT DATE

November 14, 2017

LOCATION

Katy Perry Concert - SAP

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

A Public Document

1. Agency Name Parks, Recreation and Neighborhood Services Division, Department, or Region (if applicable) Zacharias Mendez - Recreation Program Specialist Designated Agency Contact (Name, Title) 408- 417 ⁷⁹⁵ -4171 zacharias.mendez@sanjoseca.gov Area Code/Phone Number E-mail	Date Stamp San Jose City Clerk OTC MR 2017 AUG 28 AM 9:51	California Form 802 For Official Use Only
<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 \$ \$129.50

Event Description: Kendrick Lamar - Recognition Concert Date(s) 08/12/17
Provide Title/Explanation for participants

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

Was ticket distribution made at the behest of agency official? Yes No If yes: Shelly Wang
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>Department of Parks, Recreation and Neighborhood Services - RCS</u>	<u>16</u>	<u>These tickets were used to recognize the participants of the Young Professionals Program and their commitment to completing the 6th month project.</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>
		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

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] Zacharias Mendez Recreation Program Specialist 8/25/2017
Signature of Agency Head or Designee Print Name (month, day, year)

Comment: _____

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

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A Public Document

1. Agency Name

City of San Jose
 Division, Department, or Region (if applicable)
 Parks, Recreation, and Neighborhood Services
 Designated Agency Contact (Name, Title)
 Alex Niles - Analyst II

Area Code/Phone Number: (408) 793-5592
 E-mail: alex.niles@sanjoseca.gov

San Jose City Clerk
 Date/Stamp
 JPN 10M
 2017 JUN 12 PM 3:33

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 \$ 99.95

Event Description: Total Package Tour - NKOTB Provide Title/Explanation Date(s) 06 / 04 / 17

Ticket(s)/Pass(es) provided by agency? Yes No If no: SAP Center - San Jose, CA Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Duenas, Norberto - City Manager, City of San Jose 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, Parks, Recreation, and Neighborhood Services - SPU	16	Distribution of Tickets to City Officials - Approved Use of City Box to Recognize Staff (City Policy 9-11, Page 2)
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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: Motti Cano Title: Assistant Director (month, day, year): 6/9/17

Comment: I have read and reviewed FPPC Reg 18944.1 and 18942. -AN

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

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Parks, Recreation and Neighborhood Services

Designated Agency Contact (Name, Title)

Michael Jones, Sr. Office Specialist

Area Code/Phone Number

(408) 793-4186

E-mail

michael.jones@sanjoseca.gov

RECEIVED
San Jose City Clerk
Date Stamp
JLW OTC
2017 APR 20 AM 10:55

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 \$ \$222 / \$86

Event Description: Sharks vs. Canucks Date(s) 4 / 4 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Arena Authority - Shelly Wang
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
Parks, Recreation and Neighborhood Services / Parks Division	24	Recognition of collaborative exceptional work within the Parks Division.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached List of Recipients		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognition of collaborative exceptional work within the Parks Division.
		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

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 Title (month, day, year)

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 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

Form 802Section 3. B.

<u>Name</u>	<u>Tickets</u>
Trede, Troy	1
Trede, Athena	1
Magahiz, Maxine	1
Castro, Adriel	1
Trujillo, Lorenzo	1
Moreno, Eddie	1
Keltner, John	1
Cameron, Steve	1
Guerrero, Joseph	1
Rios, Yazmin	1
Martinez, Angie	1
Muscatell, Rory	1
Conklin, Mark	1
Cotillon, Jimmy	1
Rubio, Manuel	1
Ale, Alex	1
Jones, Michael	1
Saenz, Larry	1
Flores, Jr., Nasario	1
Petersen, Dale	1

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

A Public Document

1. Agency Name City of San Jose		RECEIVED Date Stamp San Jose City Clerk <i>Jew 10M</i> 2017 MAR 28 PM 1:59	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Parks, Recreation and Neighborhood Services			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
Designated Agency Contact (Name, Title) Angel Rios, Director			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 49.50

Event Description: Twenty One Pilot Concert Date(s) 2 / 10 / 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: _____
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 Youth Commission	16	Recognition Event
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

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.

Norberto Dueñas Norberto Dueñas City Manager 3/24/17
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 / PRNS Departments</u>		Date Stamp RECEIVED Jose City Clerk	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)		DEC 15 PM 3:33 EP 10M	
Designated Agency Contact (Name, Title) <u>Marybeth Harasz, Deputy Director</u>			
Area Code/Phone Number <u>(408) 793-5514</u>	E-mail <u>sanjoseca.gov</u> <u>marybeth.harasz@</u>	<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 \$ 150.⁰⁰

Event Description: Stevie Nicks Concert Date(s) 12, 14, 16 12, 14, 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: _____
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>Coleman Soccer Facility Project Team</u>	<u>16</u>	<u>Recognition for direct involvement in city-related project.</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>
		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

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.

Marybeth Harasz Marybeth Harasz Deputy Director 12/15/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: city employees who attended this event were very appreciative of the recognition.

SAN JOSE
**PARKS, RECREATION &
 NEIGHBORHOOD SERVICES**

Coleman Soccer Facility Project Recognition

Event: SAP Center
 Stevie Nicks Concert on 12/14/17; 7:00 p.m.

Recipient Name	# of Tickets	Parking Pass Given	Signature
Marybeth Harasz	2	No	<i>Marybeth Harasz</i>
Agatha Ng	2	Yes	<i>Agatha Ng</i>
Scott Arnold	2 0	<i>declined</i>	<i>DECLINED</i>
Kari Davisson	2	No	<i>Kari Davisson</i>
Rodney Rapson	1	Yes	<i>Rodney Rapson</i>
Jason Condit	2	Yes	<i>Jason Condit</i>
Kathy LeVeque	2	No	<i>Kathy LeVeque</i>
Veronica Schulte	2	Yes	<i>Veronica Schulte</i>
Ludlia Ibarra	2	Yes	<i>Ludlia Ibarra</i>
Peter Testa	1	No	<i>Peter Testa</i>

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

A Public Document

1. Agency Name <u>Recreation and Community Services, PRNS</u> <small>Division, Department, or Region (if applicable)</small>		RECEIVED San Jose City Clerk	Date Stamp 2016 NOV 21 PM 3:28 SP 10M	California Form 802 <small>For Official Use Only</small>
Designated Agency Contact (Name, Title) <u>Keila Cisneros, Recreation Leader</u>		Area Code/Phone Number <u>(408) 793-5594</u>		
E-mail <u>keila.cisneros@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 \$ 303

Event Description: Bellator MMA Date(s) 11, 19, 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: _____
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>Parks, Recreation and Neighborhood Services</u>	<u>24</u>	<u>Recognition of Summer Park Activation Staff</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Hernandez, Marco</u>		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

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.

<u>[Signature]</u> <small>Signature of Agency Head or Designee</small>	<u>Keila Cisneros</u> <small>Print Name</small>	<u>Recreation Leader</u> <small>Title</small>	<u>11/18/16</u> <small>(month, day, year)</small>
---	--	--	--

Comment: _____

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

RECEIVED A Public Document

1. Agency Name

Dept of Parks, Rec + Neighborhood Svcs - Happy Hollow
Division, Department, or Region (if applicable)

Nicolle Burnham, Parks Manager
Designated Agency Contact (Name, Title)

408 794-6519
Area Code/Phone Number

nicolle.burnham@sanjoseca.gov
E-mail

San Jose Date Stamp Clerk
2016 NOV -9 PM 3:20
P 10M

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 \$ _____

Event Description: Sharks v. Penguins Date(s) 11 / 5 / 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: Burnham, Nicolle
Official's Name (Last, First)

3. Recipients Please see attached

• 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

4. Verification





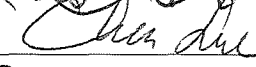
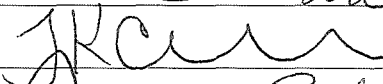
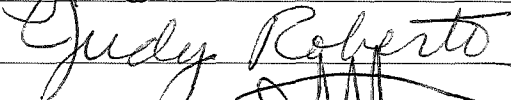

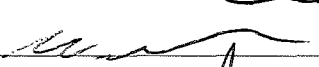

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Signature of Agency Head or Designee Nicolle Burnham Print Name Parks Manager Title 11/8/16 (month, day, year)

Comment: _____

TICKET DISTRIBUTION

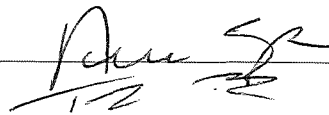
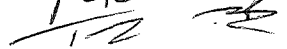
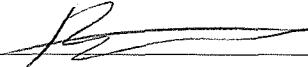




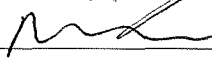


By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest.

NAME	I AM A FORM 700 REPORTER	SIGNATURE	
1 Dan Greeley	<input type="checkbox"/>		seat
2 Julio Serrano	<input type="checkbox"/>		seat
3 Yadira Galindo	<input type="checkbox"/>		pkg + seat + box
4 Kiersten McCormick	<input checked="" type="checkbox"/>		seat + box
5 Chea (John) Lye	<input type="checkbox"/>		pkg + box (2 tx)
6 Taylor Cameron	<input type="checkbox"/>		pkg + box
7 Judy Roberto	<input type="checkbox"/>		seat + pkg
8 Angelo Marchi	<input type="checkbox"/>		seat PKG
9 Willie Martinez	<input type="checkbox"/>		seat box
10 Justin Imamura	<input type="checkbox"/>		box

ORGANIZATION	TIME	EVENT DATE	LOCATION
PRNS - Happy Hollow Park and Zoo	7:30PM	November 5, 2016	Sharks v. Penguins

TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest.

NAME	I AM A FORM 700 REPORTER	SIGNATURE	
1 Nicole Burnham	<input checked="" type="checkbox"/>		seat + box
2 Tony Daly	<input checked="" type="checkbox"/>		seat
3 Rebecca Marquez	<input type="checkbox"/>		box
4 Angela Salcedo	<input type="checkbox"/>		box + pkg
5 Mario Day	<input type="checkbox"/>		seat
6 Jonathan Ismail	<input type="checkbox"/>		box + pkg
7 Arlinda Duffy	<input type="checkbox"/>		box
8 Mandy Mezitz	<input type="checkbox"/>		box
9 Amber Rindy	<input type="checkbox"/>		box + pkg
10 Kelley Walsh	<input type="checkbox"/>		box + pkg
Randy Adams	<input checked="" type="checkbox"/>		2 box + pkg

ORGANIZATION

PRNS - Happy Hollow Park and Zoo

TIME

7:30PM

EVENT DATE

November 5, 2016

LOCATION

Sharks v. Penguins

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

A Public Document

1. Agency Name

Parks Recreation and Neighborhood Services
Division, Department, or Region (if applicable)
Ed Solis, Recreation Superintendent
Designated Agency Contact (Name, Title)

RECEIVED
San Jose City Clerk
Date Stamp
2016 OCT 26 AM 10:47
SP 10M

California Form **802**
For Official Use Only

Area Code/Phone Number
408 793 5550

E-mail
Ed.Solis@sanjoseca.gov

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 \$ 176.00

Event Description: MANA CONCERT Date(s) 9/17/16
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: _____
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>PARKS Recreation & Neighborhood Services</u>	<u>16</u>	<u>Recognition of Live Well SJ Team Efforts</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>
		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

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] Signature of Agency Head or Designee Keila Cisneros Print Name Recreation Leader Title 10/25/16 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name City of San José Division, Department, or Region (if applicable) Parks, Recreation & Neighborhood Services Designated Agency Contact (Name, Title) Veronica Schulte, Staff Specialist Area Code/Phone Number E-mail 408-793-5597 veronica.schulte@sanjoseca.gov		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>07/18/16</u> <small>(month, day, year)</small>
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 253

Event Description: Sting & Peter Gabriel Concert Date(s) 7 / 14 / 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: _____
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
Parks, Recreation & Neighborhood Services	16	Employee recognition for City Department representatives who participated in the 2015 Combined Giving Campaign.
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

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.

Veronica Schulte
Staff Specialist
7-18-16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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San Jose City Clerk
SP JTC

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (If Applicable)

Parks, Recreation and Neighborhood Services

Designated Agency Contact (Name, Title)

Teresa Meyer-Calvert, Staff Specialist

Area Code/Phone Number

408-793-4186

E-mail

teresa.meyer-calvert@sanjoseca.gov

Date Stamp
2016 MAY 11 PM 4:31

California Form 802

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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 \$ 222.00

Event Description Sharks Game (NHL Hockey)
Provide Title/Explanation

Date(s) 03 / 22 / 16

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: _____
Official's Name (Last, First)

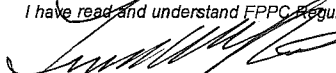
3. Recipients

• 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
Parks, Recreation and Neighborhood Services	22	Recognition for a collaborative or "TEAM" effort within the Parks Division.
B. Name of Individual (Last, First)		
See Attached List of Recipients		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)		

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

Teresa Meyer-Calvert
Print Name

Staff Specialist
Title

5-9-16
(Month, Day, Year)

Comment: _____

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.)

1	Athena Trede
2	Sarah Sanchez
3	Troy Trede
4	Andre Morrow
5	Patricia Rivera
6	Randy Adams
7	Jeff Gomez
8	Tony Daly
9	Lynda De Santiago
10	Duane Lindsay
11	Hugo Romo
12	Jena Sorrells
13	Joe Borja
14	Joe Guerrero
15	Danilo Carrasco
16	Brandon Casper
17	Nicolle Burnham
18	Alex Pearson
19	Steve Hammack
20	Teresa Meyer-Calvert
21	Gina Aning
22	Jaime Ruiz

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

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A Public Document

1. Agency Name

PRNS - Seven Trees Community Center
Division, Department, or Region (If Applicable)

Dora Liou - Gerontology Specialist
Designated Agency Contact (Name, Title)

San Jose City Date Stamp
MS Route
2016 MAR -8 AM 11:30

California Form **802**
For Official Use Only

Area Code/Phone Number
408/794-1690

E-mail
dora.liou@sanjoseca.gov

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 \$ 31.00

Event Description San Jose Bay Area Ice Hockey Game
Provide Title/Explanation Date(s) 3, 13, 2016

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: _____
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.

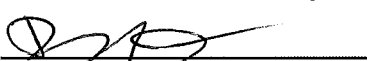
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Seven Trees Community Center	8	Teen Volunteers Recognition - Tickets were given to teens who volunteer on regular basis

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

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.

 Dora Liou Gerontology Specialist 2/29/16
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

Agency Name
 PRNS. Seven Trees Community Center

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
Seven Trees Community Center	8	Teen Volunteers Recognition - Tickets were given to Teens who volunteer on a regular basis.

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"/> <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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

A Public Document

1. Agency Name

PRNS, City of San Jose
 Division, Department, or Region (If Applicable)
 Seven Trees Community Center

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 San Jose City Clerk
 MS Route
 2016 MAR -8 AM 11:30

California Form 802

For Official Use Only

Designated Agency Contact (Name, Title)

Dora Liou - Gerontology Specialist

Area Code/Phone Number

408/794-1690

E-mail

dora.liou@sanjoseca.gov

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 \$

150.00

Event Description

San Jose Sharks vs. Montreal
 Provide Title/Explanation

Date(s)

2/29/2016

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:

Official's Name (Last, First)

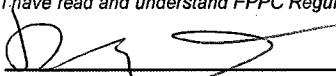
3. Recipients

• 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
Seven Trees Community Center, PRNS	8	Volunteer Recognition - Tickets were given to our senior volunteers.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

Dora Liou
 Print Name

Gerontology Specialist
 Title

2/29/16
 (Month, Day, Year)

Comment:

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

Agency Name

PRNS Seven Trees Community Center

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
Seven Trees Community Center, PRNS	8	Volunteer Recognition - Tickets were given to our Senior Volunteers in different program
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

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A Public Document

1. Agency Name

PRNS, Seven Trees Community Center
Division, Department, or Region (If Applicable)

Dora Liou - Gerontology Specialist
Designated Agency Contact (Name, Title)

San Jose City Office
Date Stamp
MAR 16 10:54 AM
2016 FEB 50
Mar 1

California Form 802
For Official Use Only

Area Code/Phone Number
408/794-1670

E-mail
dora.liou@sanjoseca.gov

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 \$ 47.00

Event Description Disney on Ice
Provide Title/Explanation

Date(s) 2, 21, 16

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: _____
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
Seven Trees Community Center	8	Recognition of Volunteers Ann Chow, Ruby Gibson, Bob Fink & Hung Nguyen
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

Dora Liou
Print Name

Gerontology Specialist
Title

2/19/16
2/19/16
(Month, Day, Year)

Comment: _____

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

Agency Name

Seven Trees Community Center, PRNS, 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Seven Trees Community Center	8	Recognition of our senior volunteers
B. Name of Individual <small>(Last, First)</small>	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>
		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>
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions RECEIVED
San Jose City Clerk
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San Jose City Clerk **Public Document**

1. Agency Name City of San José		RECEIVED 2016 FEB 10 PM 2:59 Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Administrative Services Div.- Parks, Recreation & Neighborhood Services			
Designated Agency Contact <i>(Name, Title)</i> Veronica Schulte, Acting Senior Analyst		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (408)793-5597	E-mail veronica.schulte@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$55.00

Event Description Valentine's Old School Throwback Jam Date(s) 02 / 12 / 16
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Schulte, Veronica
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
PRNS, ESD, Finance, City Auditor, & Retirement Services	18	Staff recognition for participation in the annual employee giving campaign as a committee member or department liaison.
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	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 <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	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	Veronica Schulte Print Name	Acting Senior Analyst Title	2/8/16 (Month, Day, Year)
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp <i>RECEIVED San Jose City Clerk 2016 JAN 26 PM 3:11</i>	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (If Applicable) <u>Parks, Recreation and Neighborhood Services Dept.</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title) <u>Keila Cisneros</u>			
Area Code/Phone Number <u>408 743 5594</u>	E-mail <u>Keila.Cisneros@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 188

Event Description Hockey Game (sharks vs. Kings) Date(s) 1 / 24 / 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: _____
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>City of San Jose, Parks Recreation and Neighborhood Services</u> <u>Viva Calle SJ Event Team</u>	<u>8</u>	<u>Recognition of Outstanding team performance and project success</u>

B. Name of Individual <small>(Last, First)</small>	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>
		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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

 Keila Cisneros Recreation Leader 1/25/16
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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1. Agency Name City of San Jose		San Jose City Clerk Date Stamp: <i>Mr. Rowe</i> 2016 FEB -3 PM 3:19	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Department of Parks, Recreation & Neighborhood Services, Happy Hollow			
Designated Agency Contact (Name, Title) Mario Day- Acting Amusement Park Supervisor		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-794-6446	E-mail Mario.Day@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 220.00

Event Description Recognition of Supervisory Team Date(s) 01 / 24 / 16
Provide Title/Explanation

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

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

3. Recipients

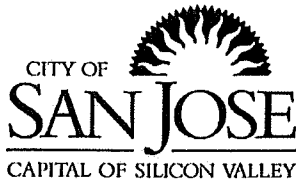
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City of San Jose, PRNS, Happy Hollow Park & Zoo	24	Recognition for supervisory team at Happy Hollow Park & Zoo
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>
		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

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.

Regina Aning REGINA ANING General Manager 1-22-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)



Memorandum

TÓ: Norberto Dueñas, City Manager

FROM: Angel Rios, Jr.

**SUBJECT: REQUEST FOR USE OF THE
CITY BOX**

DATE: 12-07-15

Approved

Date

12/16/15

The Parks, Recreation and Neighborhoods Services Department is requesting the use of the City Box at SAP Center for an upcoming NHL Sharks game in recognition of the supervisory team at Happy Hollow Park & Zoo.

The team of HHPZ supervisors has earned a celebratory event for their hard work and to also reenergize them for continued success in staff and program supervision. The Happy Hollow Supervisory Team consists of program leads and managers who collectively oversee the quality operations of Happy Hollow, achieving **\$7.4 million in revenue last fiscal year and attracting over 462,000 visitors last year, an all time high for Happy Hollow.** They have worked very long hours with limited resources to provide the best possible guest experience, high quality animal exhibitory, which led to a record attendance and revenue earning year. Their dedication to the line staff is demonstrated in their development of an All-Staff Training and Team Kick Off meeting held at the beginning of the our summer season, creation of a part time staff mentoring program, and a staff appreciation party at the end of the summer for our approximately 200 full time and part-time staff.

In keeping the City's RECOGNIZE! Initiative, I am pleased to nominate 20 members of the 2015 supervisory staff at Happy Hollow Park & Zoo for the use of the City Box at SAP center. Thank you for your consideration of this request.

Date: Yet to be determined

Responsible party: Per the Ticket Distribution Policy the responsible party will be Kiersten McCormick, Assistant General Manager, who will also be in attendance at the game. She can be reached at (408) 794-6406 or via email at Kiersten.McCormick@sanjoseca.gov.

ANGEL RIOS, JR., Director
Department of Parks, Recreation &
Neighborhood Services

For questions, please contact Gina Aning, General Manager at (408) 794-6519.

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

A Public Document

1. Agency Name <u>City of San Jose</u> Division, Department, or Region (If Applicable) <u>Parks, Recreation and neighborhood Services Dept</u> Designated Agency Contact (Name, Title) <u>Keila Cisneros</u> Area Code/Phone Number E-mail <u>408 293-5594</u> <u>keila.cisneros@sanjosca.gov</u>	RECEIVED Date Stamp <u>DEC 15 2015</u> City of San Jose Office of the City Clerk <u>mail ET 10:35am</u>	California Form 802 For Official Use Only
<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 \$ 99.50

Event Description Music Concert (the weekend) Date(s) 12, 6, 15
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: _____
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>City of San Jose Parks Recreation and Neighborhood Services</u>	<u>16</u>	<u>Recognition of outstanding team performance & project success.</u>
<u>Viva Calle S J Event Team</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>
		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

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] Keila Cisneros Recreation Leader 12/14/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**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 <u>DEC 13 2015</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Parks, Recreation and Neighborhood Services</u>	City of San Jose Office of the City Clerk Dept. <u>mail ET 10:35am</u>	
Designated Agency Contact (Name, Title) <u>Keila Cisneros</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408 793 5594</u>	E-mail <u>keila.cisneros@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 \$ 188

Event Description Hockey Game (Sharks vs. Lightning) Date(s) 12, 5, 15
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: _____
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>City of San Jose, Parks Recreation and Neighborhood Services</u>	<u>8</u>	<u>Recognition of outstanding team performance and project success</u>
<u>Viva CalleSJ Event Team</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>
		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

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] Keila Cisneros Recreation Leader 12/14/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		RECEIVED San Jose City Clerk Date Stamp 2015 DEC 7 P 3:06	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable) Parks, Recreation and Neighborhood Services			
Designated Agency Contact (Name, Title) Teresa Meyer-Calvert, Staff Specialist			
Area Code/Phone Number 408-793-4186	E-mail teresa.meyer-calvert@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 \$ 222.00

Event Description Sharks Game (NHL Hockey) Date(s) 11 / 10 / 15
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: _____
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
Parks, Recreation and Neighborhood Services	21	Recognition for a collaborative or "TEAM" effort within the Parks Division.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
* See Attached List of Recipients		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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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] Teresa Meyer-Calvert Staff Specialist 12-1-2015
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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.)

1. **Aning, Gina**
2. **Arroyo, David**
3. **Burnham, Nicolle**
4. **Carrillo, Daniel**
5. **Formico, Paul**
6. **Garcia, Humberto**
7. **Hammack, Steve**
8. **Lawson, Jane**
9. **Meyer-Calvert, Teresa**
10. **Morales, Dave**
11. **Moran, Diodoro**
12. **Moreno, Ed**
13. **Orozco, Esteban**
14. **Pearson, Alex**
15. **Pollay, Bill**
16. **Pollay, Lisa**
17. **Ruiz, Jaime**
18. **Saavedra, Joshua**
19. **Schamle, Mark**
20. **Schultz, Brian**
21. **Sedillo, Anthony**

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

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1. Agency Name <u>Seven Trees Community Center</u>		Date Stamp <u>2015 AUG 25 PM 3:37</u> <u>(\$ Poute.)</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>PRWS - 3590 Cas Day San Jose, CA 95111</u>			
Designated Agency Contact (Name, Title) <u>Dora Liou / Gerontology Specialist</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408/794-1690</u>	E-mail <u>dora.liou@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 42.50

Event Description Ringlin Bld - Circus Date(s) 8/20/15
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: _____
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>Seven Trees Community Center</u> <u>PRWS</u>	<u>16</u>	<u>Recognition of Volunteers at National Night Out</u> <u>Carolyn J. Joe Young, Ruby M. Martha M. Casilyn E.</u> <u>Mattalen V. & Alex H.</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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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] Dora Liou Gerontology Specialist 8/20/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

Agency Name

Seven Trees Community Center, PRVS, 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Seven Trees Community Center, PRVS	16	Recognition - tickets gave to volunteers at National Night Out
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	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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A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of San José		2015 MAR 17 PM 2:49 ASB/C	
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Parks, Recreation and Neighborhood Services			
Designated Agency Contact (Name, Title)			
Veronica Schulte, Staff Specialist			
Area Code/Phone Number	E-mail		
408-793-5597	veronica.schulte@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 206

Event Description NHL Hockey Game Date(s) 3 / 14 / 15
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: _____
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
Parks, Recreation and Neighborhood Services	24	Recognition for participating in the Parks, Recreation and Neighborhood Services consumer outreach project.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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


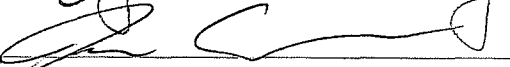
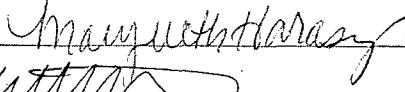
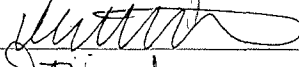
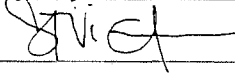

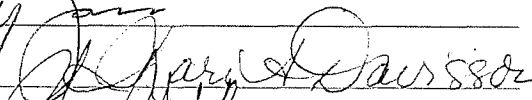

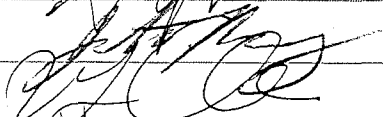
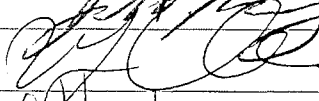
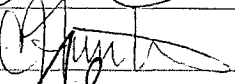
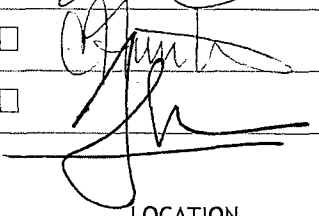
4. Verification

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] Matt Carro Interim Assistant Director 3/16/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are \$98- \$206.

NAME	RECEIVED 2 TICKETS & PARKING PASS	I AM A FORM 700 REPORTER	SIGNATURE
1 Yu-Wen Huang	<input checked="" type="checkbox"/>	? <input checked="" type="checkbox"/>	
2 Jason Court	<input checked="" type="checkbox"/>	? <input checked="" type="checkbox"/>	
3 Maugwith Harasz	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Veronica Schulte	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Shirlee Victorio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6 VES ZSUTTY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7 KARI DANSSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 GYVES MEEK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9 Jon MOOG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Maryann Casorla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Cassie Hunter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12 JOHN NGUYEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ORGANIZATION

PRNS - EE Recognition Team

TIME

1:00 PM

EVENT DATE

March 14, 2015

LOCATION

San José Arena, NHL Sharks Game

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

A Public Document

1. Agency Name City of San Jose Division, Department, or Region (If Applicable) PRNS, RCU Designated Agency Contact (Name, Title) Mary O'Meara, Recreation Superintendent Area Code/Phone Number E-mail (408) 535-3578 mary.o'meara@sanjoseca.gov	Date Stamp	California Form 802 For Official Use Only
<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 \$ \$206

Event Description SHARKS HOCKEY GAME Date(s) 2, 15, 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: SAN JOSE ARENA AUTHORITY
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: MARY O'MEARA
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:
<u>JOLIS, Phil</u>	<u>2</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>Employee Recognition outstanding Service</u>
<u>ROSS, Kim</u>	<u>2</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>Employee Recognition outstanding Service</u>
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

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.

Mary O'Meara MARY O'Meara Recreation Superintendent 2/13/15
Signature of Agency Head or Designee Role Name Title (Month, Day, Year)

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)/ 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:
Martinez, Jessica	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding service
Gott, Tracey	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding service
Beck, Justin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding service
Kramer, Christy	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding service

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

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)/ 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:
Custodio, MARLO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding Service
Patania, Ronnie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding Service
Mendez, Zach	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding Service
Barnwell, Amy	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition outstanding Service

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

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)/ 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:
ASPINFURT, ANTHONY	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> Employee Recognition Outstanding Service
Bray, Janine	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> Employee Recognition Outstanding Service
		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)/ Pass(es)	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>Seven Trees Community Center, PRNS</u>		Date Stamp 2014 OCT -8 <u>AT Mail</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Dora Lion - Gerontology Specialist</u>			
Area Code/Phone Number <u>408/794-1690</u>	E-mail <u>dora.lion@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 125.00

Event Description Sharks vs. Los Angeles Date(s) 9/30/14
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: _____
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>Seven Trees Community Center</u>	<u>8</u>	<u>Staff & Volunteer Recognition</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>
		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

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] Dora Lion Gerontology Specialist 10/1/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

Agency Name

Seven Trees Community Center

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
Seven Trees Community Center	8	Recognition / Volunteers & Staff
B. Name of Individual <small>(Last, First)</small>	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>
		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>
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	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 Safe School Campus Initiative Program		San Jose, CA Date Stamp 2014 MAY -1 PM 3:44 JML JVL	California Form 802 For Official Use Only
Division, Department, or Region (if Applicable) PRNS Community Services Division SSCI Program			
Designated Agency Contact (Name, Title) Alex Toscano (Youth Outreach Worker I)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-373-7687	E-mail Alex.Toscano@sanjoseca.go	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 \$ _____ \$82

Event Description SJ Sabercats VS Orlando Predators Date(s) 5 / 3 / 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: _____
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
Safe School Campus Initiative Program	16	Public Purpose for the Distribution to Youth Program Participants
California Youth Outreach/Breakout Ministries program	8	Public Purpose for the Distribution to Youth Program 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>
		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

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] Fernando P. Lopez Community Coordinator 05/01/14
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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California Form **802**

For Official Use Only

2014 MAY -6 PM 2:14

M. Calvert

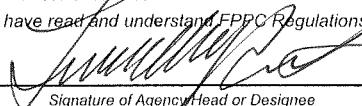
1. Agency Name
 City of San Jose
 Division, Department, or Region (If Applicable)
 Parks Recreation & Neighborhood Services, Parks Division
 Designated Agency Contact (Name, Title)
 Teresa Meyer-Calvert, Staff Specialist
 Area Code/Phone Number | E-mail
 408-793-4186 | teresa.meyer-calvert@sanjoseca.gov

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 \$ 192.00
 Event Description San Jose Sharks Game Date(s) 04 / 01 / 20
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Area Authority
Name of Source
 Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City of San Jose, PRNS Department Parks Division Staff Members	24	City Employee Recognition (Names on attached)
B. Name of Individual <small>(Last, First)</small>	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>
		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

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 Teresa Meyer-Calvert Staff Specialist 3-31-2014
Print Name Title (Month, Day, Year)

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.)

1. Adams, Randy
2. Albayalde, Joe
3. Aning, Gina
4. Carrillo, Daniel
5. Castro, Adriel
6. Chairez, Raul
7. Dietrick-Reyes, Jody
8. Grijalva, Tina
9. Hammack, Steve
10. Hunter, Cassie
11. Iglesias, Melina
12. Jones, Mike
13. Mefferd, Greg
14. Meyer-Calvert, Teresa
15. Morrow, Andre
16. Perez, Roed
17. Rodriguez, Albert
18. Saavedra, Joshua
19. Sanchez, Sarah
20. Shields, Ginny
21. Solis, Alfredo
22. Thomas, Katherine
23. Trede, Athena
24. Trede, Troy

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

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1. Agency Name Safe School Campus Initiative		Date Stamp 2014 MAR 19 PM 1:08	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) PRNS Community Services Division			
Designated Agency Contact (Name, Title) Alex Toscano (Youth Outreach Worker I)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>March 11, 2014</u> (Month, Day, Year)	
Area Code/Phone Number 408-794-1630	E-mail Alex.Toscano@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 82.00

Event Description SJ Sharks VS Toronto Maple Leafs Date(s) 3 / 11 / 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: _____
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
Alex Toscano	8	Public Purpose for the Distribution to Youth Program 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>
		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

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] Fernando P. Lopez Community Coordinator 3/14/14
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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1. Agency Name CITY OF SAN JOSE		Date Stamp 2014 JUN 14 PM 2:30	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) PARKS, RECREATION & NEIGH. SERVICES		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) REGINA ANING, GENERAL MGR			
Area Code/Phone Number 408 794-6519	E-mail GINA.ANING@SANJOSECA.GOV		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 178.00

Event Description JUSTIN TIMBERLAKE Date(s) 1, 19, 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: SAN JOSE MENA AUTHORITY
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/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:
		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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
HAPPY KOLLOW FOUNDATION	16	MAJOR DONOR RECOGNITION FOR SUPPORT OF HHPZ

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

Title

(Month, Day, Year)

Comment: _____



January 13, 2014

Ticket/Pass Distribution for California Form 802

Justin Timberlake, 1/19/2014

Happy Hollow Foundation Major Donor ticket recipients

Chris Soden

Angela and Dave Delgado

Matt and Kerry James

Kevin and Chris Kelley

Andy and Heather Lerner

Charlie McCollum

Patty O'Malley and guest (tbd)

John and Sachie Tang

Lori and Kristi Yamaguchi

Respectfully submitted,

Heather Lerner

Executive Director

Happy Hollow Foundation

408 277-3498

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

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1. Agency Name <u>CITY OF SAN JOSE</u>		Date Stamp <u>2014 JAN - 7</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>PARKS, RECREATION & NEIGH SVCS - HHPZ</u>			
Designated Agency Contact (Name, Title) <u>REGINA ANING, GENERAL MANAGER</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408 794 6519</u>	E-mail <u>GINA.ANING@SANJOSECA.GOV</u>	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No BUT WE HAVE A GIFT POLICY, NOT TO EXCEED \$50.00 EA.

Face Value of Each Ticket/Pass \$ 192.00

Event Description SHARKS GAME Provide Title/Explanation Date(s) 1, 2, 14

Ticket(s)/Pass(es) provided by agency? Yes No If no: SAN JOSE ARENA AUTHORITY Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>CITY OF SAN JOSE - PRNS DEPT.</u>	<u>20</u>	<u>CITY EMPLOYEE RECOGNITION</u>
<u>HAPPY HOLLOW SUPERVISORY STAFF</u>		<u>(SEE ATTACHED SHEET FOR NAMES)</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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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.

Regina Aning REGINA ANING REC. SUPERINTENDENT 1/7/14
Signature of Agency Head of Designee Print Name Title (Month, Day, Year)

Comment: _____

Happy Hollow Park Zoo Supervisory Staff
City Suite - Sharks Tickets
1-2-14

Seat Number			
1	Vanessa	Rogier	
2	Gina	Aning	
3	Steve	Motzkus	
4	Judy	Roberto	
5	Dani	Hayslett	
6	Willie	Martinez	
7	Chris	Boyer	
8	Tony	Daly	
9	Xochitl	Montes	
10	Denise	Soden	
11	Shannon	Heimer	
12	Angelo	Marchi	
13	Mario	Day	
14	Heather	Vrzal	
15	Jennifer	Sorrells	
16	Melissa	Young	
17			did not use
18			did not use
19			did not use
20			did not use

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

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1. Agency Name Seven Trees Community Center, PRNS, City of San Jose Division, Department, or Region (If Applicable)		Date Stamp OCT 30 AM 9:02	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Dora Liou - Gerontology Specialist			
Area Code/Phone Number 408/794-1690	E-mail dora.liou@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 \$ 38

Event Description Disney on Ice Date(s) 10, 25, 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: _____
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
Seven Trees Community Center	8	Recognition - <u>Assette Rodriguez (2)</u> <u>Bob Pasiani (2)</u> <u>Jo Corona (1)</u> , <u>Marilyn Berman (1)</u> <u>Mattison Vanderhoest (2)</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

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] Dora Liou Gerontology Specialist 10/25/13
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

Agency Name Seven Trees Community Center

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>Seven Trees Community Center</u>	<u>8</u>	<u>Volunteer Recognition -</u>
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	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 <small>(Include address and description)</small>	Number of Ticket(s)/ Pass(es)	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 Seven Trees Community Center		Date Stamp 2013 AUG 28 AM 9:42	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) PRNS, 3590 Cas Dr, San Jose, CA 95111		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Dora Liou - Gerontology Specialist			
Area Code/Phone Number 408/794-1690	E-mail dora.liou@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 38

Event Description Ringling Bros. Circus Date(s) 8/24/13
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: _____
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
Seven Trees Community Center	4	Recognition - Edgar Ortiz & Monica Galyot Tickets given to
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

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] Dora Liou Gerontology Specialist 08/26/13
Signature of Agency Head or Designee Print Name (Title) (Month, Day, Year)

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

Agency Name

Seven Trees Community Center

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
Seven Trees Community Center	4	Recognition - tickets gave to Edgar Ortiz & Monica Salvo

B. Name of Individual <small>(Last, First)</small>	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>
		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>
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

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1. Agency Name PRNS, Seven Trees Community Center Division, Department, or Region (if applicable)		Date Stamp 2013 APR 23 AM 9:50	California Form 802 For Official Use Only
Street Address 3590 Cas Dr, San Jose, CA 95111			
Designated Agency Contact (Name, Title) Dora Liou - Gerontology Specialist		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 994-1670	E-mail dora.liou@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Ice Hockey Game Face Value of Each Admission \$ 00

Description San Jose Sharks VS Blue Jackets Date(s) 4/21/13

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
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	Income
Fenny GOR	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Volunteers Recognition <input type="checkbox"/>
Jeff Green	2	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Volunteers Recognition <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"/>
		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 of Agency Head or Designee

 Dora Liou
 Gerontology Specialist
4/18/13
 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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1. Agency Name <u>City of San Jose</u>		Date Stamp 2013 APR -5 PM 2:25	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>ACS, PRNS</u>			
Street Address <u>2039 Kammerer Ave</u>			
Designated Agency Contact (Name, Title) <u>Liz Best</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>(408) 794-1065</u>	E-mail <u>Liz.best@sanjoseca.gov</u>	Date of Original Filing: <u>3/29/13</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Walk for Brain Injury Face Value of Each Admission \$ 130⁰⁰
 Description San Jose Charles night for The committee Date(s) 4, 5, 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	Income
<u>Best, Liz</u>	<u>1</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Thank Committee members</u> <input type="checkbox"/>
<u>Hawkins, Lauren</u>	<u>1</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Thank committee members</u> <input type="checkbox"/>
<u>Garcia, Melissa</u>	<u>1</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Thank committee members</u> <input type="checkbox"/>
<u>VMC Brain Research Unit</u>	<u>11</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Thank committee members</u> <input type="checkbox"/>
<u>Services for Brain Injury</u>	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Thank committee members</u> <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.

Liz Best Liz Best Therapeutic Specialist 3/29/13
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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2013 APR 5 PM 2:26
Date Stamp

California Form 802
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1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
200 E. Santa Clara San Jose CA 95123
Street Address

Lauren Hawkins
Designated Agency Contact (Name, Title)

Area Code/Phone Number (408) 794-1060
E-mail lauren.hawkins@sanjoseca.gov

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Walk For Brain Injury

Face Value of Each Admission \$ 130.00

Description San Jose Sharks Night for committee

Date(s) 4, 5, 13

Ticket(s)/Admission(s) provided by agency? Yes No If no:

San Jose Sharks 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	Income
<u>Hawkins, Lauren</u>	<u>1</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Thank Committee Member</u> <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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

• 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.

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.

Lauren Hawkins
Signature of Agency Head or Designee

Lauren L. Hawkins
Print Name

Committee Member
Title

3/29/13
(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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1. Agency Name PRNS, Seven Trees Community Center <small>Division, Department, or Region (if applicable)</small>		Date Stamp 2013 FEB 21 AM 9:	California Form 802 <small>For Official Use Only</small>
3590 Cas Dr, San Jose, CA 95111 <small>Street Address</small>			
Dora Liou - Gerontology Specialist <small>Designated Agency Contact (Name, Title)</small>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
408/994-1690 <small>Area Code/Phone Number</small>	dora.liou@sanjoseca.gov <small>E-mail</small>	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice Face Value of Each Admission \$ 37
 Description Dave to Dream Date(s) 2, 22, 13

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
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 Admsslon(s)/ Ticket(s)	Agency Official	Income
Iola Williams Senior Program at Seven Trees Community Center	6	Yes <input type="checkbox"/> No <input type="checkbox"/>	• 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. Lunar New Year Celebration & Valentine's Day Dance 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"/>
		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 of Agency Head or Designee

Dora Liou _____
Print Name

Gerontology Specialist _____
Title

2/19/13 _____
(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/Pass Distributions**

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1. Agency Name Safe School Campus Initiative		Date Stamp 2013 FEB 21 PM 2:01	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) PRNS Community Services Division			
Designated Agency Contact (Name, Title) Alex Toscano (Youth Outreach Worker I)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-7941630	E-mail Alex.Toscano@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$80

Event Description Sharks VS Blackhawks Date(s) 2 / 5 / 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: _____
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
Alex Toscano	8	Public Purpose for the Distribution to Youth Program 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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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.

CH Signature of Agency Head or Designee CHARLIE E. HALL Print Name YOUTH OUTREACH SPECIALIST Title 2-21-13 (Month, Day, Year)