

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

A Public Document

1. Agency Name San Jose Police Department		Date Stamp <i>RECEIVED San Jose City 2020 JAN -8 PM 1:11 MAIL LG</i>	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Airport Division			
Designated Agency Contact (Name, Title) Sergeant Brett Myers		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (408) 506-7879	E-mail 3350@sanjoseca.gov		

2. Function or Event Information

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

Event Description: San Jose Sharks Game Date(s) 01 / 11 / 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: Chief Edgardo Garcia
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
San Jose Police Department	16	Appreciation for dedicated work
Airport Division		
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.

<u>SGT. <i>Brett J. Myers</i></u> <small>Signature of Agency Head or Designee</small>	<u>SGT. BRETT MYERS</u> <small>Print Name</small>	<u>SERGEANT</u> <small>Title</small>	<u>12 / 24 / 19</u> <small>(month, day, year)</small>
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Comment: _____

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

A Public Document

1. Agency Name City of San Jose		Date Stamp RECEIVED San Jose City Clerk 2019 DEC 23 AM 11:00 <i>OTC LG</i>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Police Department		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Edgardo Garcia, Chief of Police			
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 \$ 69

Event Description: First Responders Appreciation Day Date(s) 12 / 15 / 19 _____/_____/_____

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Forty Niners Management Company, LLC

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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Acosta, Javier	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
Lao, Leonard	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
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><i>D. DSyL</i></u> <small>Signature of Agency Head or Designee</small>	<u><i>D. SYKES</i></u> <small>Print Name</small>	<u><i>CITY MANAGER</i></u> <small>Title</small>	<u><i>12/20/19</i></u> <small>(month, day, year)</small>
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Comment: _____

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

Agency Name

City of San Jose

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Orozco, Jaime	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: On-field flag presentation during National Anthem as part of First Responders Appreciation Day
Short, Michael	0	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: On-field flag presentation during National Anthem as part of First Responders Appreciation Day
Solomon, Maria	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: On-field flag presentation during National Anthem as part of First Responders Appreciation Day
		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

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

A Public Document

1. Agency Name City of San Jose		Date Stamp RECEIVED San Jose City Clerk 2020 JAN 10 AM 10:14 <i>lon cc</i>	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) San Jose Police Department			
Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \$ \$83 & \$240

Event Description: San Jose Sharks Hockey Game Date(s) 11 / 1 / 19 _____ / _____ / _____
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
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
San Jose Police Department, BFO Field Training & Evaluation Program	22	Recognition for public service
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.

<u><i>D. D. Sykes</i></u> <small>Signature of Agency Head or Designee</small>	<u>D. SYKES</u> <small>Print Name</small>	<u>CITY MANAGER</u> <small>Title</small>	<u>1/7/20</u> <small>(month, day, year)</small>
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Comment: _____

San José Sharks vs. Winnipeg Jets

November 1, 2019

Attendees

<u>Last Name</u>	<u>First Name</u>	<u>Quantity of Tickets</u>
DelliCarpini	Tori	1
Walias	Tom	1
Perry	James	1
Singh	Pranil	1
Biebel	Robert	1
McNair	Jeff	1
Santiago	Jorge	1
Valverde	Jonathan	1
Sanchez	Omar	1
Miramontes	Isaac	1
Welker	Jessica	1
Maldonado	Eduardo	1
Dinh	Hung	1
Shab	Brian	2
White	Phil	1
Mangonon	Eddy	2
Johnson	Scott	2
Robertson	Mike	2

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

A Public Document

1. Agency Name San Jose Police Department		Date Stamp RECEIVED San Jose City Clerk NOV -8 AM 11:04 TL	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Family Violence Unit			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>11/5/19</u> <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) Steve Slack, Sergeant			
Area Code/Phone Number (408)-277-3700	E-mail steven.slack@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45

Event Description: Luke Combs concert Date(s) 11 / 6 / 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
SJPD Family Violence Unit	20	Recognition for outstanding work performance
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 of Agency Head or Designee	<u>STEVE SLACK # 3318</u> Print Name	<u>SERGEANT</u> Title	<u>11/5/19</u> (month, day, year)
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Comment: _____

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

A Public Document

1. Agency Name City of San Jose		Date Stamp RECEIVED San Jose City Clerk 2020 JAN 10 AM 10:14 <i>10m 16</i>	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) San Jose Police Department			
Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 117

Event Description: San Jose Sharks Hockey Game Date(s) 10 / 16 / 19
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Police Amateur Athletic Foundation 501(c)(3) PO Box 721115, San Jose, CA 95172	4	Recognizing volunteer public service

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><i>D. DSYL</i></u> <small>Signature of Agency Head or Designee</small>	<u>D. SYKES</u> <small>Print Name</small>	<u>CITY MANAGER</u> <small>Title</small>	<u>1/7/20</u> <small>(month, day, year)</small>
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Comment: _____

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

RECEIVED A Public Document

1. Agency Name City of San Jose		Date Stamp San Jose City Clerk 2019 AUG 23 PM 12:28	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) San Jose Police Department			
Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.goc		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 170.00

Event Description: San Jose Sharks Hockey Game Date(s) 1 / 7 / 19
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Doxie, Tara	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Recognizing volunteer public service
		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.

D. D. S. L. D. SYKES CITY MANAGER 8/22/19
 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 City of San Jose		San Jose Date Stamp 2019 AUG 23 PM 12:28	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) San Jose Police Department			
Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.goc	<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 \$ 170.00

Event Description: San Jose Sharks Hockey Game Date(s) 11 / 15 / 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Arana, Erin	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognizing volunteer public service
Allen, Neal	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognizing volunteer public service
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.

D. SYL D. SYKES CITY MANAGER 8/22/19
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

RECEIVED A Public Document

1. Agency Name City of San Jose		Date Stamp 2019 AUG 23 PM 12:28	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) San Jose Police Department			
Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.goc		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 170.00

Event Description: San Jose Sharks Hockey Game Date(s) 11 / 3 / 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Potwora, Douglas	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Recognizing volunteer public service
		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.

D. DSYL D. SYRES CITY MANAGER 8/22/19
 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

SAN JOSE PD
 Division, Department, or Region (if applicable)
BOE - FINANCIAL CRIMES
 Designated Agency Contact (Name, Title)
LT. E. PEDREIRA #3104 / SGT BRAVO #3312
 Area Code/Phone Number | E-mail
408-277-4401 | 3104@SANJOSECA.GOV / 3312@SANJOSECA.GOV

RECEIVED Date Stamp
 San Jose City Clerk
 Mail Ea
 2019 JAN 31 AM 11:47

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 \$ 99.00
 Event Description: CONCERT / FOOFIGHTERS Date(s) 9, 12, 18
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source
 Was ticket distribution made at the behest of agency official? Yes No If yes: LT. E. PEDREIRA / SGT R. BRAVO
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>CEM OF SAN JOSE, SAN JOSE PD - FINANCIAL CRIMES UNIT</u>	<u>16</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.

[Signature] #3104 RICHARD BRAVO #3312 SERGEANT 09/20/2018
Signature of Agency Head or Designee | Print Name | Title | (month, day, year)
for R.3.3312

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) San Jose Police Dept Designated Agency Contact (Name, Title) Sgt Jodi Williams Area Code/Phone Number 408-277-4161		Date Stamp 2017 NOV 16 AM 11:06	California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

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

Event Description: San Jose Sharks Game Date(s) 11 / 01 / 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: San Jose Police
Official's Name (Last, First)

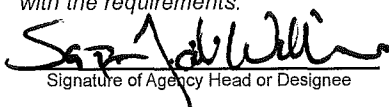
3. Recipients

• 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, San Jose Police Dept	24	#4 Recognition for direct involvement in city related projects/programs
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.


 _____ Sgt J. Williams _____ Police Sergeant _____ 11/13/2017
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 SAN JOSE POLICE DEPARTMENT Division, Department, or Region (if applicable)		San Jose City Clerk Date Stamp 2017 APR 28 AM 10:53 [Handwritten Signature]	California Form 802 For Official Use Only
FAMILY VIOLENCE UNIT Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail 3298@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 \$ 150-

Event Description: THE WEEKEND CONCERT Date(s) 4 / 28 / 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
SAN JOSE POLICE FAMILY VIOLENCE UNIT	16	
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] _____ TIBAUDI _____ LT. _____ 4/26/17
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

City of San Jose

Division, Department, or Region (if applicable)

Police Department

Designated Agency Contact (Name, Title)

Chief Eddie Garcia, Police Chief

Area Code/Phone Number

(408) 535-8111

E-mail

webmaster.manager@sanjoseca.gov

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Date Stamp
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RW 10M
2017 MAR 28 PM 1:59

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 \$ 43.00

Event Description: San Jose Sharks vs. St. Louis Blues Date(s) 3 / 16 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Bay Area Law Enforcement Assistance Fund
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Officer Alan Yee, SJPD	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> San Jose Sharks First Responder Night
Officer Jason Wellman, SJPD	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> San Jose Sharks First Responder Night
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 Roberto Oueñas Print Name City Manager Title 3/24/17 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name <u>SAN JOSE POLICE DEPT.</u>		Date Stamp <u>San Jose City Clerk</u> <u>Free 10M</u> 2017 MAR 13 AM 11:58	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) <u>POLICE - BOMB SQUAD</u>			
Designated Agency Contact (Name, Title) <u>SGT. ROB LANG</u>			
Area Code/Phone Number <u>408-476-8709</u>	E-mail <u>3279@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 \$ 72.50

Event Description: BLAKE SHELTON CONCERT Date(s) 3, 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: LT CHRIS MONAHAN
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>SJPD BOMB SQUAD</u>	<u>8</u>	
<u>SJPD EXPLOSIVE K-9</u>	<u>8</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.

LT. MR. PC #3295 LT. JEFF PROFIO LIEUTENANT 3-9-2017
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 SAN JOSE POLICE DEPARTMENT		RECEIVED San Jose City Clerk Jew 10M 2017 FEB 27 AM 10:34	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) BFO			
Designated Agency Contact (Name, Title) LIEUTENANT JEFF PROFIO			
Area Code/Phone Number —	E-mail 3295@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 \$ 303.00

Event Description: BELLATOR MMA Date(s) 02/18/17
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
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
SJPD, MERGE UNIT	24	
SAN JOSE POLICE DEPARTMENT		
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.

LT. [Signature] LT. JEFF PROFIO LIEUTENANT 2-23-2017
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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1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

San Jose Police Department

Designated Agency Contact (Name, Title)

Chief Edgardo Garcia, Police Chief

Area Code/Phone Number

(408) 535-8100

E-mail

webmaster.manager@sanjoseca.gov

2016 DEC -1 PM 12:55

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 \$ 149

Event Description: San Jose Sharks hockey game Date(s) 11 / 05 / 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
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
Police Amateur Athletic Foundation 501(c)(3) PO Box 721115, San Jose, CA 95172	4	Attracting and recognizing volunteer public service

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] NORBERTO DUEÑAS CITY MANAGER 12/1/16
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 City of San Jose		RECEIVED San Jose City Clerk 2016 NOV 10 PM 3:53 EP OTC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) San Jose Police Department			
Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief			
Area Code/Phone Number (408)535-8100	E-mail webmaster.manager@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 \$ 149.00

Event Description: San Jose Sharks Hockey Game Date(s) 10 / 25 / 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)

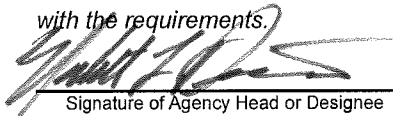

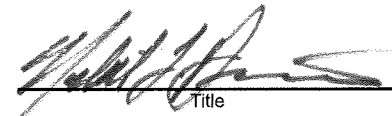

3. Recipients

• 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
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
Police Amateur Athletic Foundation (501(c)(3) P.O. Box 721115, San Jose, CA 95172	4	Attracting and recognizing volunteer public service

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
SAN JOSE POLICE DEPARTMENT Division, Department, or Region (If Applicable)		2016 JUN -8 AM 10: SP route	
TRAINING DIVISION Designated Agency Contact (Name, Title)			
SGT. CHRIS WILSON			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
408-501-0960	2702@SANTJOSECA.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 \$ ~~667(14)~~ [#]324([#]8)

Event Description SHARKS GAME
Provide Title/Explanation Date(s) 6 / 4 / 16

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: CHIEF OF POLICE
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
SJPD TRAINING/RECRUITING	24	EMPLOYEE RECOGNITION
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.

LT. K. SABELLA LIEUTENANT 6/6/16
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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California Form **802**

1. Agency Name <u>San Jose Police Dept.</u> <small>Division, Department, or Region (If Applicable)</small>		Date Stamp City 2015 DEC -1 PM 2:50	For Official Use Only
<u>BFO Chief's Office</u> <small>Designated Agency Contact (Name, Title)</small>			
<u>Michelle Martinez - Staff Specialist</u> <small>Area Code/Phone Number</small>	<u>408-537-1802</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
<u>Michelle.Martinez@sanjose.ca.gov</u> <small>E-mail</small>		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 \$ 69.50

Event Description Trans Siberian Orchestra Date(s) 12 / 3 / 2015
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>BFO Chief's Office</u>	<u>16</u>	<u>GOOD WORK OF EMPLOYEES</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>
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.

Johnson Tony 2710 JOHNSON FOMG POLICE LIEUTENANT 12-1-2015
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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San Jose City Clerk

A Public Document

1. Agency Name San Jose Police Department		Date Stamp 2015 NOV 25 AM 10:00 <i>[Signature]</i>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Bureau of Investigations/ Covert Response Unit			
Designated Agency Contact (Name, Title) Tyler Krauel, Police Officer		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-277-4115	E-mail tyler.krauel@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 \$ _____ 102.00

Event Description Nitro Circus - SAP Center Date(s) 11 / 11 / 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
San Jose Police Department, Covert Response Unit	24	Recognition and reward for outstanding police work to the Covert Response Unit and support staff.
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>
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] TYLER KRAUEL POLICE OFFICER 11-17-15
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 SAN JOSE POLICE DEPARTMENT Division, Department, or Region (If Applicable)	Date Stamp San Jose CA 951	California Form 802 For Official Use Only
SGT. MARIO BRASIL Designated Agency Contact (Name, Title)	2015 DEC 22 A 10:19	
BUREAU OF FIELD OPERATIONS DOWNTOWN SERVICES UNIT Area Code/Phone Number E-mail 408-718-0967 3513@SANTOSECA.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

Event Description SAN JOSE SHARKS GAME
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 222

Date(s) 11, 3, 15

If no: SAN JOSE ARENA AUTHORITY
Name of Source

If yes: SGT. MARIO BRASIL
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
SAN JOSE POLICE DEPT	24	REWARDS FOR SPECIFIC OUTSTANDING
DOWNTOWN SERVICES (CDSU) UNIT		WORK DONE BY (CDSU)

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] MARIO BRASIL SERGEANT 11/16/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Agency Report of:

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

1. Agency Name <u>SAN JOSE POLICE DEPARTMENT</u> <small>Division, Department, or Region (If Applicable)</small>		<small>Date Stamp</small> 2015 FEB 18 AM 9:27 <u>LAMM</u>	California Form 802 <small>For Official Use Only</small>
<u>BFO - ADMINISTRATIVE UNIT</u> <small>Designated Agency Contact (Name, Title)</small>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
<u>JON HARTMAN - POLICE SERGEANT</u> <small>Area Code/Phone Number</small>	<u>3315@SANJOSE.CA.GOV</u> <small>E-mail</small>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 206.⁰⁰

Event Description SHARKS VS. DUCKS Date(s) 1, 29, 15
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: FONG, JOHNSON
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>BFO - ADMIN UNIT</u>	<u>24</u>	<u>FOR EXCELLENT WORK</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.

LT. Johnson JOHNSON FONG POLICE LIEUTENANT 2-10-15
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 <u>SAN JOSE POLICE DEPT</u>		Date Stamp <u>2014 MAR 19 AM 10:28</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>METRO DIV.</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>SGT. MIKE CARLSON</u>			
Area Code/Phone Number <u>408-277-4631</u>	E-mail <u>MICHAEL CARLSON@SANJOSECA.GOV</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 192.00

Event Description SHARKS GAME Date(s) 3, 18, 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: 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>SJPD - METRO</u>	<u>24</u>	<u>AWARD FOR QUALITY WORK</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] MIKE CARLSON SERGEANT 3-16-14
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 _____

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 <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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San Jose City Clerk
2014 MAR -4 AM 9:58

If Amendment - Date of Original Filing
(Month, Day, Year)

2/26/2014

A Public Document

1. Agency Name	San Jose Police Department		
Division, Dept. or Region <small>(If Applicable)</small>	BFO-patrol	Area Code/Phone Number	408-277-4631
Designated Agency Contact <small>(Name, Title)</small>	Mike Stahl	Email	3526@sanjoseca.gov

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

Signature of Agency Head or Designee	<i>Sgt M Stahl 3526</i>	Print Name	Sergeant Mike Stahl
Title	Police Sergeant	Month, Day, Year	2/26/2014

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description <small>(Provide Title/Explanation)</small>	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$125.00	Sharks Game	2/3/2014	No	City of San Jose	Yes	Lt Millard

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.)

Name of Agency, Department or Unit	A.		B.				C.		
	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	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
BFO-Patrol	24	Employee Appreciation	Mike Stahl	24	Other	Employee			

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Date Stamp 2013 APR - 2 PM 2:20	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Office of the Chief of Police - Intelligence Unit			
Designated Agency Contact (Name, Title) Paul Woo, Police Sergeant			
Area Code/Phone Number 408/277-4041	E-mail paul.woo@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>3/19/13</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 143.00

Event Description San Jose Sharks Hockey Game Date(s) 3 / 14 / 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
Office of the Chief of Police - Intel Unit	24	Employee recognition
B. Name of Individual (Last, First)		
		Identify one of the following:
Woo, Paul	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Campagna, Joe	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)		
		Describe the public purpose made pursuant to the agency's policy
Santa Clara Police Department	3	Outside police agency recognition for assistance on case
Santa Clara County Sheriff's Dept	2	Outside police agency recognition for assistance on case

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>Seal Woo 2013</u> <small>Signature of Agency Head or Designee</small>	<u>Paul Woo</u> <small>Print Name</small>	<u>SERGEANT</u> <small>Title</small>	<u>3-19-13</u> <small>(Month, Day, Year)</small>
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**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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McCarron, George	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
Reckas, Kimberlie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
Lutticken, Mike	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
Anderson, Dan	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
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
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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Tran, Doug	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
Croucher, Matt	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
Welker, Jess	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
Pham, Chau	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
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

Santa Clara County Regional Auto Theft Task Force (RATTF)

Division, Department, or Region (If Applicable)

San Jose Police Department, San Jose Ca.

Designated Agency Contact (Name, Title)

Brian Matchett, Sergeant

Area Code/Phone Number

408-421-6770

E-mail

brian.matchett@sanjoseca.gov

San Jose City Clerk

Date Stamp

2013 FEB 28 PM 12:11

California Form **802**

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 02/27/13
(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 Hockey Game
Provide Title/Explanation

Date(s) 2 / 28 / 13

Ticket(s)/Pass(es) provided by agency? Yes No

If no: City of San Jose
Name of Source

Was ticket distribution made at the behest of agency official? No Yes

If yes: Police Chief Christopher Moore
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
Santa Clara County Regional Auto Theft Task Force (RATTF)	24	Use of City owned suite at HP Pavilion for RATTF unit, City Police Department

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:
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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.



Brian Matchett

Sergeant

2/27/13

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____