Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RECEDate Stamp California Office of Councilmenter Foul Peralez Form San Jose City Clerk For Official Use Only Division, Department, or Region (if applicable District 3

Designated Agency Contact (Name, Title) 2020 MAR -4 P 4: 04 Patricia Cega Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: 408-535-4929 (month, day, year) Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Date(s) 02, 26, 20 Barracuda V. Event Description: _ If no: _ Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☑ If yes: No 🗌 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Child Advocates of Recognition 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.

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RE Date Stamp California Office of Cancilmenter Faul Peralez Division, Department, or Region (if applicable) San Jose City Clerk **Form** For Official Use Only District 3

Designated Agency Contact (Name, Title) 2020 Pathou Ceja Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 408-535-4929 patricu- ciac (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🗹 No 🗌 Event Description: _ Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗹 Was ticket distribution made at the behest Yes If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Recognition 20 Burn Faundation 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

Agency Report of:

| Agency Report of: Ceremonial Role Events and Ticke | t/Pass Distrik | outions | A Pub | olic Document | | |
|--|-----------------------------------|----------------------------------|--|---|--|--|
| 1. Agency Name Office of Canalmember | Raul Pera | lez Sar | Jose City Clerk | Form 802 For Official Use Only | | |
| Division, Department, or Region (if applicable) | | 20191 | DEC 13 PM 1: 33 | Tor Official Ose Offig | | |
| Designated Agency Contact (Name, Title) | | 1 12 172.60 | btc L6 | Los di riprattito Los di ripratti | | |
| Area Code/Phone Number E-mail | | m neid | Amendment (Must Provide E | Explanation in Part 3.) | | |
| 408-135-4929 patrica. | cija e Sanjo | K1 (01.9m | Date of Original Filing: | nth, day, year) | | |
| 2. Function or Event Information | , | 0 | | militar but | | |
| 111-6 | ′es 🗖 No 🔲 📑 Fa | ace Value of E | Each Ticket/Pass \$ | 3 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | |
| Event Description: NOT So Silen F | | ate(s) 12 / | 07, 19 | | | |
| | 1 | no: San | Juse Avena Av | Mary | | |
| Was ticket distribution made at the behest \ | res ☑ No ☐ If : | yes: | | | | |
| of agency official? | 7 - | | Official's Name (Last, First) | | | |
| Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. | | | | | | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the | escribe the public purpose made pursuant to the agency's poli | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ | a Link of Marie Telepho Vaneg | Identify one of the followin | g: | | |
| (Lust, 1 mst) | Passes | | onial Role Other Ing "Ceremonial Role" or "Other" describe bel | Income I | | |
| i and an of after this application for the training of the contract of the con | | | onial Role Other Ing "Ceremonial Role" or "Other" describe bel | Income | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursuant t | o the agency's policy | | |
| Poosevelt Community | 23 | Pecog | nina | Manufacture Communication | | |
| Poosevelt Community | om p. Bjild of Locates | 1200 1100 | bridge of the state of | argo (174) mi | | |
| 4. Verification | | name of the | and the | - The class Tiete | | |
| I have read and understand FPPC Regulations 18 with the requirements. | 8944.1 and 18942. I | have verified t | hat the distribution set forth ab | ove, is in accordance | | |
| Pal Ra | ul Peralez | | uncilnember | 12/13/19 | | |
| Signature of Agency Head or Designee | Print Name | F 45 ml - | Title | (month, day, year) | | |

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp V L California San Jose City C Office of Ouncil member Division, Department, or Region (if applicable) For Official Use Only District 3
Designated Agency Contact (Name, Title) Patricia Cesa Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$.) Shey an Event Description: _ Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? No 🗹 Was ticket distribution made at the behest Yes ΝοП Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 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. Peralez Signature of Agency Head or Designee

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Office of Cancil member Division, Department, or Region (if applicable) For Official Use Only District 3

Designated Agency Contact (Name, Title) Patricia Ceja Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: . 408-535-4929 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Event Description: Disney on Ic Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes € No □ of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other | Income | If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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.

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Office of Courcilwenter Faul Perate Division, Department, or Region (if applicable) **Form** For Official Use Only 5TC 1.6 District 3

Designated Agency Contact (Name, Title) Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: . (month, day, year) Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Event Description: J. Balun Avcoin Ticket(s)/Pass(es) provided by agency? Yes ☐ No Ø Name of Source Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 10 Verification

4. Verification

| I have read and understan | d FPPC F | Regulations 1894 | 4.1 and 189 | 42. I have verified tha | at the distributi | on set forth above, | is in a | ccordan | ce |
|---------------------------|----------|------------------|--------------|-------------------------|-------------------|---------------------|---------|---------|----|
| with the requirements. | | | | | | | | | |
| | 11 | 0 10 | I A S SHAREY | | | | 10 1 | 1221 | 10 |

Signature of Agency Head or Designee Print Name Cauncil member 10/22/19

Print Name Title (month, day, year)

| Agency Report of: Ceremonial Role Events and Ticket/Pa | ass Distrik | butions A Public Document |
|---|--|---|
| 1. Agency Name Office of Councilwantse Four & Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) | Pevalez | Date Stamp Classifornia 802 TO CCG TO Official Use Only TO Official Use Only |
| Patricia Ceja Area Code/Phone Number E-mail 408-135-4929 Datricia ceja e | Surjune 10 | Date of Original Filing:(month, day, year) |
| 2. Function or Event Information Does the agency have a ticket policy? Yes Description: Showks v. Flames Provide Title/ Explan | No ☐ Fa | no: Jan Jare Avana Authory Name of Source Official's Name (Last, First) |
| 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency department or unit. | Use Section B to id Number of Ticket(s)/ Passes | dentify an individual. • Use Section C to identify an outside organization. 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 Other Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Stickball Chairy Tarmament SJPD and SJFD Voluntaers | 24 | Recognition |
| 4. Verification | .1 and 18942. I alcz int Name | I have verified that the distribution set forth above, is in accordance Cauches (month, day, year) |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California Office of Councilments For Division, Department, or Region (if applicable DTC LA For Official Use Only District 3
Designated Agency Contact (Name, Title) Patricia Ceja Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year) Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Event Description: INWO Lucka L Ticket(s)/Pass(es) provided by agency? No 🗹 Was ticket distribution made at the behest Yes ☑ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification I have read and understand FPPC 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 Designe

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California San Jose City Ci For Official Use Only 2019 OCT 15 Designated Agency Contact (Name, Title) Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year) 40F535-4929 2. Function or Event Information Face Value of Each Ticket/Pass \$ 180 . TO Does the agency have a ticket policy? Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes 🗹 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Recognition 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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City Clerk Office of Counciprember Paul Peralez **Form** ore un For Official Use Only 2019 OCT -District 3 Designated Agency Contact (Name, Title) Putricia Ceja Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: 408-535-4929 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? ΝοП Event Description: Maluma Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗆 Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 'annUniver 16 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 Design

| C | eremonial Role Event | ts and Ticket/P | 'ass Distri | ibutions | Bf.r.n. | , A Public | c Document |
|----|---|--------------------------|-----------------------------------|--------------------|-----------------------------|-----------------------------------|-----------------------|
| 1. | Agency Name | | | | San Date Stam | | ornia 802 |
| | Office of Canalmember Paul Peralez Division, Department, or Region (if applicable) | | | | OTC (4 | Fo | Official Use Only |
| | District 3 | , ,, | | | lets AUG 19 | PH 3: 08 | |
| | Designated Agency Contact (| Name, Title) | | | 1 | | |
| | Patricia Cya Area Code/Phone Number | | | | ☐ Amendment | (Must Provide Expla | unation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | | , |
| | 408-135-4929 | patricia-cejo | · e Sunjusc | ca-ga | Date of Original | Filing:(month, | day, year) |
| 2. | Function or Event Inform | | _ | | | | |
| | Does the agency have a tick | et policy? Yes | Z No□ F | ace Value of | Each Ticket/Pas | s\$ <u>175.0</u> | 0 |
| | Event Description: Bucks | treet Boys | [| | 04/19 | | |
| | Ticket(s)/Pass(es) provided t | | | fno: <u>San</u> | | na Aust | naity |
| | Was ticket distribution made of agency official? | at the behest Yes | ⊿ No□ If | f yes: | Official's Name (Las | t, First) | |
| 3. | Recipients • Use Section A to identify the agence | ry's department or unit. | Use Section B to i | dentify an individ | ual. • Use Section C | to identify an outsi | de organization. |
| | Δ Name of Agency, Depar | tmont of Unit | Number | Describe th | e public purpose ma | ide nursuant to th | o agoncy/s policy |
| | A. Name of Agency, Depar | tinent or onit | of Ticket(s)/ Passes | Describe tri | e public purpose ma | ide pursuant to th | e agency a policy |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | B. Name of Indiv | | Number of Ticket(s)/ | | Identify one | of the following: | |
| | (Luci, i nui | y | Passes | Cerem | onial Role 🔲 💢 | Other | Income |
| | | | | | ing "Ceremonial Role" or "C | _ | |
| | <u> </u> | | | Covern | anial Bala 🗍 | Nhoa [] | Income [7] |
| | | | | | onial Role | Other L Other" describe below: | Income 📙 |
| | | | | | | | |
| | C. Name of Outside Org | | Number of Ticket(s)/ Passes | Describe the | e public purpose ma | de pursuant to the | agency's policy |
| | Goodyan Mastic | | 16 | Re | ecognitia | _ | |
| | Coodyan Mastic Neighbahood Ass | ociatia_ | | | _ | | |
| 4. | Verification | | | | | | |
| | I have read and understand FPF with the requirements. | PC Regulations 18944 | .1 and 18942. I | have verified ti | hat the distribution | set forth above | , is in accordance |
| (| 196 | Paul Pe | ualez | (| analment Title | ber | 8/19/19 |
| | Sigrlature of Agency Head or Designe | Pr | int Name | | ıitle | | (monjin, day, 'year)' |
| | Comment: | | | | | | |

Ceremonial Role Events and Ticket/Pass DistributionsRECEIVED A Public Document 1. Agency Name Date Stamp California Office of Canalmember
Division, Department, or Region (if applicable) Form For Official Use Only District 3

Designated Agency Contact (Name, Title) Patricia Ceja Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-135-4929 (month, day, year) Datnau cela e sanssecu 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Event Description: WWE Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No 🗹 Was ticket distribution made at the behest Yes ☑ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes I have read and understand FPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. aul Perales Councilmember

Agency Report of:

| Ceremonial Role Events and Ticket/P | ass Distri | ibutions | A Public Document |
|---|-------------------------|--------------------|---|
| 1. Agency Name | | <i>y</i> · | Date StampEIVED California 802 |
| Office of (analyments faul Peralez Division, Department, or Region (if applicable) | | | For Official Use Only |
| Designated Agency Contact (Name, Title) | | | 2019 JUN -3 PM 4: 09 |
| | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must Provide Explanation in Part 3.) |
| | | | Date of Original Filing: |
| 408.535-4929 patricia.ceja | e sanjase | ca. ga | (month, day, year) |
| 2. Function or Event Information | | | 201 - 0 |
| | | | Each Ticket/Pass \$ 201.00 |
| Event Description: Sharks v. Avalanch | <u>e</u> [| Date(s) OF | 08,19 |
| Provide Title/ Explar | | fno: <u>San</u> (| Jose Arena Authority Name of Source |
| Was ticket distribution made at the behest Yes | Ź No□ If | yes: | Official's Name (Last, First) |
| of agency official? | | | Onicial's Name (Last, Pirst) |
| 3. Recipients | | | |
| • Use Section A to identify the agency's department or unit. | Use Section B to i | dentify an individ | ual. • Use Section C to identify an outside organization. |
| A Name of Agency, Department or Unit | Number | Describe the | e public purpose made pursuant to the agency's policy |
| A. Name of Agency, Department or Unit | of Ticket(s)/ Passes | Describe tal | s public purpose made pursuant to the agency o poncy |
| | | | |
| | | | |
| | | | |
| | Number | | |
| B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one of the following: |
| | <u> </u> | Cerem | onial Role Other Income Income |
| | | If check | ing "Ceremonial Role" or "Other" describe below: |
| | | | |
| · | | | onial Role Other Income Income Ing "Ceremonial Role" or "Other" describe below: |
| | | II CHĐCKI | ng Ceremonia Noie of Other describe below. |
| | Number | | |
| C. Name of Outside Organization (include address and description) | of Ticket(s)/ Passes | Describe the | public purpose made pursuant to the agency's policy |
| | 0 | | *> . |
| San Jose Firefighters | γ | Pecog | nitian |
| San Jose Firefighters Burn Faundatian | | | |
| 4. Verification | <u></u> | | |
| I have read and understand FPPC Regulations 18944. | 1 and 18942. I | have verified th | nat the distribution set forth above, is in accordance |
| with the requirements. | | - | , , |
| C/D Faul Pe | evalez | <u> </u> | unal wearber 5/31/19 Title (ndonth, day, year) |
| Signature of Agency Head of Designee Pri | nt Name | | ⊓tile (mtonth, dåy, year) |
| Comment: | | | |

| Agency Report of: Ceremonial Role Events and Ticket/P | ass Distri | butions | RECEIVED A Public Document |
|---|--|--------------|--|
| 1. Agency Name Office of Caunalmember Faul Division, Department, or Region (if applicable) District 3 | Peralez | 2 | California 802 California 802 For Official Use Only |
| Designated Agency Contact (Name, Title) Patricia Ceja Area Code/Phone Number E-mail 408-(35-4929 patricia Ce | ia P salai | | Date of Original Filing: |
| 2. Function or Event Information | No D If | U | Each Ticket/Pass \$ 115.00 / |
| 3. Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit | Use Section B to id Number of Ticket(s)/ Passes | | lual. • Use Section C to identify an outside organization. e 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: nonial Role Other Income In |
| | | | nonial Role Other Income Income ing "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursuant to the agency's policy |
| Silican Valley Council of Nonprofts | 8 | Pec | ognition |
| 4. Verification I have read and understand FPPC Regulations 18944. with the requirements. | 1 and 18942. I | • | |
| Signature of Agency Head or Designee Pri | EVALEZ nt Name | | analmember 3/19/19 (month, ddy, year) |

| Agency Report of: Ceremonial Role Events and Ticket/F | Pass Distri | butions | RECIA\Rublic Doc | cument |
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| 1. Agency Name Office of (ouncilments Roul) Division, Department, or Region (if applicable) | Pevaler | | Date Stamp ^S Off California OTCUA Form 2019 MAR 19 PM 1:559 | 802 Use Only |
| DICTOCH 3 Designated Agency Contact (Name, Title) | | | 1:59 | |
| Patricia Cega Area Code/Phone Number E-mail | | | Amendment (Must Provide Explanation in | n Part 3.) |
| 408-535-4929 patricia.co | ija e sanjos | eca.gov | Date of Original Filing:(month, day, year | ir) |
| Event Description: Shorts v. Ped V | anation D | ace Value of vate(s) no:yes: | Each Ticket/Pass \$ 225 4 \$ 5 | 82 |
| 3. Recipients • Use Section A to identify the agency's department or unit. Δ Name of Agency, Department or Unit | • Use Section B to id | | lual. • Use Section C to identify an outside organ | T |
| | Number | | | |
| B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one of the following: | |
| | | • | nonial Role Other or "Other" describe below: | Income 🗌 |
| | | | ionial Role Other ing "Ceremonial Role" or "Other" describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursuant to the agency | y's policy |
| SJFD Local 230 and Volunteer Firefighters | 24 | Recog | ntia | |
| Volunteer Firefighters | | _ | | |
| 4. Verification I have read and understand FPPC Regulations 18944 with the requirements. | !.1 and 18942. I | have verified th $oldsymbol{\Omega}_{\!\scriptscriptstyleoldsymbol{\kappa}}$ | hat the distribution set forth above, is in a | nccordance |
| Signature of Agency Head or Designee P | rint Name | <u> </u> | Title S/10 (month, | 7//4 , day, year) |

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Office of Councilmember Paul Perales
Division, Department, or Region (if applicable) For Official Use Only District 3
Designated Agency Contact (Name, Title) Patricia Ceja Area Code/Phone Number ☐ Amendment (Must Provide Explanation in Part 3.) **Date of Original Filing:** 408-535-4929 patricia ceja e sanjoseca (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _________ Does the agency have a ticket policy? Event Description: Sharks v. Canadiens Date(s) <u>03 , 07 ,</u> Yes□ No 🗖 Ticket(s)/Pass(es) provided by agency? If yes: Was ticket distribution made at the behest Yes 🗖 No 🗔 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) Recognition 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. Paul Peralez Councilmenter

Agency Report of:

| Agency Report of: Ceremonial Role Events and Ticket/F | Pass Distr | ibutions | RECEIVED A PO | ublic Document |
|--|-----------------------------------|---------------------|--|--|
| 1. Agency Name Office of Canalwember Far Division, Department, or Region (if applicable) | ul Pevay | ler : | an Jopate Stamp Clark | California 802 Form Softicial Use Only |
| District 3 Designated Agency Contact (Name, Title) | | | 9 MAR -4 PM 4: 28 | To Official USE Offiy |
| Patricia Ceja Area Code/Phone Number E-mail | | | Amendment (Must Provid | de Explanation in Part 3) |
| Area Code/Phone Number E-mail 408-535-4929 Patricia. Ceja | e Ca Revisse a | a .gw | Date of Original Filing: | (month, day, year) |
| 2. Function or Event Information | | 0 | | monut, day, your, |
| Does the agency have a ticket policy? Yes | | ace Value of | Each Ticket/Pass \$ <u>67</u> | and \$33 |
| Event Description: Dishey on Ice | , | Date(s) <u>02</u> | 23,19 | |
| Provide Title/ Expla | anation | f no: <u>San</u> | Tosc Archa Ac Name of Source | Mary |
| Was ticket distribution made at the behest Yes, of agency official? | Æ No□ ^{II} | f yes: | Official's Name (Last, First) | |
| 3. Recipients • Use Section A to identify the agency's department or unit. | • Use Section B to i | identify an individ | ual. • Use Section C to identify a | n outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the | public purpose made pursuan | t to the agency's policy |
| | 1 2000 | | | |
| | | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the follow | ving: |
| | | | onial Role Other Othe | Income D |
| | | 1 | onial Role Other on "Other" describe | Income Delow: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | public purpose made pursuan | t to the agency's policy |
| Gardrer and McKinley | | Recog | pritian | |
| Gardrer and McKinley Bonita Neighborhood Association | 24 | 0 | | |
| 4. Verification ' I have read and understand FPPC Regulations 18944 with the requirements. | [!] .1 and 18942. I | have verified th | nat the distribution set forth a | above, is in accordance |
| Signature of Agency Head or Designee Pr | Pevalez rint Name | <u>Cou</u> | nalmember | |
| Comment: | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California RECEIVED Office of Caincilwember feel Peralez Division, Department, or Region (if applicable) **Form** Ban Jose City Clerk For Official Use Only District S

Designated Agency Contact (Name, Title) 2018 DEC -4 Area Code/Phone Number (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: . 408-535-4929 patricia ceja @ sanpscarga (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 169. 0 Does the agency have a ticket policy? Event Description: Pepe Aguiciv

Provide Title/ Explanation Yes□ No 🗹 Ticket(s)/Pass(es) provided by agency? of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 16

| nave read and understand FPPC Regulations 18944.1 and 18942. I have ventiled | tnat the distribution set forth above | /e, is in accordance |
|--|---------------------------------------|----------------------|
| vith the requirements. | | |
| | | 01.1 |

Head or Designee

Paul Perallee Print Name

| Ceremonial Role Events and Ticke | t/Pass Distri | butions | | VEA Pub | olic Documer | ıt |
|---|-----------------------------------|--------------------|-----------------------------|---------------------------------|------------------------|----|
| 1. Agency Name | | | Date Stam | aty Cle C | alifornia 802 Form | 5 |
| Office Of Canalments CV Division, Department, or Region (if applicable) | Recul Par | alez | 2018 OCT 29 | | For Official Use Only | |
| District 3 | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | | |
| PatriaCeja | | | ☐ Amendment | (Must Provide E | xplanation in Part 3.) | |
| Area Code/Phone Number E-mail | | | Date of Original | Filina | • | |
| | eja CSanjosco | a gu | Date of Original | (moi | nth, day, year) | |
| 2. Function or Event Information | | U | | 776 | | |
| | | | Each Ticket/Pas | is \$ <u>221</u> | | |
| Event Description: Sharks V. Aska | rders D | ate(s) <u>//</u> | 120 18 | | | |
| Provide Title/ I Ticket(s)/Pass(es) provided by agency? | es No If | no: San | Jose Avev Name of Source | na Acus | noity | |
| Was ticket distribution made at the behest γ | ′es Ø No □ lf | yes: | Official's Name (Las | ot Eirot) | | |
| of agency official? | | | Official's Name (Las | i, riisi) | | |
| 3. Recipients | | | | | | _ |
| • Use Section A to identify the agency's department or un | it. • Use Section B to ic | lentify an individ | ual. • Use Section C | to identify an o | utside organization. | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose ma | ade pursuant to | o the agency's policy | |
| | | | | | | |
| | | | **** | | | |
| | | | | | | |
| | Number | | | | | |
| B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one | of the following | J: | |
| - | | Cerem | onial Role 🔲 💢 | Other 🔲 | Income | |
| | | If check | ing "Ceremonial Role" or "(| Other" describe belo | ·W: | |
| | | | | | | _ |
| | | | onial Role | Other 🔲 Other" describe belo | Income [| Ш |
| | | | | | | |
| Name of Outside Organization | Number of Ticket(s)/ | Describe the | public purpose ma | ide pursuant to | the agency's policy | _ |
| (include address and description) | Passes | | and the second | | | |
| Reople Assistive | 24 | Pecog. | nitian | | | |
| Reople Assistives He Hameless | | \ | | | | _ |
| . Verification | | | | | | |
| I have read and understand FPPC Regulations 18 | 944.1 and 18942. L | have verified th | nat the distribution | ı set forth abc | ove, is in accordanc | e |
| with the requirements. | | | ٠ | | | |
| To Paul | peralez | Ca | incilinemb | el | 10/29/18 | _ |
| Signature of Agency Head or Designee | Print Name | | Title | | (month, dáy, year) | - |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Starnp California San Jose City Clerk **Form** Office of Counciments Faul Pevalez Division, Department, or Region (if applicable) tu For Official Use Only ote 2018 OCT 29 PM 12: 02 District 3

Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) patricia ceja e Sanjosela ga 408-535-4929 Date of Original Filing: (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ /03.00 Does the agency have a ticket policy? Event Description: Mtvo Graus Date(s) /0 / // //8 Provide Title/ Explanation Yes□ No 🗹 Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☑ No ☐ of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Pecognitia 24 ntaun Street 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 Print Name Council Member 10/29/18

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document KECEN Pate Stamp California Paul Pevalez San Jose City Clerk **Form** For Official Use Only Division, Department, or Region (if applicable) 2018 OCT -4 AM II: 25 District 3 Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Event Description: Fall Out Boo Date(s) <u>0</u>9 If no: 🕓 Ticket(s)/Pass(es) provided by agency? Yes 🗌 Name of Source Was ticket distribution made at the behest Yes Ø No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 16 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. Paul Pevalez Cuncilmentser

Print Name Title Signature of Agency Head or Designee

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California RECEPATE Stamp Pice of Councilmenter Paul Pevales San Jose City Clerk **Form** For Official Use Only Division, Department, or Region (if applicable) OTC 1 2018 OCT -4 AM 11: 26 District 3
Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: Datricia Cija @ Sanjoseca ga (month, day, year) Face Value of Each Ticket/Pass \$ __ Does the agency have a ticket policy? Date(s) 09 , 21 , 18 Event Description: Las Tigres d If no: <u>San</u> Jose Yes□ No⊅ Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☑ No ☐ of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 72 Constituents 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. Paul Peralez Cancilmentser
Print Name Title Signature of Agency Head or Designee

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: .. (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Da-Bangg concert 30 / Date(s) _ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income | Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition - Indian Flag Raising partners Federation of Indo-Americans of Northern-24 California 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. Sergio Jimenez Councilmember 6/6/18 Signature of Agency Head of Designee Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Office of Council Member Division, Department, or Region (if applicable) For Official Use Only District 3

Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 408-135-4929 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 164.00 Yes 🗹 No 🗆 Does the agency have a ticket policy? Event Description: Stars on Ice Date(s) 0 + 1/3 / 18 Yes □ No 🇹 Ticket(s)/Pass(es) provided by agency? Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Market Almaden and Lecognition 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.

| Designated Agency Contact (Name, Tribe) Describe Miniber E-mail Date of Original Filling: (mostle, say, year) | Ceremonial Role Events and Ticket/P | <u>'ass D</u> istr | ibutions | A | Public Document |
|---|---|---------------------------------------|--------------------|-------------------------------|---------------------------------|
| District of Provided by agency of the policy? Post Date of Original Filing: | 1. Agency Name | | | Date Stamp | |
| Designated Agency Contact (Name Tible) Part Name of Agency Contact (Name Tible) Describe The Name of Source Explanation in Part 3.) Describe The Agency Research (Name Tible) Part Name of Contact (Name Tible) Amendment (Note Provide Explanation in Part 3.) Date of Original Filing: | Office of Canalmember Paul Division, Department, or Region (if applicable) | Pender | g San | Jose City Clerk | |
| Designated Agency Contact (Name Title) Perman Cala Area Code/Phone Number E-mail | D'1''/ 2 | | | 10 PM 3:21 | |
| Area Code/Phone Number Committee Comm | Designated Agency Contact (Name, Title) | | | | |
| Date of Original Filling: | Pertroja Ceja | | | Amendment (Must F | Provide Explanation in Part 3.) |
| 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 16.00 Event Description: Curque de Sein Coystal Provide Tille Tille Tille Provide Tille Provide Tille Provide Tille Tille T | | | | Date of Original Filing: | 4 |
| Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$\frac{ToCO}{Date(s)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | iCSanjese | a.cja | | (month, day, year) |
| Event Description: Cray de Sole Cray Pal Date(s) O4 If no: Sin Jose Manager Jose Source Ticket(s)/Pass(es) provided by agency? Yes No If no: Sin Jose Manager Jose Jose Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) Official's Name (Last, First) 8. 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) Describe the public purpose made pursuant to the agency's policy Passes Caremonial Role Other Income If checking "Caremonial Role or "Other describe below: C. Name of Outside Organization (Include address and description) Ticket(s)/Passes C. Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy The Family Album B Recaymina Recipients 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. Pau Paule Signature of Agency Head or Designee Print Name Tile (mint), day, year) | | | ŕ | | T. CV |
| Ticket(s)/Pass(es) provided by agency? Yes No If no: SM Joke Accord Authority | Does the agency have a ticket policy? Yes | , | | | <u> </u> |
| Ticket(s)/Pass(es) provided by agency? Yes No If no: M | Event Description: Civapue de Sole II CV | | | | |
| Officials's Name (Last, First) 8. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Passes | · | nation □ No 🗹 If | fno: <u>San</u> | Jule Avera | Authority |
| **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 | | Z No□ If | f yes: | Official's Name (Last, First) | |
| A. Name of Agency, Department or Unit of Ticket(s)/ Passes B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other Income I | - | Use Section B to i | dentify an individ | ual. • Use Section C to ident | ify an outside organization. |
| B. Name of Individual (Last, First) Passes Identify one of the following: | A. Name of Agency, Department or Unit | of Ticket(s)/ | Describe th | e public purpose made pur | suant to the agency's policy |
| Ceremonial Role Other Income | | of Ticket(s)/ | | Identify one of the fo | ollowing: |
| C. Name of Outside Organization of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Parit Family Album Naccordance parity Album Naccordance with the requirements. Parity Parity Album Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Parity Album Naccordance with the requirements. Parity Parity Album Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of T | (Last, Filst) | Passes | 1 | | |
| C. (include address and description) Of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy The Family Album Ib Pecognification 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. Paul Pealls Signature of Agency Head or Designee Print Name Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency specification. | | | 1 | | |
| . 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. Paul Peulle Cuncilments 4/16/17 Signature of Agency Head or Designee Print Name Title (mbnth, day, year) | 그는 그는 그는 그는 그는 그는 그는 그들은 그들은 그들은 그들은 그들은 그들은 그를 보고 있다. | of Ticket(s)/ | Describe the | public purpose made purs | suant to the agency's policy |
| . 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. Paul Peulle Cuncilments 4/16/17 Signature of Agency Head or Designee Print Name Title (mbnth, day, year) | The Family Album | 16 | Pecogn | whan | |
| 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. Paul Peulle Cuncliments 4/16/17 Signature of Agency Head or Designee Print Name Title (mbnth, day, year) | project | | ľ | | |
| with the requirements. Paul Perales Cancilweinber 4/16/17 Signature of Agency Head or Designee Print Name Title (mbnth, day, year) | . Verification | · · · · · · · · · · · · · · · · · · · | | | |
| | with the requirements. Paul Pe | .1 and 18942. I | | , | rth above, is in accordance |
| | Comment: | iii Nailie | | Tide | (тыпи, очу, уеаг) |

| Ceremonial Role Events and Ticket/ | Pass Distri | butions | EP A | A Public Document |
|---|-------------------------|----------------------|---------------------------------|--|
| 1. Agency Name | 4 | San Jose Ci | V C Date Stamp | California 802 |
| Office of Councilmenter Paul | Perales | | OTCH | |
| Division, Department, or Region (if applicable) | 20 | 118 MAR -7 | PM 4: 29 | For Official Use Only |
| District 3 | | | | |
| Designated Agency Contact (Name, Title) | | | | |
| Patricia Ceja | | | Amendment (Must | Provide Explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | | |
| 408-535-4929 putnicia-ce | à e sanjorce | ra.gr | Date of Original Filing | (month, day, year) |
| 2. Function or Event Information | , | 6' | | |
| Does the agency have a ticket policy? Yes | ZÍ No□ F | ace Value of E | ach Ticket/Pass \$ <u>/</u> | 163.50 |
| Event Description: Picardo Arjona | | ate(s) <u>03</u> | | |
| Provide Title/ Exp | lanation | | | |
| Ticket(s)/Pass(es) provided by agency? Yes | □ No 🗹 If | no: <u>San i</u> | | Authory |
| Mee tieket dietributies seede at the heleest | | yes: | Name of Source | 9 |
| Was ticket distribution made at the behest Yes of agency official? | iA No□ " | yes | Official's Name (Last, First) |) |
| or agency official: | | | | |
| 3. Recipients | | | | |
| • Use Section A to identify the agency's department or unit. | • Use Section B to i | dentify an individua | il. • Use Section C to ider | atify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe the | public purpose made pu | rsuant to the agency's policy |
| | Passes | | | |
| | | | | |
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| | | | | |
| | Number | er a new colonia | | |
| B. Name of Individual (Last, First) | of Ticket(s)/ | | Identify one of the | following: |
| 1,200,1110, | Passes | Caraman | nial Role Other | Income 🗆 |
| | - | | "Ceremonial Role" or "Other" de | 100 0000000000000000000000000000000000 |
| | | - 1 | | |
| - | | Ceremon | nial Role Other | Income |
| | | | "Ceremonial Role" or "Other" de | 2 34 55 55 |
| | | | | |
| C. Name of Outside Organization | Number of Ticket(s)/ | Describe the r | public nurnose made nu | rsuant to the agency's policy |
| (include address and description) | Passes | | | oddin to the agency o poncy |
| 44 | 2.1 | h | 1 | |
| Al-anan Family Groups | 24 | Recogni | nan | |
| | | V | | |
| | | | | - 1 |
| 4. Verification | | | | |
| I have read and understand FPPC Regulations 1894 with the requirements. | 4.1 and 18942. I | have verified tha | t the distribution set for | orth above, is in accordance |
| | 0 | 0. | 7 | 2/2/12 |
| Signature of Agency Head-or Designee | Perales | Can | almember | S/ ///8 |
| Signature of Agency Head of Designee | IIIIL INGIIIG | | Title | (month, day, year) |
| Comment: | | | | |

| Agency Report of: Ceremonial Role Events and Ticket/F | Pass Distri | butions DECEMBE A | Public Document | | |
|--|-----------------------------------|---|-------------------------------|--|--|
| 1. Agency Name Office of Canalmember Pau Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) | 1 perales | San Josa Date Stamp rk OT CA 2018 MAR - 7 PM 4: 29 | California 802 Form 809 | | |
| Patrida Ceja | | □ Amoudmont (Mark D | and Subsection to De 421 | | |
| Area Code/Phone Number E-mail | | Amendment (Must Pr | ovide Explanation in Part 3.) | | |
| 408-135-4920 patricia cijo | e Sanida | Date of Original Filing: _ | (month, day, year) | | |
| 2. Function or Event Information | • | 0 | <u> </u> | | |
| Event Description: <u>Bawacuda US Provide Title/ Expla</u> | 1 constas Da | ace Value of Each Ticket/Pass \$ | Awthoring | | |
| Was ticket distribution made at the behest Yes of agency official? | ☑ No□ If | yes:Official's Name (Last, First) | <u> </u> | | |
| 3. Recipients • Use Section A to identify the agency's department or unit. | Use Section B to id | lentify an individual. • Use Section C to identi | fy an outside organization. | | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | of Ticket(s)/ Describe the public purpose made pursuant t | | | |
| | | | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the fo | llowing: | | |
| | | Ceremonial Role Other If checking "Ceremonial Role" or "Other" desc | Income | | |
| to the second se | | Ceremonial Role Other If checking "Ceremonial Role" or "Other" desc | Income Cribe below: | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made purs | uant to the agency's policy | | |
| Cocata Oppusumities fur the Developmentally Disabled | 24 | Decognition | | | |
| the Developmentally Disabled | | | * | | |
| 4. Verification | | *************************************** | | | |
| I have read and understand FPPC Regulations 18944 with the requirements. | .1 and 18942. I I | have verified that the distribution set for | th above, is in accordance | | |
| Signature of Agency Head or Designee Pr | evalez rint Name | Carnalmember | 3/7//8 (month, day, year) | | |
| Comment: | | 4 | 9 | | |

| C | eremonial Role Events and Ticket/P | ass Distri | butions | RECEIVED | A Public | Document | |
|----|--|-----------------------------------|--|---------------------------------|--|--------------------|--|
| 1. | Agency Name | 102 0 | Sa | □ JoSDate Stamp | etk Califo | | |
| | Office of Canapamber Pau Pevalez | | | OTCA | For | Official Use Only | |
| | Division, Department, or Region (if applicable) | | 201 | MAR -5 PM 2 | : 40 | Official Ose Offiy | |
| | Designated Agency Contact (Name, Title) | | | - | | | |
| | Vatnaa Ceja | | | | | W62 | |
| | Area Code/Phone Number E-mail | | | Amendment (M | ust Provide Explar | nation in Part 3.) | |
| | 408-135-4929 patricia ces | i a cari | caea c. | Date of Original Fili | ing: | dav. vear) | |
| | Function or Event Information | ac Janjo | seca.ga | 1 | VIII-11111 | ,,,, | |
| | | Ź No□ F | ace Value of | Each Ticket/Pass S | 597 | | |
| | n: - ' | | | ,24, 18 | | | |
| | Event Description: DISTED ON ICE Provide Title/ Expla | nation | | | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes No I If no: San Jose Arena Autharty Name of Source | | | | | | |
| | Was ticket distribution made at the behest Yes | Ź No□ If | yes: | Official's Name (Last, F | irst) | | |
| | of agency official? | | | | | | |
| 3. | Recipients | | | | | | |
| | • Use Section A to identify the agency's department or unit. | Use Section B to i | dentify an individ | ual. • Use Section C to i | dentify an outsid | e organization. | |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Number | A CONTROL OF STREET | in the same and | | LIND BUX STAN | |
| | B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one of t | he following: | | |
| | | | Cerem | onial Role Othe | er 🗌 | Income | |
| | | | If check | ring "Ceremonial Role" or "Othe | r" describe below: | | |
| | 9 | | | | | | |
| | | | | onial Role | er 🔲 er" describe below: | Income | |
| | Marine Service | 1 | | | | | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ | Describe the | e public purpose made | pursuant to the | agency's policy | |
| | (morado dadreso ana descripción) | Passes | late of the second | | A STATE OF THE STA | | |
| | Shop with a Cop | 24 | Recogn | ntian | | | |
| | O. 175 toff. to Cop | | 0 | 41 T (100, m) | | | |
| | | | | | | | |
| 4. | Verification | | | | | | |
| | I have read and understand FPPC Regulations 18944. | 1 and 18942. I | have verified ti | hat the distribution se | et forth above, | is in accordance | |
| 1 | with the requirements. | - II | 0 | 1, | | 21-1- | |
| | Signature of Agency Head or Designee Pr | MILEZ int Name | (a | uncilments | <u> </u> | (month, day year) | |
| | Signal of Figure 1 | | | nuc | | (onus, uay, year) | |
| | Comment: | | | | | -100 | |

| | gency Report of: eremonial Role Events and Ticket/P | ass Distr | ibutions | RECEIVED A | Public Document |
|----|---|-----------------------------------|--|--|--------------------------------|
| _ | Agency Name | | alez a | Jose Pate Stamp | California Form 802 |
| | Division, Department, or Region (if applicable) | | Edinary Colors Color Colors Color Color Colors Colors Colors Colo | EB - 477 | For Official Use Only |
| | Designated Agency Contact (Name, Title) | | | | |
| | Patricia Ceja | | | Amendment (Must Pr | rovide Explanation in Part 3.) |
| | 408-535-4929 Patricia Cer | a Quanta | CPIA-CAN | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Information | | J | | |
| | Does the agency have a ticket policy? Yes [| Ž No□ F | ace Value of | Each Ticket/Pass \$ <u>/ (</u> | 66.00 |
| | Event Description: Haven Globetrotte Provide Title/ Explai | nation | Date(s) <u>O</u> | 121,18 | |
| | Ticket(s)/Pass(es) provided by agency? Yes [| □ No 🗹 🗈 | f no: <u>San</u> | Name of Source | Authority |
| | Was ticket distribution made at the behest Yes of agency official? | Ď No□ ^{lí} | f 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 individ | ual. • Use Section C to identi | fy an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| | | | | | |
| | | | | | · · · · · · |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the fo | llowing: |
| | | | | onial Role Other of "Other" descriptions of "Other" descriptions of the control o | Income Cribe below: |
| | | | | onial Role Other ing "Ceremonial Role" or "Other" desc | Income |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | public purpose made purs | uant to the agency's policy |
| | Child Advocates of | 24 | Recog | nitian | |
| | Silican Valley | | , , | · | |
| 4. | Verification | | | | |
| | I have read and understand FPPC Regulations 18944. with the requirements. | 1 and 18942. I | have verified th | nat the distribution set for | th above, is in accordance |
| | | Revalez int Name | | unalmember Title | 1/29/18 (rhonth, day, year) |
| | Comment: | | | | , |

| | gency Report of: eremonial Role Events and Ticket/P | ass Distri | ibutions | Si an | A Public Document |
|----|--|-------------------------|--------------------|-------------------------------|--------------------------------------|
| | Agency Name | | 9.50 | See City Clerk | California 802 |
| | Office of Canalmember Division, Department, or Region (if applicable) | faul p | | - | For Official Has Only |
| | District 3 | | 2017 OC | 26 PM 1:49 | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Patricia Cyc. Area Code/Phone Number E-mail | | | Amendment (M | fust Provide Explanation in Part 3.) |
| | | <i>,</i> - | | Date of Original Fil | ina, |
| | 408-835-4929 Patricia Cej | a e sanje | sca-gr | Date of Original Fil | (month, day, year) |
| 2. | Function or Event Information | ſ | | | . 12 (10) |
| | Does the agency have a ticket policy? Yes [| ZÍ No□ F | | Each Ticket/Pass | \$_12.00 |
| | Event Description: DSvey an ICL Provide Title/ Explain | E | Date(s) <u>///</u> | 1291 11 | |
| | | | no: <u>San</u> | Ds Aven Name of Source | a Aumany |
| | Was ticket distribution made at the behest Yes | √ No□ If | ·yes: | | |
| | of agency official? | | | Official's Name (Last, F | First) |
| 3. | Recipients | | | | |
| | • Use Section A to identify the agency's department or unit. | Use Section B to i | dentify an individ | ual. • Use Section C to | identify an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe th | e public purpose made | pursuant to the agency's policy |
| | | Passes | | | |
| | | | | | |
| | | | | | |
| | | Number | | | |
| | B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one of | the following: |
| | Expension of Moreon was to top to the design and the design of the desig | | Cerem | onial Role Oth | er Income I |
| | | | If check | ing "Ceremonial Role" or "Oth | er" describe below: |
| | • | | 0 | | |
| | • | | ł . | onial Role | er Income er" describe below: |
| | | | | | |
| | Name of Outside Organization (include address and description) | Number of Ticket(s)/ | Describe the | public purpose made | pursuant to the agency's policy |
| | (include address and description) | Passes | | | |
| | Lavell Elementary | 24 | Relog | initian | |
| | Lavell Elementary School | | | | |
| 4. | Verification | | | | |
| | have read and understand FPPC Regulations 18944. | 1 and 18942. I | have verified t | hat the distribution s | et forth above, is in accordance |
| | with the requirements. | De molen | Ca | Marilmanne | 201- 1/10/17 |
| (| Signature of Agency Head or Designee Pri | Peralez int Name | <u> </u> | Inculment. | (mdnth, day, year) |
| | Comment: | | | | |

| Ceremonial Role Events and Ticket/P | 'ass Distri | ibutions | RECEI P | Public Document | | |
|---|---|--------------------|-------------------------------------|---------------------------------|--|--|
| 1. Agency Name Office Of Councilmember Paul Perafez | | | S dale Stamp Cit | | | |
| | | | Corn | 101111 - 0 - | | |
| Division, Department, or Region (if applicable) | | | 2017 OCT 26 P | For Official Use Only | | |
| Dithict 3 | | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | |
| Putricia Ceja | | | Amendment (Musti | Provide Explanation in Part 3.) | | |
| Area Code/Phone Number E-mail | , | | Date of Original Filing: | | | |
| 405-535-4929 patricia ap | ie Sanjo | ska ger | Date of Original Filling. | (month, day, year) | | |
| 2. Function or Event Information | | | | 00 00 | | |
| Does the agency have a ticket policy? Yes [| ZÍNo□ F | ace Value of | Each Ticket/Pass \$ _ | 92.00 | | |
| Event Description: DISTEY ON FCC | , D | ۸ . | 128, 17 | 1 1 | | |
| Provide Title/ Explain | nation . | | Tisc Avera | hipport | | |
| Ticket(s)/Pass(es) provided by agency? Yes [| □ No 🗹 If | no: <u>Jan</u> | Name of Source | 100-11-11-11-11 | | |
| Was ticket distribution made at the behest Yes | Ď No□ lf | yes: | | | | |
| of agency official? | | , | Official's Name (Last, First) | | | |
| | | | | | | |
| 3. Recipients | TT 0 (1 P) (1 | 1 1 11 11 | 1 . 7 . 6 6 | | | |
| • Use Section A to identify the agency's department or unit. | Use Section B to it | dentity an individ | ual. • Use Section C to iden | tify an outside organization. | | |
| A. Name of Agency, Department or Unit | of Ticket(s)/ | Describe the | e public purpose made pu | rsuant to the agency's policy | | |
| | Passes | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| B. Name of Individual | Number | | Identify one of the I | follows: | | |
| (Last, First) | of Ticket(s)/ Passes | | identity one of the f | ionowing. | | |
| | | | onial Role Other | | | |
| | | lf check | ing "Ceremonial Role" or "Other" de | escribe below: | | |
| | | | | | | |
| | | 1 | onial Role Other I | - | | |
| | | H CHOCK | ng ceremonial Note of Other de | ochbe below. | | |
| | Number | | | | | |
| C. Name of Outside Organization (include address and description) | of Ticket(s)/ Passes | Describe the | public purpose made pur | rsuant to the agency's policy | | |
| | | | <u> </u> | | | |
| Daisy Girl Scout | 29 | Recog | mitia | | | |
| Duisy Girl Scout | | · · / | | | | |
| Troop | | | | | | |
| 4. Verification | | | | | | |
| I have read and understand FPPC Regulations 18944. | .1 and 18942. I | have verified th | hat the distribution set fo | orth above, is in accordance | | |
| with the requirements. | ^ | _ | ŧ . | / | | |
| pro faul | Veralez | <u> </u> | incilmente | <u> 10/26/17</u> | | |
| Signature of Agency Head or Designee Pr | int Name | | Title | (mohth, day, 'year) | | |
| Comment | | | | | | |

| Agency Report of: Ceremonial Role Events and Ticket/P | Pass Distri | ibutions | oran A s | Public Document | | | |
|---|--|--------------------|---|--|--|--|--|
| 1. Agency Name | ul Pera | | S Pate Stamp City | California 802 Form 803: 0 Official Use Only | | | |
| Patricia Ceja | | 511 | Amendment (Must Provide Explanation in Part 3.) | | | | |
| Area Code/Phone Number E-mail 408-135-4929 Pertriculately | a @ Sanjosea | uga | Date of Original Filing: | | | | |
| 2. Function or Event Information | | | | W-MAXA-2011125 | | | |
| Event Description: <u>Professional Bull Provide Title/ Explain</u> Ticket(s)/Pass(es) provided by agency? Yes [| Piders D | Date(s) <u>/</u> | Each Ticket/Pass \$ | | | | |
| 3. Recipients • Use Section A to identify the agency's department or unit. | Use Section B to i | dentify an individ | dual. • Use Section C to identify | y an outside organization. | | | |
| B. Name of Individual (Last, First) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes | | ldentify one of the foll | | | | |
| | | | nonial Role Other Other descri | Income Libe below: | | | |
| | | 1 | nonial Role Other of | Income L | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursu | ant to the agency's policy | | | |
| Poosevelt Park and | 16 | Recca | netia | | | | |
| South University Neighborhand | | | | | | | |
| 4. Verification | | | | | | | |
| I have read and understand FPPC Regulations 18944. with the requirements Signature of Agency Head or Designee Pri | | | hat the distribution set forti unal member Title | 1 | | | |
| Comment: | | | | | | | |

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California San Jose City Clerk Form Office of Caualmember Division, Department, or Region (if applicable) BTCP For Official Use Only 7817SEP 19 PM 2:21 District 3

Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) patricia ceja @ Sanjosca.ga Date of Original Filing: 40r-535-4929 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Date(s) 09 / 16 / Event Description: Marca Antonic Ticket(s)/Pass(es) provided by agency? Yes No 🗹 Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** The Latina Coalition of 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. Comment:

| Agency Report of: Ceremonial Role Events and Ticket/P | Pass Distri | butions | , | A Public Document | | |
|---|-----------------------------------|--------------------------------------|---|--------------------------------|--|--|
| 1. Agency Name Office of Canalmember Par Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) | Date Stamp | California 802 For Official Use Only | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must Provide Explanation in Part 3.) | | | |
| 408-535-4929 porticia ceja | e senjosca | ca.gw | Date of Original Filing: | (month, day, year) | | |
| 2. Function or Event Information Does the agency have a ticket policy? Yes [Event Description: Marco Arterio So Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes [of agency official? | nation D | ate(s) <u>09</u> | Each Ticket/Pass \$ _ / | | | |
| 3. Recipients • Use Section A to identify the agency's department or unit. | Use Section B to i | dentify an individ | ual. • Use Section C to ider | itify an outside organization. | | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | identify one of the | following: | | |
| (100,000) | F dasable | | onial Role Other on "Other" de | | | |
| | | | onial Role Other oing "Ceremonial Role" or "Other" de | - | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made pui | rsuant to the agency's policy | | |
| Pising District 3 Leaders | 8 | Pecog | gnitian | | | |
| Leaders | | | | | | |
| 1. Verification I have read and understand FPPC Regulations 18944. with the requirements. | 1 and 18942. I | | , | | | |
| Signature of Agency Head or Designee Pri Comment: | int Name | | unculmembe Title | (month, day, year) | | |

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California San Jose City Cle oter For Official Use Only Division, Department, or Region (if applicable) 9017 AUS 30 PM 1:27 Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _ (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ _ Yes ☑ No □ Does the agency have a ticket policy? Date(s) 08 1261 Yes □ No Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☑ No □ If yes: of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Recognition 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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RE Date Stamp California Jose City Clerk **Form** OTCAL For Official Use Only Division, Department, or Region (if applicable) 2017 AUG 30 PM 1:27 District 3 Designated Agency Contact (Name, Title) Jathaa Cera Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** patricia ceja e Sarjosecca ga 408-535-4929 Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No □ Date(s) <u>08</u> / 20 Event Description: _ Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗹 Was ticket distribution made at the behest Yes ☑ No □ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 24 Recognition Enrichment 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.

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp RECE California San Jose **Form** Office of Canalmember & Division, Department, or Region (if applicable) For Official Use Only 2017 JUL 24 PH 1:28 District 3 Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: (month, day, year) 408-535-4929 patricia cea e sinisieca - 9x 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Date(s) <u>07</u> Event Description: Treestyle F Yes □ No □ Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 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

Comment:

| Ceremonial Role Events and Ticket/P | ass Distri | enombuai | A Public Document |
|---|-------------------------|---------------------|--|
| 1. Agency Name | | | Date Stamp R. California 802 |
| Office of Canalments Roul Polivision, Department, or Region (if applicable) | Cares | | िक्षा Jos Form OUA For Official Use Only |
| * | | | |
| District 3 Designated Agency Contact (Name, Title) | | | 2019 MAR 9 PM 1:59 |
| | | | |
| Pama Ceja Area Code/Phone Number E-mail | | | ☐ Amendment (Must Provide Explanation in Part 3.) |
| | O Carolace | (A) (1 m) | Date of Original Filing: |
| 408-535-4929 patricia ceja | e Janjorco | rigor | (month, day, year) |
| 2. Function or Event Information | , | | 200 |
| Does the agency have a ticket policy? Yes | Z No□ F | ace Value of I | Each Ticket/Pass \$ 2 60 |
| Event Description: Rogar Waters Provide Title/ Explain | | Date(s) <u>06</u> | 67,17 |
| | | eno: Can | Jose Arena Authory |
| Ticket(s)/Pass(es) provided by agency? Yes [| □ No KI II | 1110. (301) | Name of Source |
| Was ticket distribution made at the behest Yes | Z No 🗆 If | f yes: | Official's Name (Last, First) |
| of agency official? | , | | Olibiai S Name (Last, Filst) |
| 3. Recipients | | | |
| • Use Section A to identify the agency's department or unit. | Use Section B to i | identify an individ | ual. • Use Section C to identify an outside organization. |
| | Number | | |
| A. Name of Agency, Department or Unit | of Ticket(s)/ Passes | Describe the | e public purpose made pursuant to the agency's policy |
| | | | |
| | | | |
| | | | |
| ************************************** | | | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the following: |
| (Last, First) | Passes | | |
| | | 1 | oniał Role Other L. Income L ing "Ceremonial Role" or "Other" describe below: |
| | | | |
| | | Cereme | onial Role Other Income |
| | | F . | ing "Ceremonial Role" or "Other" describe below: |
| • | | | |
| C Name of Outside Organization | Number of Ticket(s)/ | Describe the | public purpose made pursuant to the agency's policy |
| (include address and description) | Passes | | |
| Kather Suthersland | 2 | Decoa | nitian |
| Kathy Sutherland | | - Taranga | 7,11,100 |
| <u> </u> | | | |
| 1. Verification | | <u> </u> | |
| I have read and understand FPPC Regulations 18944. | 1 and 18942 I | have verified th | nat the distribution set forth above, is in accordance |
| with the requirements. | | errore er ti | |
| () Paul Pe | valez | Ca | unalmember 3/19/19 |
| Signature of Agency Head or Designee Pr | int Name | | Title (mbnth, day, year) |
| Comment: | | | |
| Outmittelle | | | |

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California San Jose City Clerk Of Canal Member Paul Perale? Division, Department, or Region (if applicable) **Form** For Official Use Only 2017 JUN District 3

Designated Agency Contact (Name, Title) Pulnicia Ceja Area Code/Phone Number ☐ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _ 408-135-4929 (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ ______ Does the agency have a ticket policy? Event Description: Foger Waters

Provide Title/Explanation Date(s) 06 107 1 Yes □ No □ Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☑ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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

Faul Perchez

Courcilmentaer

(month, day, year)

Comment: _

| | gency Report of: eremonial Role Events and Ticket/F | Pass Distri | ibutions | A Public Docume | nt |
|----|---|---|----------------------|---|------------|
| 1. | Agency Name Office of Cauralmember Rad Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) | u perale | 2 | San Jose City Cler Form 80 For Official Use Only 2017 MAY -8 PM 4:48 | 2 |
| Ч | Patricia Cya Area Code/Phone Number E-mail 08-535-4929 Patricia cejo | ne sanjore | ca. gu | Date of Original Filing: | |
| 2. | Does the agency have a ticket policy? Yes Event Description: WWE Payback Provide Title/ Explain | ✓ No ☐ F C nation ☐ No ☐ If | ace Value of Date(s) | Each Ticket/Pass \$ 128 and \$ 138 136 17 | à |
| 3. | Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit | Use Section B to i Number of Ticket(s)/ Passes | <u> </u> | lual. • Use Section C to identify an outside organization. The public purpose made pursuant to the agency's polic | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | I . | Identify one of the following: nonial Role | • |
| | | Number | 1 | nonial Role Other Income ting "Ceremonial Role" or "Other" describe below: | , [|
| | C. Name of Outside Organization (include address and description) | of Ticket(s)/ Passes | | e public purpose made pursuant to the agency's policy | |
| 4. | Verification I have read and understand FPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee Price Comment: | 1 and 18942. I | £. | hat the distribution set forth above, is in accordant solution. Included the set forth above, is in accordant solution. In accordant solution. | ice |

| | gency Report of: eremonial Role Events and Ticket/P | ass Distri | butions | negrama A Publi | ic Document |
|----|--|--|------------------|--|--|
| | Agency Name Office of Councimember Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) | | evalez | an Jose Stamp Clerk Cal | ifornia 802 orm 802 or Official Use Only |
| | Patricia Cya Area Code/Phone Number E-mail 408-135-4929 patricia ceja 6 | 2 Sanjoseco | a.ga | Amendment (Must Provide Exp Date of Original Filing:(month | nlanation in Part 3.) h, day, year) |
| 2. | Event Description: Sharks v. Flames Provide Title/ Explan | D nation ☐ No ☐ If | ate(s) | Each Ticket/Pass \$ 222 1 8 17 Tose Avera Automate Name of Source Official's Name (Last, First) | and \$86 haity |
| 3. | Recipients • Use Section A to identify the agency's department or unit. • Name of Agency, Department or Unit | Use Section B to id Number of Ticket(s)/ Passes | | ual. • Use Section C to identify an out e public purpose made pursuant to t | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the following: onial Role ☐ Other ☐ ing "Ceremonial Role" or "Other" describe below: | Income 🗀 |
| | | | | onial Role Other ing "Ceremonial Role" or "Other" describe below: | Income _ |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursuant to t | he agency's policy |
| | San Jose Taiko | 24 | Recog | gnitian | |
| 4. | Verification I have read and understand FPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee Printleman | 1 and 18942. I Evalez nt Name | have verified th | that the distribution set forth above Muncil member Title | e, is in accordance 4/10/17 (month, day, year) |

Comment: ___

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form For Official Use Only Division, Department, or Region (if applicable) District 3

Designated Agency Contact (Name, Title) Patricia Cya Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) patricio. Ceja & Sanjoseca: ga Date of Original Filing: _ 408-535-4929 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes Ø No □ Date(s) 3 **Event Description:** Ticket(s)/Pass(es) provided by agency? Yes No 🗹 Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income __ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income \square If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 16 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. Comment:

Agency Report of:

| | | F3. C | 1 Philliphoto Ctomp | California |
|--|-----------------------------------|--------------------|---|---------------------------------------|
| Agency Name Office of Councilors when I | Dru Der | San Jos | e City Clerk | California Form 802 |
| Office of Cancimember A Division, Department, or Region (if applicable) | | 00174480 | The orc 2 PM 3:04 | For Official Use Only |
| District 3 | | ZUIT HAK | -2 PM 3: 04 | |
| Designated Agency Contact (Name, Title) | | | | |
| Patricia Cya Area Code/Phone Number E-mail | | | Amendment (Must P | rovide Explanation in Part 3.) |
| 408-535-4929 patricia cya | ie Sanjose | eca.ga | Date of Original Filing: | (month, day, year) |
| Function or Event Information | | | | 72 / 40 |
| Does the agency have a ticket policy? Yes | ☑ No□ F | ace Value of | Each Ticket/Pass \$ | 12 and \$150 |
| Event Description: Distey as Ice | C | oate(s) <u>2</u> | 24, 17 | |
| Provide Little/ Expla | anation | no: San T | Tose Areva Name of Source | Authority |
| Was ticket distribution made at the behest $\;\gamma_{\mbox{\footnotesize{es}}}$ of agency official? | Ø No□ ^{If} | yes: | Official's Name (Last, First) | |
| Recipients • Use Section A to identify the agency's department or unit. | · Use Section B to i | dentify an individ | ual. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: |
| | | Cerem If check | onial Role Other Ing "Ceremonial Role" or "Other" des | |
| | | B . | onial Role Other Onial Role Other Other | · · · · · · · · · · · · · · · · · · · |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the | public purpose made purs | uant to the agency's policy |
| Hablemos, Gardner Academy | 24 | Recog | nitia | |
| Academy | | | | |
| Verification I have read and understand FPPC Regulations 18944 with the requirements. | .1 and 18942. I | have verified th | nat the distribution set fo | rth above, is in accordance |
| | | | nalmember | 21-1- |

| Agency Report of: | | | RECEIVED | |
|---|-------------------------------------|---|---------------------------------------|---------------------------------------|
| Ceremonial Role Events and Tick | ket/Pass | Distributions | San Jose City Gle | A Public Document |
| 1. Agency Name | | | Date Stamp | California 802 |
| Office of Councilonember Division, Department, or Region (If Applicable, | y far | ul Pevalez | 017 JAN 18 PM 4: | For Official Use Only |
| Dismict S Designated Agency Contact (Name, Title) | | | | |
| Patricia Cera | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must pro | vide explanation in Part 3.) |
| 408-135-4929 patricia | ice ia @ | sanjòseca ga | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | , | | | 1-6-60 |
| Does the agency have a ticket policy? | Yes 🔲 No | Face Value o | f Each Ticket/Pass \$ | 65-50 |
| Event Description Havlam Globe Provide Title/Expla | tvottes | Date(s) | , 22, 17 | |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No | ☑ If no: <u>Sav</u> | n Jose Aran Name of Sour | a Authority |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes | If yes: | Official's Name (La | st, First) |
| 3. Recipients | | | · · · · · · · · · · · · · · · · · · · | |
| Use Section A to identify the agency's department or u | init. • Use Se Number of | ction B to identify an Individu | ial. • Use Section C to identif | y an outside organization. |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant to | o the age ncy's policy |
| | 1 400(00) | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
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| | | | | |
| B. Name of Individual (Lest, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following | g; |
| | | | Other | Income |
| | | if checking "Ceremoni | al Role" or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | | Income 🗌 |
| | | If checking "Ceremoni | al Role" or "Other" describe below: | |
| | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy |
| | 0.0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Child Advades of | 24 | Recognition | | , |
| | | U | | |

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

Comment: _

| Agency Report of: | ana Distalbuti a Sass | RECEIVED | |
|---|---|----------------------------------|--------------------------------|
| Ceremonial Role Events and Ticket/P | ass Distributions | | A Public Document |
| 1. Agency Name Office of Cancilmenter Participation, Department, or Region (If Applicable) | cul Pevalez ^{2016 D} | Date Stamp EC -5 PM 4: 28 FO OTC | Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) | | | * |
| Area Code/Phone Number E-mail | ja@sanjosecu.ga | Amendment (Must pro | |
| 408-535-4929 PATYICIA Ce 2. Function or Event Information | ac 3 - Jose to J | | (Month, Day, Year) |
| Does the agency have a ticket policy? | No ☐ Face Value o | f Each Ticket/Pass \$ | 14.00 |
| Event Description | Date(s) <u>/2</u> | 1 | |
| Ticket(s)/Pass(es) provided by agency? Yes □ | / | JOSE Archa Name of Sou | Authority |
| Was ticket distribution made at the behest No ☐ of agency official? | Yes 🗹 If yes: | Official's Name (Le | ist, First) |
| B. Recipients • Use Section A to identify the agency's department or unit. • ∪ | so Section B to identify an individua | al a line Section C to identi- | iu an autaida arganization |
| A. Name of Agency, Department or Unit Numb Ticke Passi | er of t(s)/ Describe the publ | lc purpose made pursuant t | |
| Numb | | , | · |
| B. Name of Individual Ticke Passi | t(s)/ | Identify one of the following | g: |
| | Ceremonial Role [If checking "Ceremonia | Other D | Income 🗌 |
| | | | |
| | Ceremonial Role [If checking "Ceremonia | Other | Income 🔲 |
| C, Name of Outside Organization Number Ticket (include address and description) | (s)/ Describe the publi | c purpose made pursuant to | the agency's policy |
| Roosevelt Youth 16 | Pecognitia | <i>'</i> | |
| | V | | |
| . Verification I have read and understand FPPC Regulations 18944.1 and 18942. I h | ave verified that the distribution set for | th above, is in accordance with | the requirements. |
| | , | unalmember Title | |
| Comment | | | |

| Agency Report of: Ceremonial Role Events and Ticket/P | ass Distri | butions accesses A Public Document |
|--|--|--|
| Ceremonial Role Events and Ticket/P 1. Agency Name Office of Counciments Paul Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) Patricia Cya Area Code/Phone Number E-mail 408-535-4929 2. Function or Event Information Does the agency have a ticket policy? Yes | Peralez e Sanjosera | San Jo Date StampClark California 802 2016 OCT 12 PM 2: 5:7 For Official Use Only Amendment (Must Provide Explanation in Part 3.) |
| Event Description: Burvacuda V. (and a Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes of agency official? | nation No I If | no: San Jose Avera Authorty Name of Source yes: Official's Name (Last, First) |
| 3. Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit | Use Section B to ic Number of Ticket(s)/ Passes | lentify an individual. • Use Section C to identify an outside organization. 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 Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income |
| C. Name of Outside Organization (include address and description) D3 Yarr Expo Far Sustain a bility | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| 4. Verification | | have verified that the distribution set forth above, is in accordance COUNCIMENTED 10 16 Title (month, day, year) |

| Agency Report of: Ceremonial Role Events and Tic | ket/Pass | Distributions | RECEIVED San Jose City Ciz | _{∋rk} A Public Document |
|--|-------------------------------------|----------------------|---------------------------------------|----------------------------------|
| 1. Agency Name | | | Date Stamp | California Q02 |
| Office of Cauciments Division, Department, or Region (If Applicable | | lez 20 | 16 NOV -2 PM 4: | Form OUZ For Official Use Only |
| District 3 Designated Agency Contact (Name, Title) | | | 85 010 | |
| Patròcia Cua | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| 408-535-4929 Patricia | · Cigal. | sanjoseca.gu | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | / | | | 87 00 |
| Does the agency have a ticket policy? | Yes 🔼 No | Face Value o | of Each Ticket/Pass \$ _ | 8 1.00 |
| Event Description Distrey on Fi | | Date(s) | 122, 16 | |
| Ticket(s)/Pass(es) provided by agency? | Yes □ No | If no: Sur | Tose Avena Name of So | Authority |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes, | / If yes: | Official's Name (| Last, First) |
| . Recipients | | | | |
| Use Section A to identify the agency's department or u | ınit. ● Use Sed Number of | | | |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | Ceremonial Role | Identify one of the follow | ing: |
| | | If checking "Ceremon | al Role" or "Other" describe below: | |
| | | Ceremonial Role [| Other Dale of "Other" describe below: | Income |
| C, Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant | to the age ncy's policy |
| Queentype | 24 | Recognition | a | |
| U' | | | ······ | |
| Verification I have read and understand FPPC Regulations 18944.1 and | 1 - | | rth above, is in accordance with | h the requirements. |
| Signature of Agency Head or Designee | Print Name | | Title | (Month, Day, Year) |

POLICY NUMBER TITLE DISTRIBUTION OF TICKETS OR PAGE nologe City PASSES TO CITY/AGENCY OFFICIALS Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp For Official stee Only Amendment (Most provide explanation in Parl 3.) Date of Original Filling: Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes X No [] Event Description Pervide TataExplanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Was ticket distribution made at the behest No 🗌 Yes 🛭 of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section 8 to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s) Passes) Number of В. Name of Individual Ticket(s)/ identify one of the following: ALANG, PROS Pass(es) income [Ceremonial Rate [Offer [] If should be "Demonstral Role" or "Other" describe below. Ceremoniai Role incorner [Other | If ahealing "Coronarial Rob" or "Other" describe bolow Number of Name of Outside Organization C. Tiokat(s)/ Pass(us) Describe the public purpose made pursuant to the agency's policy (include address and description)

For Sustainable to the sequence of the sequenc

5 of 7 PASSES TO CITY/AGENCY OFFICIALS 2016 OCT 2 Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California Form For Official Use Only ☐ Amendment (Musi provide explanation in Parl 3.) a Sin 1 Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛮 No 🗆 Event Description rovide 71th/Exploration Ticket(s)/Pass(es) provided by agency? Yes 🗆 No. 🛣 Was ticket distribution made at the behest No ☐ Yes 🕅 of agency official? 3. Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual. Use Section C to Identify an outside organization. Number of Ticket(s) Passies) Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy В. Name of Individual Ticketisi/ Identify one of the following: Pass(es) Ceremoniai Role 🔲 O#eir 🔲 income 🗌 Mahadaha Teraminial Role for "Other" describe below Communical Roles 🔲 Offer 🗌 Income If shocking "Coromonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Signature of Agency Head or Designas Comment:

PAGE

POLICY NUMBER

TITLE DISTRIBUTION OF TICKETS OR

| ITLE DISTRIBUTION OF TICKETS PASSES TO CITY/AGENCY | | PAGE 5 of 7 | an lose (thy C | CY NUMBER erk 9-11 |
|--|--------------------------------------|--|---|---|
| | | 761 | 6 OCT 26 PH 12 | -19 : : |
| Agency Report of: Ceremonial Role Events and Tid | :ket/Pass D | | 000120 11112 | A Public Document |
| 1. Agency Name Office of Councy Division, Department, or Region (# Apply 2015) Designated Agency Contact (Name, Dite) | l member | Peralez | Dete Stamp | California 802 Form Official size Only |
| Area Gode/Phone Number E-mail W8535-4933 Gahai | ela Soto | es sayose | Amendment Mast pr Date of Original Filing: _ | cuide explanation in Part 3.) (Month, Day, Year) |
| 2. Function or Event Information Does the agency have a ticket policy? Event Description DJ Yes of Frances | Yes No | Face Value of | f Each Ticket/Pass \$ | 13.00 |
| Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest | Yes ☐ No 🂢 No ☐ Yes 🔀 | <i>V</i> . | ralez Pan | Covery Museum |
| of agency official? 3. Recipients • Use Section A to identify the agency's department or | unit. • Use Sectio | n. B to identify an individu | Officials Name (L | ust firelj ify an outziooorganization. |
| A. Name of Agency, Department or Unit | Number of Tacketts (Pasis(es) | Describe the publ | lic purpose made pursuant | to the agency's policy |
| B. Name of Individual | Number of Tisket(s)/ Pass(us) | | Identify one of the following | ng: |
| | | | Other Date balance | kozone 🗌 |
| | | Ceromoniai Ross [Mahashing Tanumania | Other URabbier (Other describe bolow) | income [] |
| C. Name of Outside Organization (include address and description) | Mumber of Ticket(s)/ Pass(es) | Describe the publi | ic purpose made pursuant t | o the agency's policy |
| D3 Youth Expo for | 80 | Readyni | itign | |
| 4. Verification (have read and understand PPPC Regulations 1994), france Spholar of Agron Head or Designace | | . ^ | thakera is in a secretarica with mail member | the requirements. 10 26 10 26 10 26 10 10 10 10 10 10 10 1 |
| Comment: | | f ² | PPC Ioll-Free Helpine: 86 | FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-777 2) |

| Agency Report of: Ceremonial Role Events and Ticket/Pass | and the second s | CEIVED a City Clerk | A Public Document |
|--|--|---|---|
| 1. Agency Name Office of Cancilmenter Par Division, Department, or Region (If Applicable) | colrasta i | Date Stamp 20 PM 2: 05 GP 6 | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) Patricia Ceja | | Amandmant (Must | rovide explanation in Part 3.) |
| Area Code/Phone Number E-mail 408-535-4929 patricia-cya E | san jokca gw | Date of Original Filing: | |
| 2. Function or Event Information | | | 179 50 |
| Does the agency have a ticket policy? Yes No [Event Description Provide Title/Explanation | | f Each Ticket/Pass \$ | |
| Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ | • | n Jose Aver Name of So | na Authority |
| Was ticket distribution made at the behest No ☐ Yes L of agency official? | If yes: | Official's Name (I | _ast, First) |
| Recipients Use Section A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. | ion B to identify an Individu | al. • Use Section C to ident | tify an outside organization. |
| A. Name of Agency, Department or Unit. Number of Ticket(s)/Pass(es) | | ic purpose made pursuant | |
| | | | |
| B. Name of Individual Number of Ticket(s)/Pass(es) | | Identify one of the followi | ng; |
| | Ceremonial Role | Other all Role" or "Other" describe below: | Income |
| | | Other Intermediate of the other | Income 🗌 |
| C. Name of Outside Organization Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant | to the agency's policy |
| SJ Digital Arts Program 16 | Recogniti | d | |
| | | | |
| I. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verifications. | fied that the distribution set fo | rth above, is in accordance with | n the requirements. |
| Signafure of Agency Head or Designee Print Name | ·z (du | encil member | (Mohith, Day, Year) |
| Comment: | | | |

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions and Jose City (1) A Public Document

| _ | | | | | |
|-----------------|---|-------------------------|---|--|----------------------------|
| 1. | Agency Name | | 2016 | Date Stamp 0 7 | California 802 |
| | Office of Cuncilmember Division, Department, or Region (If Applicable) | v Pau | Perale 2016. | Signature of the signat | Form For Official Use Only |
| | Division, Department, or Region (If Applicable) |) | | | · |
| | District S Designated Agency Contact (Name, Title) | | *************************************** | | |
| | Patricia Ceia | | | | |
| | Area Code/Phone Number E-mail | Amendment (Must pro | vide explanation in Part 3.) | | |
| _ (| 408-135-4929 patricia | 1. ceja É | 2 Sanjoseca.gu | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Information | <i>y</i> | | / | 100 00 |
| | Does the agency have a ticket policy? | Yes 🗹 No | bound . | | 68.00 |
| | Event Description Julia Al Udi Provide Title/Expla | nation | Date(s) | 7,15,16 | |
| | Ticket(s)/Pass(es) provided by agency? | Yes□ No | 1 If no: Sav | Name of Source | a Authority |
| | Was ticket distribution made at the behest of agency official? | No ☐ Yes | Д If yes: | Official's Name (Las | st, First) |
| <u>-</u> 3 | Recipients | | | | |
| ٥. | Use Section A to identify the agency's department or u | nit. • Use Sec | ction B to identify an individua | al. • Use Section C to identify | an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe the publ | ic purpose made pursuant to | the agency's policy |
| | | Pass(es) | | | |
| | | | | | |
| | | | | | |
| | | Number of | | | |
| | B. Name of Individual | Ticket(s)/ Pass(es) | | Identify one of the following | i |
| | | | Ceremonial Role | Other | Income |
| | | | If checking "Ceremonia | al Role" or "Other" describe below: | |
| | | | : | | |
| | | | Ceremonial Role | Other | Income |
| | | | If checking "Ceremonia | if Role" or "Other" describe below: | |
| | | | | | |
| | C. Name of Outside Organization | Number of | Describe the with | c purpose made pursuant to | the agency's polley |
| | (include address and description) | Ticket(s)/ Pass(es) | Pasciting file hinti | o purpose made pursuant to | the agency's policy |
| | Mamas Unidas | 16 | Recognition | | |
| | 1-14111113 MALLOWS | 14 | 7 37 17 10 | | |
| | | | | | |
| _ | Varification | | | | |
| | Verification I have read and understand FRPC Regulations 18944.1 and 1 | 18942. I have vei | rified that the distribution set for | th above, is in accordance with th | ne requirements. |
| Service Service | The I Day | 1 Pera | lez la | incilmemba | 7/15/10 |
| | Signature of Agency Head or Designee | Print Name | | Title | (Month, Daly, Year) |
| | Commont | | | | |
| | Comment: | | · · · · · · · · · · · · · · · · · · · | | |

| Agency Report of: | Dietvik 41233 | RECEIVED Jose City Clark | |
|---|--------------------------------------|---|---------------------------------|
| Ceremonial Role Events and Ticket/Pas 1. Agency Name | ss Distributions | Maxt | A Public Document |
| . 60. 4 . | Parl perales | Date Stamp 12 PM 2: 50 | For Official Use Only |
| District 3 Designated Agency Contact (Name, Title) | | | |
| Patricia Cga Area Code/Phone Number [E-mail | | Amendment (Must p | orovide explanation in Part 3.) |
| 408-535-4924 patricia cej | ne sanjoseca g | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | 7 | | 10200 |
| Does the agency have a ticket policy? | | of Each Ticket/Pass \$ _ | 102.00 |
| Event Description 115 Per Or Selection Frovide Title/Explanation | Date(s) <u> </u> | 20,16 | |
| | No⊠ If no: <u>√</u> | in Tase Aver Name of Soil | na Authority |
| Was ticket distribution made at the behest $No \square Y$ of agency official? | es,⊠ If yes: | Official's Name (L | Last, First) |
| 3. Recipients | Seedies D to Identify an individ | lust the Seatter Of Albert | 416 |
| Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Name of Agency, Department or Unit | Describe the pul | blic purpose made pursuant | |
| B. Name of Individual Number of Ticket(s) (Last, First) Pass(es) | | Identify one of the following | |
| | Ceremonial Role If checking "Ceremo | L Other L nial Role" or "Other" describe below: | Income L |
| | Ceremonial Role If checking "Ceremon | Other Intelligent of "Other" describe below: | Income 🔲 |
| C. Name of Outside Organization Number of Ticket(s)/ Pass(es) | / Describe the pub | ilic purpose made pursuant i | to the agency's policy |
| Rodceiship Discary 24 | perogni | ha | |
| Prop Parant Council | | | |
| I. VERITICATION I have read and understand FPPC Regulations 18944.1 and 18942. I have | verified that the distribution set f | orth above, is in accordance with | the requirements. |
| | valez Co | unchnembe | (Month, Day, Year) |
| Commont | | | |

| _ | ency Report of: remonial Role Events and Tic | :ket/Pass | Distributions | RECEIVED | A Public Document |
|-------|---|-------------------------------------|--|---|---------------------------------|
| | gency Name | | E_3 | Date Stamp & | California 802 |
| D | Office of Canalmem I ivision, Department, or Region (If Applicable | | ul Peraleti | | Form OUZ For Official Use Only |
| D | DISTA 3 esignated Agency Contact (Name, Title) | | | | |
| Δ | Pancia Ceja rea Code/Phone Number/ IE-mail | | | ☐ Amendment (Must pro | vide explanation in Part 3.) |
| a . | 08-535-4929 patrici | a caal | 2 Sanjoseca, ga | Date of Original Filing: | (Month, Day, Year) |
| 2. F | unction or Event Informátion | | U | | 107 00 |
| D | oes the agency have a ticket policy? | Yes 🖾 No | Face Value o | f Each Ticket/Pass \$/ | 02-00 |
| E | vent Description <u>USPEM ON F</u> | L Janation | Date(s) <u>02</u> | 19/6 | |
| Ti | cket(s)/Pass(es) provided by agency? | Yes □ No | ₩ If no: <u>\$4</u> | n Jose Aven Name of Soun | n Authant |
| | as ticket distribution made at the behest of agency official? | No ☐ Yes | If yes: | Official's Name (La | st, First) |
| | ecipients Use Section A to identify the agency's department or | unit. • Use Se | ction B to identify an individu | al. • Use Section C to identify | van outside organization. |
| Δ | | Number of Ticket(s)/ Pass(es) | | ic purpose made pursuant to | |
| | | | | | |
| | | | | | |
| В | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following | |
| | | | Ceremonial Role [If checking "Ceremoni | Other Dail Role" or "Other" describe below: | Income 🗌 |
| _ | | | | Other all Role" or "Other" describe below: | Income |
| | | | | | |
| C | Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the age ncy's policy |
| _(| Child Advocates of | 24 | pecognit | jan | |
| , | Child Advocates of Silican Valley | | | | |
| . V | erification ve read and understand FPPC Regulations 18944.1 and | 18942. I have ve | rified that the distribution set for | rth above, is in accordance with t | he requirements |
| - 116 | | M PCI Print Nam | 1 | UNCHMENTS Title | W 2/2/16 (Month, Day, Year) |
| _ | | | | | |

RECEIVED **Agency Report of:** San Jose City Clerklic Document Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California Form For Official Use Only Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) **Date of Original Filing:** MANCIA 1 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗹 Event Description Shaves Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest No ☐ Yes 🗹 If yes: . of agency official? 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. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Name of Individual В. Identify one of the following: (Lest, First) Other \square Ceremonial Role Income If checking "Ceremonal Role" or "Other" describe below Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Recognition

4. Verification

| I have read and understand FPPC Regulations 18 | 8944.1 and 18942. I have verified that the distril | ibution set forth above, is in accordance | with the requirement: |
|--|--|---|-----------------------|
| | | t . | |

| Deal | Faul Peralez | Councilmember | 118114 |
|---|--------------|---------------|--------------------|
| ignature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |
| (| \ | | |

| Agency Report of: Ceremonial Role Events and Ticket/P | ass Distributions | San RECEN | A Public Documen |
|--|--|---|---|
| 1. Agency Name | | Date Stamp | California OA2 |
| Office of Councilmember Division, Department, or Region (If Applicable) | Roul Pevalez | 2015 NOV 19 1 | Form OU2 |
| District 3 Designated Agency Contact (Name, Title) | | | |
| Patricia Ceja Area Gode/Phone Number IE-mail | | Amendment (Must pro | ovide explanation in Part 3.) |
| 408-535-4929 patricia. cejan | e savjeseca gev | Date of Original Filing: _ | (Month, Day, Year) |
| 2. Function or Event Information | , 0 | | 50.00 |
| Does the agency have a ticket policy? Yes D | chair II | f Each Ticket/Pass \$ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Event Description Provide Title/Explanation | 57075 Date(s) | 124 11 | |
| Ticket(s)/Pass(es) provided by agency? Yes □ | No I If no: Sal | n Jose Aven Name of Sour | na Authority |
| Was ticket distribution made at the behest No ☐ of agency official? | Yes If yes: | Official's Name (La | est, First) |
| Recipients Use Section A to identify the agency's department or unit. | se Section B to identify an individu | al • Lise Section C to identif | v an outside organization |
| A. Name of Agency, Department or Unit | er of Described | ic purpose made pursuant to | - |
| Pass(| | | |
| | | <u>:</u> | |
| | | | |
| B. Name of Individual Number Ticket (Last, First) Pass | t(s)/ | Identify one of the following | g: |
| | Ceremonial Role [| Other all Role" or "Other" describe below: | Income |
| · | | | |
| | - · · · · · · · · · · · · · · · · · · · | Other | Income |
| | If checking "Ceremoni | al Role" or "Other" describe below: | |
| O Name of Outside Occasioning Number | or of | | |
| C. Name of Outside Organization Ticket (include address and description) | (s)/ Describe the publ | ic purpose made pursuant to | the agency's policy |
| Plata Arraya | Recogniti | ian | |
| Plata Arraya Neighbarhord Association 2 | 1 | | |
| Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have | ave verified that the distribution set for | rth ahove is in accordance with | the requirements |
| Paul Per | . A | rin above, is in accordance with the AVUIMEMBER | |
| | nt Name | Title | (Month, Day, Year) |
| Comment: | | | |

| Agency Report of: Ceremonial Role Events and Tick | <et pass<="" th=""><th>Distributions</th><th>San Jose City Cla</th><th>\ ∤Public Document</th></et> | Distributions | San Jose City Cla | \ ∤Public Document |
|--|---|--|--|--|
| 1. Agency Name Office of Curalways Division, Department, or Region (If Applicable) | v Re | ul Pevalez | 2015 HOV 20 PM 1: | California Form 802 For Official Use Only |
| District 3 Designated Agency Contact (Name, Title) | | | | - |
| Area Code/Phone Number E-mail 400-735-4929 patricia. | Œja€. | snipseca.gov | ☐ Amendment (Must providence of Original Filing: | e explanation in Part 3.) Month, Day, Year) |
| 2. Function or Event Information Does the agency have a ticket policy? Event Description Tuan Gabri Provide Title/Explain | Yes No | Face Value o | f Each Ticket/Pass \$ | 08.00 |
| Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? | Yes □ No No □ Yes | <i>'</i> | Name of Source Official's Name (Last, | Authonty First) |
| 3. Recipients • Use Section A to identify the agency's department or un | nit. • Use Se | ction B to identify an individu | al. • Use Section C to identify a | n outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to th | e agency's policy |
| B. Name of Individual (Lest, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following: | |
| | | Ceremonial Role [If checking "Ceremoni | Other Lal Role" or "Other" describe below: | Income 🗔 |
| | | Ceremonial Role [If checking "Ceremonial | Other al Role" or "Other" describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to th | e agency's policy |
| McKinley Banita Neighbarhood Association | 24 | Recognition | n | |
| Neighbarhood Association | | | | |
| I. Verification I have read and understand FPPC Regulations 18944.1 and 1 | 8942. I have ve | erified that the distribution set for | rth above, is in accordance with the | requirements. |
| Signature of Agency Head or Designee | U PEVE Print Nam | | unalmember Title | //- 2-0 -15 (Month, Day, Year) |
| Comment: | | | | |

| Agency Name Other A Counting Metals Date Stamp 2915 1197 20 FM Sign of Official Use on Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Particle Celula Area Code/Phone Number E-mail | Agency Report of: Ceremonial Role Events and Tic | ket/Pass | Distributions | San Jose Ci | A Public Docume |
|---|---|---------------------------------------|--------------------|----------------------------|--------------------------------|
| Division, Department, or Region (If Applicables) Division, Department, or Region (If Applicables) Designated Agency Contact (Name, Title) Part Cay Cay Area Godd/Phone Number E-mail Date of Original Filing: | . Agency Name | · · · · · · · · · · · · · · · · · · · | | Date Stamp | 3 A 115 · A A |
| Area Code/Phone Number K - 35 - 472 9 Function or Event Information Does the agency have a ticket policy? Event Description Froude Title-Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Lus Section A to identify the agency's department or unit. - Use Section B to identify an individual. Lus Section A to identify the agency's department or unit. - Use Section B to identify an individual. Lus Section A to identify the agency's policy. Pass(es) B. Name of Agency, Department or Unit. Number of Ticket(s)/Pass(es) Recipients Lus 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 Ticket(s)/Pass(es) Recipients Lus Section B to identify an individual. - Use Section C to identify an outside organization Ticket(s)/Pass(es) Describe the public purpose made pursuant to the age noty's policy. Pass(es) Ceremonial Role Other Incomplete or Titler Oescribe below. Ceremonial Role Complete or Titler Oescribe below. Complete or Titler Oescribe below. Complete or Titler Oescribe below. Ceremonial Role Complete or Titler Oescribe below. Ceremonial R | Office of Councilment Division, Department, or Region (If Applicable) | nher | Ray Pevalez | 2015 NOV 20 PM | Form OV2 |
| Area Code/Phone Number C | Designated Agency Contact (Name, Title) | | | | |
| Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1 2 CO Event Description New Current Provide TitleExplanation Date(s) Sum Ticket Pass Sum Ticket Pass Sum Ticket Pass Provide TitleExplanation Find Ticket Pass Provide TitleExplanation Pass Provide TitleExplanation Find Ticket Pass Provide TitleExplanation Pass Provide TitleExplanation Face Value of Each Ticket/Pass \$ 1 2 CO Date(s) Sum Ticket Pass Provide TitleExplanation Face Value of Each Ticket/Pass \$ 1 2 CO Date(s) Sum Ticket Pass Provide Ticket/Pass Pass Pas | Patricia Ceja | | | ☐ Amendment (Must pi | rovide explanation in Part 3.) |
| Does the agency have a ticket policy? Event Description Date(s) Date(s | re-tot wood out | ceja e | Seriose ca ga | Date of Original Filing: . | (Month, Day, Year) |
| Event Description Provide TitleExplanation | | | , , | ſ | 11200 |
| Ticket(s)/Pass(es) provided by agency? Yes No If no: Sun Tobe Are No Author Name of Source Was ticket distribution made at the behest of agency official? Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) | Niha C. | Yes 🗹 No | - 11 | f Each Ticket/Pass \$ 🖺 | 11200 |
| Was ticket distribution made at the behest of agency official? Recipients - Use Section B to Identify an Individual Use Section C to Identify an outside organization include address and description) B. Name of Individual Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Incoming the describe below: Coremonial Role Other Incoming the describe below: C | Event Description | anation | Date(s) | | |
| 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 into the agency's policy pass(es). B. Name of Agency, Department or Unit Ticket(s). Pass(es). B. Name of Individual (Lest, First). Number of Ticket(s) Pass(es). Identify one of the followings: | Ticket(s)/Pass(es) provided by agency? | Yes □ No | <u> </u> | n Jose Ave | va Authan |
| Name of Agency, Department or unit. Number of Ticket(s)! Describe the public purpose made pursuant to the agency's policy. Pass(es) Describe the public purpose made pursuant to the agency's policy. | | No ☐ Yes | If yes: | Official's Name (L | ast, First) |
| A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) | Recipients | | | | |
| Number of (include address and description) Number of Ticket(s)/ Pass(es) Pocked Park Weiffication 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. Park Perak Z (unclimental Control of Ticket(s)/ Pass(es) Pass(es) Pocked Perak Z (unclimental Control of Ticket(s)/ Pass(es) Park Park Z (unclimental Control of Ticket(s)/ Pass | | Ticket(s)/ | <u> </u> | Other | ng; Income |
| Pockell Park Werification New read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Park Park S Recognition Verification New read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Park Perake Z Carraments. | | | | | Income |
| Verification I have read and understand FPEC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Paul Revalez (analyzember) | | Ticket(s)/ | Describe the publi | ic purpose made pursuant t | to the agency's policy |
| 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. Paul Perulez (unclimental) | Poosevelt Park | 8 | Recogni | tion | , |
| 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. | Neighborhard Association | | | | |
| (Sol) Paul Peralez Cancilmember | | 40040.14: | I | | the |
| | | | | | tne requirements. |
| (Worth, Day, 16 | Signature of Agency Head or Designee | Print Nam | rake (a | <u>uncomente</u> | (Month Day Vear) |
| | and a second second | , ma realite | | · 150~ | (Month, Day, 16al) |

| Agency Report of: Ceremonial Role Events and T | icket/Pass | s Distributions | RECEIVED | A Public Documen |
|--|-------------------------------------|---|---|----------------------------|
| 1. Agency Name | | | Date Stamp | California OOO |
| | | Raul Pevales | 015 OCT 27 PH 12: | Form OU |
| District 3 Designated Agency Contact (Name, Title) | | | | |
| Patricia Ceia | | · | Amendment (Must pro | |
| Area Code/Phone Number E-mail +US-535-4929 Quime | Ciaco ja es | Sugarata cal | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | since ja s | <u>sanjoseca gev</u> | | (Ivionin, Day, Year) |
| Does the agency have a ticket policy? | Yes, ☑ No | □ Face Value of | Each Ticket/Pass \$ | 98.00 |
| Event Description Disrey on Ic | Xolanation | Date(s) / O | 1615 | |
| Ticket(s)/Pass(es) provided by agency? | Yes □ No | d If no: Sar | n Jose Avena Name of Sour | Authority |
| Was ticket distribution made at the behest of agency official? | t No∐ Yes | ∬ If yes: | Official's Name (La | st, First) |
| 3. Recipients • Use Section A to identify the agency's department | or unit. • Use Se | ction B to identify an individua | al. • Use Section C to identif | y an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the publi | c 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 | 9 : |
| | | Ceremonial Role If checking "Ceremonial | Other IRole" or "Other" describe below: | Income |
| | | | , | |
| | | Ceremonial Role | Other Role" or "Other" describe below: | Income |
| | | • | | |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public | c purpose made pursuant to | the age ncy's policy |
| Sacred Heart | 24 | Recognit | ian | |
| | | | | |
| 4. Verification I have read and understand FPPC Regulations 18944.1 a | and 18942. I have ve | rified that the distribution set fort | h above, is in accordance with t | he requirements. |
| Zance & | Paul Per | | uncilmembe | W |
| Signature of Agency Head or Designee | Print Nam | ne | Title | (Month; Day, Year) |

| Agency Report of: Ceremonial Role Events and Tic | :ket/Pass | Distributions. | RECEIVED | A Public Document |
|--|-------------------------------------|--------------------------------------|--|--------------------------------|
| 1. Agency Name | | L75334 | DatelStarhp | California 802 |
| Division, Department, or Region (If Applicable | <u>ser Pa</u> | ul Peralenzas | EP 25 THE MARIE | For Official Use Only |
| Designated Agency Contact (Name, Title) | | | | |
| Patricia Ceia | | | Amendment (Must o | rovide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | Date of Original Filing: . | , |
| 2. Function or Event Information | 1. Ceja e | Sunjoxca.ga | | (Month, Day, Year) |
| Does the agency have a ticket policy? | Yes ☑ No | ☐ Face Value o | f Each Ticket/Pass \$ | 222.00 |
| Event Description Sharks V. Ducks | s Preseas | 500 Date(s) <u>69</u> | 126,2015 | |
| Provide Title/Exp | lanation G | ane Sun | Tisa Avera | Authority |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No | If no: <u>Sun</u> | Name of Sou | urce Troops |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes | ☑ If yes: | Official's Name (L | ast, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's department or Name of Agency, Department or Unit | Number of | | | |
| A. Name of Agency, Department of Onic | Ticket(s)/ Pass(es) | Describe trie publ | lc purpose made pursuant | to the agency's policy |
| | | 7 | | |
| | | | | |
| | | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ng: |
| | | Ceremonial Role | Other | Income 🔲 |
| | ļ Ī | If checking "Ceremoni | al Role" or "Other" describe below: | |
| | | | | |
| 1 | • | Ceremonial Role | Other Dal Role" or "Other" describe below: | Income |
| | | • | | |
| | Number of | | | |
| C. Name of Outside Organization (Include address and description) | Ticket(s)/ Pass(es) | Describe the publi | ic purpose made pursuant t | o the agency's policy |
| CommUniverCity | 24 | Recogniti | ia | |
| Delmas Park | | | | |
| . Verification I have read and understand FPPC Regulations 18944.1 and | 18942 have vo | rified that the distribution set for | th above is in accordance with | the requirements |
| C DA - C A C A C A C A C A C A C A C A C A | 7 | PERACEZ COU | In ilmount of - | ure requirements, |
| Signature of Agency Head or Designee | Print Nam | | Title | (Month, Day, Year) |
| Comment: | | | C | |

| Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution | ONS RECEIVED ONS RECEIVED A Public Document |
|--|---|
| 1. Agency Name Office of Canalmember Raul Perales | California 802 |
| Division, Department, or Region (If Applicable) Di And B Designated Agency Contact (Name, Title) | |
| Patrica Ceja Area Code/Phone Number E-mail | Amendment (Must provide explanation in Part 3.) |
| 408-535-4929 patricia. ceja @ Sunicsecti. | Date of Original Filing: (Month, Day, Year) |
| 2. Function or Event Information | Value of Each Ticket/Pass \$ 196.50 |
| | |
| Event Description <u>LUIS MI quel</u> Date(: Provide Title/Explanation | 5) 09 120 15 |
| , | San Jose Avena Autharty Name of Source |
| Was ticket distribution made at the behest No 🗌 Yes 🗐 If yes: of agency official? | Official's Name (Last, First) |
| Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify an | Individual Line Coeffor Cite Identify an autoide agraphication |
| A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) | the public purpose made pursuant to the age ncy's policy |
| B. Name of Individual Number of Ticket(s)/Pass(es) | Identify one of the following; |
| Ceremon If checking | ial Role Other Income Income Coremonal Role" or "Other" describe below: |
| Ceremoni If checking | al Role Other Income C" "Ceremonal Role" or "Other" describe below: |
| C. Name of Outside Organization Number of Ticket(s)/ Pass(es) | the public purpose made pursuant to the agency's policy |
| Guadalype-Washington 16 Recogn | itian |
| Neighbarhood Association | |
| I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribu | tion set forth above, is in accordance with the requirements. |
| Signature of Agency Head or Designee Print Name Comment: | Title (Month, Day, Year) |

| Agency Report of: Ceremonial Role Events and Ticket | t/Pass | Distributions | RECEIVED | A Public Document |
|---|-----------------------------------|-------------------|--|---|
| 1. Agency Name Office of Councilments Division, Department, or Region (If Applicable) | zev k | Paul Pevalez: | Date Stamp Old Date Stamp Old Old SEPPING | California 802 Form Sor Official Use Only |
| District 3 Designated Agency Contact (Name, Title) | | | | |
| Patricia Coga Area Code/Phone Number E-mail 408-135-4929 Patricia Ceja | . Q S/11 | niox (a. 90/ | ☐ Amendment (Must pro | vide explanation in Part 3.) |
| 2. Function or Event Information | 16 000 | The second second | | (Month, Day, Year) |
| | √ No | r⊓ Face Value o | f Each Ticket/Pass \$ | 113.00 |
| Event Description Chayanne Provide Title/Explanatio | | Date(s) <u>09</u> | 10015 | |
| Ticket(s)/Pass(es) provided by agency? Yes | □ No | If no: <u>Sav</u> | n Tose Avena Name of Sour | Authorty |
| Was ticket distribution made at the behest No of agency official? | Yes, | ☑ If yes: | Official's Name (La | st, First) |
| Recipients Use Section A to identify the agency's department or unit. | | | | |
| A. Name of Agency, Department or Unit | umber of icket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | o the agency's policy |
| B. Name of Individual T | umber of icket(s)/ Pass(es) | | Identify one of the following | g: |
| | | | Other Dal Role" or "Other" describe below: | Income |
| | | • | Other all Role" or "Other" describe below: | Income |
| (include address and description) | ımber of icket(s)/ ass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy |
| Mamas Unidas 1 | 16 | Recognition | M | |
| | | J. | | |
| . Verification | | | | |
| I have read and understand FPPC Regulations 18944.1 and 18942 | \sim \sim | | • | ne requirements. |
| Signature of Agency Head or Designee | Print Name | epaléz (a | Title | (Month, Day, Year) |
| Comment: | | | | |

| | Agency Name | _ | San Jose Galeystamoric California Q 0 2 |
|-------------|--|-------------------------------------|--|
| 0 | Affice of Council wiender Ra | ulPerz | Form 8UZ |
| D | livision, Department, or Region (If Applicable | | 2015 J N 12 PN 3: 42 For Official Use Only |
| , | Dichia L3 | | AT Mail! |
| F | Designated Agency Contact (Name, Title) | | Mother |
| _ | NO a h a h a h a | | 10000100 |
| _ | rea Code/Phone Number E-mail | | Amendment (Must provide explanation in Part 3.) |
| A | | C+3@ | Sava Date of Original Filing: |
| . F | unction or Event Information | | |
| D | oes the agency have a ticket policy? | Yes No | Face Value of Each Ticket/Pass \$ 165.00 |
| Е | vent Description Har lan GDE | trotter | 3 Date(s) 17,15 |
| Ti | cket(s)/Pass(es) provided by agency? | Yes □ No. | of 1900: San Jose Arena Anthority |
| 1.0 | for Airland allowing Air-annead and the back | _ , | Name of Source 7 |
| | las ticket distribution made at the behest of agency official? | No ☐ Yes | Official's Name (Last, First) |
| | lecipients Use Section A to identify the agency's department or u | ınit. • Use Sec | ction B to identify an individual. ● Use Section C to identify an outside organization. |
| A | | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |
| _ B | Name of Individual | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| _ B | Name of Individual (Last, First) | Ticket(s)/ | Identify one of the following: Ceremonial Role Other Income Income |
| _ B _ | Name of Individual (Last, First) | Ticket(s)/ | Ceremonial Role Other I |
| | (Last, First) | Ticket(s)/ | Ceremonial Role Other Income Income Income Ceremonial Role Other Income Income |
| _ | (Last, First) Name of Outside Organization | Ticket(s)/ Pass(es) | Ceremonial Role Other Income Income |
| _ | (Last, First) Name of Outside Organization | Ticket(s)/ Pass(es) | Ceremonial Role Other Income Income |
| | Name of Outside Organization (include address and description) SWNH Middle School Team | Ticket(s)/ Pass(es) | Ceremonial Role Other Income Income |
| C | Name of Outside Organization (include address and description) SWNH Middle School Flamerification | Number of Ticket(s)/ Pass(es) | Ceremonial Role Other Income Income |

Comment: _____

| - | cy Report of: nonial Role Even | ts and Tick | ket/Pass l | Distributions | | Public Document |
|------------|---|----------------------|-------------------------------------|-------------------------------------|---|---------------------------|
| 1. Age | ency Name | | | | Date Stamp | California 802 |
| OFF | tice of councilmen | uber sam | Liccardo | | TARDI ADD One a se | Form OUZ |
| | sion, Department, or Reg | ion (If Applicable) | | | Syn] | ∍ ≒For Oπicial Use Only |
| Desi | gnated Agency Contact | (Name, Title) | | | 1 | |
| Mo | iggie Le | | | | | |
| Area | Code/Phone Number | E-mail | | | Amendment (Must provide | explanation in Part 3.) |
| 400 | o·535·4903 | dismict 3 | E sanjosec | a.gov | Date of Original Filing:(/\!\) | Month, Day, Year) |
| 2. Fur | nction or Event Infor | mation | 3 | | | <i>0</i> 0 |
| Does | s the agency have a ticke | et policy? | Yes□ No[| ☐ Face Value o | of Each Ticket/Pass \$ <u></u> 189 | |
| Ever | nt Description | Gabriel con | | Date(s) _64 | 19 14 | |
| | n boomplion | Provide Title/Expla | nətion | | | 1-40 |
| Tick | et(s)/Pass(es) provided b | y agency? | Yes□ No ∑ | <u>ζ</u>] If no: <u>Sαn</u> | JUSE Arena Author | 717 |
| 10/00 | ticket distribution made | at the hehest | N. El V. F | ¬ ., | | |
| | agency official? | at the penest | No 🗌 Yes [| _l If yes: | Official's Name (Last, I | First) |
| | cipients | ev's department of u | ınit • Use Sect | ion B to identify an individ | ual. ● Use Section C to identify ar | n outside organization. |
| A . | Name of Agency, Departm | | Number of Ticket(s)/ Pass(es) | | blic purpose made pursuant to th | |
| В. | Name of Individu (Last, First) | al | Number of Ticket(s)/ Pass(es) | Ceremonial Role | Identify one of the following: | Income |
| | | | | | nial Role" or "Other" describe below: | 1100/110 |
| | | | | Ceremonial Role If checking "Ceremo | Other Iniel Role" or "Other" describe below: | Income 🗌 |
| C. | Name of Outside Orga (Include address and de | | Number of Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant to th | ne agency's policy |
| Ma | CHINGTON FLEMENTARY | y volunteers | 4. | recognition | | |
| | | | | | - | |
| | rification | | | | | |
| Thave | e read and understand FPPC Reg | | 18942. I have ve Liccardu | | forth above, is in accordance with the UNCI MEMBER | requirements. 04/14/14 |
| J | Signature of Agency Head or Designe | 90 | Print Name | 9 | Title | (Month, Day, Year) |
| Cor | nment: | | | | | , , sa |

| A N | | - White-Silvership of the Control of | | 5 . 00 | TO THE PARTY OF TH |
|---|-------------------------------------|--|--|--|--|
| Agency Nam | | | aall mrab | Date Stamp | California 802 |
| City of sa | rtment, or Region (If Applicab | (a) | ZUIFIED | | For Official Use Only |
| • | Hice District 3 | I U) | | | |
| | | | |] | |
| | ency Contact (Name, Title) | | | | |
| Maggie Le | | | | Amendment (Must | provide explanation in Part 3.) |
| Area Code/Pho (408)ち35・44 | | 3@ sanjoseca | .goV | Date of Original Filing: | (Month, Day, Year) |
| Function or | Event Information | | | | -1-100 |
| Does the agend | cy have a ticket policy? | Yes ☐ No ☐ |] Face Value o | of Each Ticket/Pass \$ _ | |
| Event Description | on Harlem Globetin | | | , 16 , 14 | |
| Ticket(s)/Pass(| es) provided by agency? | Yes ☐ No 🗵 |] If no:san | José Arena Aut | HOrity |
| Maa tialkat diatri | ibution made at the beheat | 🗖 🕒 | . | | шсе |
| of agency offic | ribution made at the behest cial? | No ☐ Yes ☐ | If yes: | Official's Name | (Last, First) |
| | Identify the agency's department o | Number of | | ual. • Use Section C to ider | |
| | | Ticket(s)/ Pass(es) | | | |
| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ving: |
| | | | Ceremonial Role If checking "Ceremon | Other Indicated on "Other" describe below: | Income 🗌 |
| | | | Ceremonial Role If checking "Ceremon | Other Intelligent of "Other" describe below: | Income 🗆 |
| 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 | | |
| Mckinkey Ne | eighteorhood teens | 12 | Pecognition | | |
| | | | | | |
| Mckintey Ne | eightsortfood teens | 12 | Pecognition | | |

Print Name

Signature of Agency Head or Designee

Comment: _

(Month, Day, Year)

| | RECEIVED Jose City | B | |
|-----|-----------------------|-----------------|----------|
| San | Jose City | A Public | Document |

| 1. | Agency Name City of San Jose | | | | | Date Stamp | California 802 | |
|--|---|------------------------------|-------------------------------------|--|--|--|-------------------------------|--|
| | Division, Department, or Regi | nn (If Annlicable | | *** | | 401711LU 7 111 | For Official Use Only | |
| | council office district | | 7 | | | | | |
| | Designated Agency Contact (| Vame Title) | | | | | | |
| | Maggie Le | | | | | | | |
| | Area Code/Phone Number | E-mail | | | | Amendment (Must pro | ovide explanation in Part 3.) | |
| | (408) 535:4903 | district3 | g sanjaseca | gov | | Date of Original Filing: _ | (Month, Dəy, Year) | |
| 2. | Function or Event Information | | | | | | AA | |
| | Does the agency have a ticket | Yes□ No[| Face | Value of | f Each Ticket/Pass \$ <u>13</u> | 95 | | |
| | Event Description Starks | VS. Bruin Provide Title/Expl | | Date(| s) <u> </u> | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes | | | ☑ If no: | san 3 | Name of Sou | rity | |
| | Was ticket distribution made a of agency official? | No ☐ Yes [| ☐ If yes: | | Official's Name (La | əst, First) | | |
| 3. | Recipients | | | | | | | |
| | Use Section A to Identify the agency | 7 | tion B to Identify a | n Individu | al. • Use Section C to identi | fy an outside organization. | | |
| | A. Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | | | | |
| | | | | | | | , | |
| | B. Name of Individua | | Number of | | | Lister of the fellows | | |
| | (Last, First) | • | Ticket(s)/ Pass(es) | | | Identify one of the following: | | |
| | | | | | nial Role [g "Ceremonla | Other at Role" or "Other" describe below: | income [| |
| | | | | Ceremor If checking | _ | Other all Role" or "Other" describe below: | Income [| |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Pass(es) | Describe | Describe the public purpose made pursuant to the agency's policy | | | |
| | volunteers of Bibliote Latinoamerica | ca | 8 | recognitio | 'n | | | |
| | | | | | | | | |
| 4. | Verification | Ì | | | | | | |
| (| I have read and understand FPPC Regul | ations 18944.1 and | | | | | the requirements. | |
| | Jan Ju | 2_c/6 | Sam | Liccardo | COU | ncilmember | 02.04.14 | |
| COLUMN TO SERVICE DE LA COLUMN | Signature of Agency Head or Designee | | Print Name | 9 | | Title | (Month, Day, Year) | |

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----------|---|---------------------|-------------------------------------|--|---|--|
| | Division, Department, or Regi | | | For Official Use Only | | |
| | Designated Agency Contact (| Name, Title) | | APPARATE AND APPAR | | |
| | Maggie Le | | | | Manager at 44 | unvide evalenation in Dad C. |
| | Area Code/Phone Number (406) \$ 35 · 4903 | E-mail districts | 3 C 2011026 | ?ca.gov | Date of Original Filing: | rovide explanation in Part 3.) (Month, Day, Year) |
| | Function or Event Information Does the agency have a ticket | | Yes □ No | ☐ Face Value o | of Each Ticket/Pass \$ | 39° g \$ 82° |
| | Event Description Starks | /. Avalanch | | Date(s) | 23 / 13 | |
| | Ticket(s)/Pass(es) provided by | / agency? | Yes ☐ No. | ∑ If no:\$di | Name of So | |
| | Was ticket distribution made a of agency official? | t the behest | No □ Yes I | □ If yes: | Official's Name (| Lest, First) |
| 3. | Recipients • Use Section A to Identify the agency | i'e danammani | unit alles Cas | tion B to Identify an Individu | ial Alleo Santion C to Iden | tifu an outside organization |
| | A. Name of Agency, Departme | | Number of Ticket(s)/ Pass(es) | | lic purpose made pursuant | |
| | silicon Valley Global Partners | | 10 | recognition | | |
| | | | Number of | | | |
| | B. Name of Individua (Last, First) |)] | Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| | | | | Ceremonial Role If checking "Ceremon | Other islanded of the state of | Income |
| | | | | Ceremonial Role If checking "Ceremon | Other I | Income [|
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Pass(es) | Describe the pub | ilic purpose made pursuant | t to the agency's policy |
| | | | | | | |
| <i>\</i> | | | | | | |
| 4. | Verification Phave reed and understand FPRC Regu | | | | | ith the requirements. |
| | Signature of Agency Head or Designee | | Liccardo Print Nam | | ncilmember Tille | (Month, Day, Year) |
| | Comment: | | | | | |

| 2000 ferritring | monial Role Events and Tic | Reurass | DISTIDUTIONS / | ECENTED Den Min di | A Public Documen | | |
|-----------------|--|-------------------------|--|--------------------------------------|---------------------------------|--|--|
| | ency Name | | | Date Stamp | California 802 | | |
| | ity of san Jose | | 2013 Dr. r | -6 PK 4:09 | Form Far Official Use Only | | |
| | ision, Department, or Region (If Applicabl | e) | | am. | | | |
| CC | ouncil Office, district 3 | | | | | | |
| Des | signated Agency Contact (Name, Title) | | | 0 10 | | | |
| - M | aggie Le | | | [] Amendment (Must | provide explanation in Part 3.) | | |
| | a Code/Phone Number E-mail | | | _ ` ′ | , | | |
| | 8) 535.4903 district | .9 @ eaulos | ea.ga | Date of Original Filing: | (Month, Day, Year) | | |
| | nction or Event Information | | | | 120 22 | | |
| | es the agency have a ticket policy? | Yes ☐ No. | | f Each Ticket/Pass \$ _ | | | |
| Eve | ent Description SHORKS V. Will Provide Title/Exp | <u> </u> | Date(s) <u>12</u> | 12 13 | | | |
| | | Thue Amond All | THOSITY | | | | |
| Tic | ket(s)/Pass(es) provided by agency? | Yes ☐ No [| If no: | Jose Arena Au Name of So | ource | | |
| Wa | s ticket distribution made at the behest | | | | | | |
| of | agency official? | No ☐ Yes (| | Official's Name | (Last, First) | | |
| | ecipients se Section A to identify the agency's department or | runit. • Use Sec | tion B to identify an individu | ıal. • Use Section C to ider | ntify an outside organization. | | |
| Α. | Name of Agency, Department or Unit | Number of | Describe the public purpose made pursuant to the agency's policy | | | | |
| | realite of Agency, Department of Office | Ticket(s)/ Pass(es) | 20001100 1110 pas | no parpose maso parodan | tto allo agollo) o polloj | | |
| | | | | | | | |
| | | | | | | | |
| | | Number of | | 11 | | | |
| В. | Name of Individual (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the follow | ving: | | |
| | | | Ceremonial Role | Other | income [| | |
| | | | If checking "Ceremoni | lal Role" or "Other" describe below: | | | |
| | | | | | | | |
| | | | Ceremonial Role | Other 🗍 | Income | | |
| | | | | lal Role" or "Other" describe below: | | | |
| | | | | | | | |
| , | | | | | | | |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuan | t to the agency's policy | | |
| <u></u> | Lassi, | | 00-00-1-00 | <u> </u> | | | |
| | olunteers of roosevelt teen | 8 | recognition | • | | | |
| _ | The state of the s | | | | | | |
| | | | | | | | |
| 4 >1/- | erlification / | | | | | | |
| | enfication veread and understand FPPC Regulations 18944.1 ar | nd 18942. I have ve | rified that the distribution set fo | orth above, is in accordance w | vith the requirements. | | |
| | | Liccardo | | nalmember | 12. Oc. 13 | | |
| 1 | 147 | | | Tille | (Month, Day, Year) | | |

Comment:

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

| Δ | Pu | hl | lic | Do | C. | ım | en. |
|--------|----|----|-----|----|----|------|-----|
| \sim | rи | v | 16 | טע | u | 4111 | ษแ |

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----------|--|--------------------|-------------------------------------|---|---|---------------------------------|
| | city of sun Jose | | | 2013 (921) - 6 | J. M. | Form For Official Use Only |
| | Division, Department, or Regi | | 9) | · <u>-</u> | 1,010 | For Official Ose Offiy |
| | council office, Dist | rrict 3 | | | | |
| | Designated Agency Contact (| Name, Title) | 1 | | | |
| | Maggie Le | | | | ☐ Amendment (Must | provide explanation in Part 3.) |
| | Area Code/Phone Number (40%) 535・4903 | E-mail district | 3@sanjose | ecaga | Date of Original Filing | |
| 2. | Function or Event Infor | nation | | | | 00 00 |
| | Does the agency have a ticket | t policy? | Yes ☐ No ☐ |] Face Value o | of Each Ticket/Pass \$ | 139.5 |
| | Event Description & Harks | V. ISland | ers lanation | ` ' | 10 13 | // |
| | Ticket(s)/Pass(es) provided by | | Yes ☐ No 🗵 | If no: | Jose Arena / | Authority Source |
| | Was ticket distribution made a of agency official? | t the behest | No ☐ Yes ☐ |] If yes: | Official's Nama | (Last, First) |
| <u> </u> | · | | | | 196720H-14181H-AMARSHAR 12841H-1414 | |
| э. | Recipients • Use Section A to Identify the agency | /'s department or | unit. • Use Secti | on B to identify an Individu | ual. • Use Section C to ide | ntify an outside organization. |
| | A. Name of Agency, Departme | | Number of Ticket(s)/ Pass(es) | | lic purpose made pursua | |
| | | | | | | |
| | | | | | | |
| | B. Name of Individua | | Number of Ticket(s)/ Pass(es) | | Identify one of the follo | wing: |
| | | | | Ceremonial Role If checking "Ceremon | Other IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Income C |
| | | | | Caremonial Rola If checking "Ceremon | Other Initial Role" or "Other" describe below | Income C |
| | C. Name of Outside Organ (Include address and des | | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursua | nt to the agency's policy |
| | Luna Park CHalk ART | restival | 8 | recognition | | |
| | | | | | | |

| Agency Report of: Ceremonial Role Events and Tick | et/Pass | Distributions | San Jose Man A | Public Documen |
|---|-------------------------------------|--|--|-------------------------|
| . Agency Name | | | Date Stamp | California 802 |
| city of san Jose | | | Manie 6 Mai | 101111 |
| Division, Department, or Region (If Applicable) | | | Child | For Official Use Only |
| council office, district 3 | | | 7110 | |
| Designated Agency Contact (Name, Title) | | | 010 | |
| Maggie Le | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must provid | |
| (408) 535.4903 district 36 | savloze | eca.gov | Date of Original Filing: | Month, Day, Year) |
| . Function or Event Information | | | | |
| Does the agency have a ticket policy? | ′es □ No | ☐ Face Value o | f Each Ticket/Pass \$ <u>192</u> | |
| Event Description Starks v. Island Provide Title/Explan | ers | Date(s) | 10 13 | |
| Provide Title/Explan | ation | | | |
| Ticket(s)/Pass(es) provided by agency? | ′es 🗌 No | If no: | Jose Arena Aut Name of Source | 40(1)-1 |
| Was ticket distribution made at the behest | No □ Yes | ☐ If yes: | | |
| of agency official? | MO□ 162 | □ 11 yes | Official's Name (Last, | First) |
| Recipients Use Section A to Identify the agency's department or un | ilt. • Use Sec | ction B to Identify an individu | ıal. ● Use Section C to identify a | n outside organization. |
| A. Name of Agency, Department or Unit | Number of | | olic purpose made pursuant to the agency's policy | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | Ceremonial Role | Identify one of the following: Other Identify or "Other" describe below: | Income [|
| | 4 | Ceremonial Role If checking "Ceremoni | Other I | income [|
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to t | ne agency's policy |
| | | 100 cm = 1 : 1 : 1 : 1 | | |
| silicon valley Leadersttip Group | 24 | recognition | | |
| . Verification I have read and understand ERPC Regulations 18944.1 and 1 | 8042 have v | enfled that the distribution set f | orth shove is in accordance with the | a requirements |
| sam | Liccardi | 0 001 | unalmember | 12.06.13 |
| Signature of Agency Head or Designee Comment: | Print Nan | ne | Title | (Month, Dəy, Year) |

| 1. | Agency Name | | | Date Stamp | California Q 0 2 | | | | |
|-------------|--|---|-----------------------|---|---|--|--|--|--|
| | City of San Jose | | 2013 SEP 1 | B PM 2:54 | Form 6U2 | | | | |
| Ī | Division, Department, or Region (If Applicable | In the time, with soft | For Official Use Only | | | | | | |
| (| council office district 3 | | | | | | | | |
| ī | Designated Agency Contact (Name, Title) | | | | | | | | |
| 1 | Maggie Le | | | | | | | | |
| | Area Code/Phone Number E-mail district3 | esanjose | ca.gov | Date of Original Filing | provide explanation in Part 3.) :(Month, Day, Year) | | | | |
| 2. | Function or Event Information | | | | 00.50 | | | | |
| [| Does the agency have a ticket policy? | Yes□ No | ☐ Face Value o | of Each Ticket/Pass \$. | 99.25 | | | | |
| [| Event Description Marco Antonio So | , 22 , 13 | | | | | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes ☐ No l | If no: _san | Jose Arena Au | | | | | |
| ١ | Was ticket distribution made at the behest | Na FT Val | | wame or s | ource | | | | |
| , | of agency official? | No ☐ Yes | ☐ If yes: | Officiəl's Nəme | (Lest, First) | | | | |
| | Recipients | 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) | | | e made pursuant to the agency's policy | | | | |
| - ! - | B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Go. G. Hornar Tre is | Identify one of the follow | Income [| | | | |
| • | | ٧ | Ceremonial Role | ☐ Other ☐ lal Role" or "Other" describe below | Income [| | | | |
| - (| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | ilc purpose made pursual | nt to the agency's policy | | | | |
| | quadalupe-wasttington Neighborthood volunteers | 8 | Recognition | | | | | | |
| | Verification I have read and understand FPPC Regulations 18944.1 and | _ | | | vith the requirements. | | | | |
| | Sam | 1 Liccardo |) cou | incilmember | 09.18.2013 | | | | |

| Agency Report of: Ceremonial Role Events and | | | | Sen RECEIVED OSO CITY A Public Documer California 802 | | |
|--|---|--|--|--|--|--|
| eremoniai Role Events and icket/Admission Distributio | . OSe Oh | ୟ/) ୪.Ճ Public Documer | | | | |
| | 115 | | | Date Stamp | A Public Documen | |
| Agency Name | | | | Date Stamp | California Form 802 | |
| Division, Department, or Region (if appl | licable) | | | '** } | For Official Use Only | |
| council office district 3 | ilicable) | | | | | |
| Street Address | | | | | | |
| 200 E. Santa Clara Street, a | Can IDSP CA | - 95113 | | | | |
| Designated Agency Contact (Name, Title | * | 1 10 | | | | |
| maggie le | , | | | Amendment (A | Must provide explanation in Part 3.) | |
| Area Code/Phone Number E-mail | *************************************** | | | Date of Original Fil | ling:(month, day, year) | |
| (408) 535.4903 distr | ict 3@ sanjo! | seca.gov | • | - | (month, day, year) | |
| . Function, Event, or Ceremonial | Role Informat | tion | | | | |
| Title <u>Cabercats</u> v. Ctticago | RUSH | | Face \ | /alue of Each Ad | mission \$ | |
| Description FOOTball Game | | | Date(s | 07,27,1 | 3 | |
| | | | | | | |
| Ticket(s)/Admission(s) provided by | v agency? Yes | □ No 図 | If no: | an Jose Arena | 1 AUTHORITY | |
| | | | | Nər | me of Source | |
| Was the distribution to persons ide | | | | | ial? | |
| | Official's | Name (Last, F | | | ial? | |
| Yes No lf yes: | Official's | Name (Last, F | Check th texable liels o proving a life not linc ceremon | e income box if the age ncome. If the agency of vide a description. ome, describe the publi lai roles, performed by | ncy official claims admission as fficial performed a ceremonial role, | |
| Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Wasttington neighborttood | Official's the explanation Number of Admission(s)/ | Name (Last, Fon: Agency Official | Check th taxable li also prove if not incorganiza | e income box if the age ncome. If the agency of vide a description. ome, describe the publi lai roles, performed by | ncy official claims admission as fficial performed a ceremonial role, ic purpose, including an agency official, individual, or ncome | |
| Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | Official's the explanation Number of Admission(s)/ | Name (Last, Fon: Agency Official Yes | Check th taxable li also prove if not incorganiza | e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by tion. | ncy official claims admission as fficial performed a ceremonial role, ic purpose, including an agency official, individual, or Income | |
| Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Wasttington neighborttood | Official's the explanation Number of Admission(s)/ | Name (Last, Fon: Agency Official | Check th taxable li also prove if not incorganiza | e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by tion. | ncy official claims admission as fficial performed a ceremonial role, ic purpose, including an agency official, individual, or Income | |
| Yes No If yes: The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) Wasttington neighborttood | Official's the explanation Number of Admission(s)/ | Name (Last, Fon: Agency Official Yes \Boxedom \text{Ves} | Check th taxable li also prove if not incorganiza | e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by tion. | incy official claims admission as fficial performed a ceremonial role, lc purpose, including an agency official, individual, or Income | |
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| | RECEIVED 072 |
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| San | Jose CityA Public Document |

| 1. | Agency Name OFFICE OF COUNCILMEMBER Sar | ency Name Fice of councilmember Sam Liccardo | | | | |
|----|---|---|-----------------------|---------------------|--|----------------------------|
| | Division, Department, or Region (if applic | AS | For Official Use Only | | | |
| | DISTRICT 3 | ŕ | | | | |
| | Street Address | | | | - | |
| | 200 E. Santa clara street, s | an Jose, 4 | 95113 | | | |
| | Designated Agency Contact (Name, Title) | | | | F | |
| | Maggie Le, executive Assis | Tant | | | Amendment (Must provi | de explanation in Part 3.) |
| | Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month day year) |
| | (408) 535.4903 distric | 13@sanja | seca.go | V | | (month, day, year) |
| | Function, Event, or Ceremonial F | | | | | |
| | Title SHarks V. Kings | | | Face \ | Value of Each Admissio | on \$ |
| | Description Hockey game | | | | s) 05 / 26 / 13 | |
| | Description | | | Date(s | 5) | |
| | Ticket(s)/Admission(s) provided by | anancy? Vaa | | I Ifno Sai | n Jose Arena Auth | lority |
| | Ticket(s)/Admission(s) provided by | agency: res | □ NO ⊠ | 11110 | Name of Sc | ource |
| | | 45 11 1 | | | | |
| | Was the distribution to persons idea | ntified below n | nade at th | e penest o | r an agency οπισιαι? | |
| | Yes ☐ No ☐ If yes: | | | | | |
| | 103 <u> 103 11 y 00. </u> | Official's i | Name (Last, I | First) and Title | | |
| | The identity of recipient(s) and the | ne explanatio | n: | | | |
| | Name | t samusassas višinai. | | Check th | ne income box if the agency offic | lai claims admission as |
| | (Last, First) | Number of | Agency | taxable i | ncome. If the agency official per vide a description. | |
| | or Organization | Admission(s)/ Ticket(s) | Official | • If not inc | come, describe the public purpos | |
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| 3. | Verification | , | | | | |
| | I have read and understand FPPC Regular is in accordance with the provisions. | tions 18944.1 an | d 18942. I h | ave verified | that the distribution of admi | ssions, set forth above, |
| _ | | | | | | |
| / | landa so | im Liccardo | | cou | incilmember | 06/05/13 |
| | Signature of Agency Head or Designee | Print Nar | me | | Title | (month, day, year) |
| | Comment: (like this ansas area attachment | for any additional is | nformation in | oludina amaza | Imant avalanation \ | |
| | Comment: (Use this space or an attachment | ioi any additional l | mormation int | личту аттепа | инын өхрганацоп.) | |

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San Jose City Clerk A Public Document

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|----|---|---|---|---|--|---|
| 1. | Agency Name | | | 2013 APR | Date Stamp 6 PH 1: 12 4 | California 802 |
| | city of san Jose | | | | 6 PH 1: 12 | Form OUZ For Official Use Only |
| | Division, Department, or Region (if applic COUNCIL OFFICE DISTRICT 3 | 930 | 1 of Gillelat Gae Grity | | | |
| | Street Address | | | | 1 | |
| | 200 E. Santa Clara Street, sa | n Jose CA 9 | 5113 | | | |
| | Designated Agency Contact (Name, Title) | | | | П A | - I |
| | Maggie Le | | | | Amendment (Must pr | • |
| | Area Code/Phone Number E-mail | | | | Date of Original Filing: _ | (month day year) |
| | (408) 535.4903 distric | t3@sanjose | ca.gov | | | (month, day, yaar) |
| 2. | Function, Event, or Ceremonial F | Role Informat | tion | | | |
| | Title | | | Face \ | /alue of Each Admiss | ion \$ 113.25 |
| | VIEC ON FOX | | | | | |
| | Description <u>UFC on FOX</u> | | | Date(s | s) <u>4 20 13</u> | |
| | , | | | | | ****** |
| | Ticket(s)/Admission(s) provided by | agency? Yes | □ No 🗵 | If no: | Name of | Source |
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| | Was the distribution to persons iden | ntified below n | nade at the | e behest of | f an agency official? | |
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| | V N 16 | | | | | |
| | Yes 🔲 No 🔲 If yes: | Official's | Name (Last H | First) and Title | | |
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| city of San Jose | | | 2013 APT | 6 0 1:12 | Form For Official Use Only | |
| | Division, Department, or Region (if applicable) | | | | | |
| Council Office District ? | 3 | | | | | |
| Street Address | | | | | | |
| 200 E. Santa clara Stree | * | A 95113 | | | | |
| Designated Agency Contact (Name, Ti | itle) | | | ☐ Amendment (Must p. | rovide explanation in Part 3.) | |
| Maggie Le | | | | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | (month, day, year) | |
| (408) 535·4903 dis | | | | | | |
| . Function, Event, or Ceremonia | al Role Informa | tion | | | | |
| Title | | | Enco \ | alue of Each Admis | 30°0 | |
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| Ticket(s)/Admission(s) provided | by agency? Yes | l No ⊠ | I Ifno Sa | n Jose Arena A | urthority | |
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| Was the distribution to persons i | dentified below r | nade at th | e penest of | an agency official? | | |
| Yes No lifyes: | | | First) and Title | | | |
| 100 [2] 110 [2] 11 / 001 2 | Official's | | | | | |
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| San | Jeso City (A. Public Document |

| | Agency Name | | | | Date Stamp | California OOC |
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| - | CITY of San Jose | | | 2 | MBAPR 12 AM 9 | Form 802 |
| Ï | Division, Department, or Region (if appli | 1911 4 | For Official Use Only | | | |
| | council Office District 3 | - | | | | |
| | Street Address | | | | | |
| | 200 E. Santa Clara St., San | JOSE, CA 95 | 5113 | | | |
| | Designated Agency Contact (Name, Title) | | | | | |
| | Maggie Le | | | | Amendment (Must p. | rovide explanation in Part 3.) |
| - | Area Code/Phone Number E-mail | | | | Date of Orlginal Filing: | |
| | 408.635.4903 distri | ct3@sanjose | eca.gov | | | (month, day, year) |
| , | Function, Event, or Ceremonial | Role Informa | tion | | | |
| | Title | | | Face \ | /alue of Each Admis | sion \$ 238 00 |
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| ı | Description <u>Vicente Fernand</u> | iez concert | · · · · · · · · · · · · · · · · · · · | Date(s | 1) 04/14/13 | |
| | Ticket(s)/Admission(s) provided by | agency? Yes | □ No ⊠ | I Ifno: Sc | un Jose Arena A | <i>iuthority</i> |
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| | The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Mckinkey Bonitz | Number of Admission(s)/ | Agency Official Yes | Check the taxable in also prove if not inconceremoniorganization. | ncome. If the agency official vide a description. ome, describe the public pur lal roles, performed by an ago tion. | performed a ceremonial role, cose, including ency official, individual, or Income Income Income |
| | The identity of recipient(s) and to Name (Last, First) or Organization (Name, Address, Description) Mckinkey Bonitz | Number of Admission(s)/ | Agency Official Yes | Check the taxable in also prove if not inconceremoniorganization. | ncome. If the agency official vide a description. ome, describe the public pur lal roles, performed by an ago tion. | performed a ceremonial role, cose, including ency official, individual, or Income |
| - | Name (Last, First) or Organization (Name, Address, Description) Mckinley Bonita neighborhood Association Verification I have read and understand FPPC Regulation in accordance with the provisions. | Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Add 18942. I had 18942. I had 18942. I had 18942. | Check the taxable in also prove if not inconstruction organization. Construction of the construction of | ncome. If the agency official vide a description. ome, describe the public purplal roles, performed by an agetion. Thom event | performed a ceremonial role, cose, including ency official, individual, or Income Income Income Income Income |
| | Name (Last, First) or Organization (Name, Address, Description) Mckinley Bonita neighborhood Association Verification I have read and understand FPPC Regulation in accordance with the provisions. | Number of Admission(s)/ Ticket(s) | Agency Official Yes No Yes No Yes No Yes No Yes No Add 18942. I had 18942. I had 18942. I had 18942. | Check the taxable in also prove if not inconstruction organization. Construction of the construction of | ncome. If the agency official vide a description. ome, describe the public purial roles, performed by an agrition. | performed a ceremonial role, cose, including ency official, individual, or Income Income Income Income |

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| San | Jose | City | ClorA | Public | Document |

| | | | 45- 41-1 | FONDO MIR WILL | |
|--|--|---|--|---|--|
| Agency Name | | | | D a te Stamp | California 802 |
| city of san Jose | 2013 | MPR -3 PH 3:55 | and the second second second second | | |
| Division, Department, or Region (if a | | For Official Use Only | | | |
| council office district 3 | | | | | |
| Street Address | | | | | |
| 200 E. Santa clara stree | et, san Jose, C | A 95113 | | | |
| Designated Agency Contact (Name, Ti | itle) | | | | <u> </u> |
| Maggie Le | | | | Amendment (Must pro | vide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | | Date of Orlginal Filing: _ | |
| 408.535.4903 dist | rict3@sanjos | eca.gov | | | (month, day, year) |
| Function, Event, or Ceremonia | | | | | - AND THE STATE OF |
| Rihanna concert | | | . . | | 1500 |
| Fitle Kirama Concert | | | Face V | /alue of Each Admissi | on \$ _ 10 U |
| Description Concert | | | Date(s | 04,06,13 | |
| | | | | in the America Aut | Hority |
| Ficket(s)/Admission(s) provided | by agency? Yes | □ No ⊠ | If no: | Name of S | ource |
| | | | | | |
| Yes ☐ No ☐ If yes: | | | | | |
| | Official's | • | First) and Title | | |
| The identity of recipient(s) and | Official's | • | , | o Income hey if the graney offi | |
| | Official's | on: | Check the | e Income box if the agency offi ncome. If the agency official pe | |
| The identity of recipient(s) and Name (Last, First) or | Official's d the explanation Number of Admission(s)/ | • | Check the taxable in also proving the control of the control | ncome. If the agency official periode a description. | erformed a ceremonial role, |
| The identity of recipient(s) and Name (Last, First) | Official's d the explanatio | on: Agency | Check the taxable in also prov If not inceceremonic ceremonic. | ncome. If the agency official per vide a description. ome, describe the public purpo lal roles, performed by an agen | erformed a ceremonial role, se, including |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | Official's d the explanation Number of Admission(s)/ Ticket(s) | Agency Official | Check the taxable in also prove if not inconceremonic organization. | ncome. If the agency official period a description. ome, describe the public purpolal roles, performed by an agention. | erformed a ceremonial role, se, including cy official, individual, or |
| Name (Last, First) or Organization | Official's d the explanation Number of Admission(s)/ | Agency Official | Check the taxable in also prove if not inconceremonic organization. | ncome. If the agency official per vide a description. ome, describe the public purpo lal roles, performed by an agen | erformed a ceremonial role, se, including cy official, individual, or ncome |
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| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | Official's d the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes | Check the taxable in also prove if not inconceremonic organization. | ncome. If the agency official period a description. ome, describe the public purpolal roles, performed by an agention. | enformed a ceremonial role, se, including cy official, individual, or Income Income Income Income Income |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) CINEQUEST | Official's d the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes | Check the taxable in also prove if not inconceremonic organization. | ncome. If the agency official period a description. ome, describe the public purpolal roles, performed by an agention. | se, including cy official, individual, or Income Income Income Income Income |
| The identity of recipient(s) and Name (Last, First) or Organization (Name, Address, Description) | Official's d the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes | Check the taxable in also prove if not inconcerement organizate. Acvelor | ncome. If the agency official peride a description. ome, describe the public purpolal roles, performed by an agention. OpnerT | enformed a ceremonial role, se, including cy official, individual, or Income Income Income Income Income |
| Name (Last, First) or Organization (Name, Address, Description) CINEQUEST | Number of Admission(s)/ Ticket(s) | Agency Official Yes | Check the taxable in also prove if not inconcerement organizate. Acvelor ave verified to | ncome. If the agency official peride a description. ome, describe the public purpolal roles, performed by an agention. OPMENT | se, including cy official, individual, or Income |
| Name (Last, First) or Organization (Name, Address, Description) CINEQUEST | Official's d the explanation Number of Admission(s)/ Ticket(s) | Agency Official Yes | Check the taxable in also prove if not inconcerement organizate. Acvelor ave verified to | ncome. If the agency official peride a description. ome, describe the public purpolal roles, performed by an agention. OpnerT | enformed a ceremonial role, se, including cy official, individual, or Income Income Income Income Income |

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| agency report or | | One los | 15 E 3 1 Ave. | ۳.L |
|--|------|----------|---------------|-----|
| Ceremonial Role Events and Ticket/Pass | Dist | ibutions | acity | MEI |

| | | | | | 711 abile becamen |
|---|---|---|--|--|--|
| Agency Name | - | Dale Stamp | California 802 | | |
| * | , | | Form For Official Use Only | | |
| Division, Department, or Regio | on (If Applicable | | 1 of Official Ose Offiy | | |
| Council Office District 3 | | | | | |
| Designated Agency Contact (A | lame, Title) | | | | |
| Maggie Le | | i, | | Amendment (Must n | rovide explanation in Part 3.1 |
| | | | | | , |
| 408-535-4903 | district3@sa | njoseca.gov | | Date of Original Filing: | (Month, Day, Year) |
| | | | 7 (80) | | 75.00 |
| | • | Yes 🗌 No | | | |
| Event Description SAP Open | | · | Date(s)02 | , 17 , 13 | |
| | Provide Title/Expla | anation | Son la | oo Arona Authority | |
| Ficket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no: San JC | Name of So | urce |
| Was ticket distribution made at | the behest | No TI Yes | □ If ves: | | |
| of agency official? | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 140 🗀 163 | 11 yes | Official's Name (I | ast, First) |
| Recipients | | | | | |
| • | 's department or ι | unit. • Use See | ction B to identify an individu | ıal. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Departmen | it or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the age ncy's policy |
| | | * | | | The state of the s |
| | | | | | |
| | | | | | |
| | | Number of | | | |
| B. Name of Individual (Last, First) | | Ticket(s)/ | | Identify one of the follow | ing: |
| | | | Ceremonial Role | Other | Income 🔲 |
| | | sa ipan in | If ahecking "Ceremon | ial Role" or "Other" describe below: | |
| | | | ACT I | | |
| | | | | П оны П | Income I |
| | | | E. 1111 | | Income L |
| | | | | | |
| | | | | | |
| C. Name of Outside Organia (Include address and desc | zation :ription) | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant | to the agency's policy |
| MANA Clean Up Volunteers | | 16 | Recognition event | | |
| | | 10 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Verification | du | | | | 0.0 |
| Verification have read and understand FPPC Regulé | ations 18944.1 and | | | | |
| have read and understand FPPC Regule | ations 18944.1 and | Sam Lico | ardo | Councilmember | 02/13/2013 |
| have read and understand FPPC Regula | ations 18944.1 and | | ardo | | |
| | Council Office District 3 Designated Agency Contact (A Maggie Le Area Code/Phone Number 408-535-4903 Function or Event Inform Does the agency have a ticket Event Description Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Department B. Name of Individual (Last, First) | City of San Jose Division, Department, or Region (If Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number 408-535-4903 Function or Event Information Does the agency have a ticket policy? Event Description SAP Open Provide Title/Explic Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit B. Name of Individual (Lest, First) | City of San Jose Division, Department, or Region (If Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number | City of San Jose Division, Department, or Region (#Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number E-mail district3@sanjoseca.gov Face Value of Sap Open Date(s) Date(s) | City of San Jose Division, Department, or Region (# Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggle Le Area Code/Phone Number E-mail |

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distribution's a City Clerk

| 1. | Agency Name | | | 2013 FEB 1 | Dale Stamp | California 802 |
|--------------|--|------------------------|---|--|---|---|
| | City of San Jose Division, Department, or Regio | n (If Applicable | | For Official Use Only | | |
| | • • • | iii (ii i ippiiodbio | | , | | |
| | Council Office District 3 Designated Agency Contact (N | lama Titla) | | | 4 | |
| | • | arrie, rillej | | | | |
| | Maggie Le Area Code/Phone Number | E-mail | | | Amendment (Must pr | rovide explanation in Part 3.) |
| | · · | ∟-ունո district3@sa | niosecá.gov | · · · · · · · · · · · · · · · · · · · | Date of Original Filing: . | |
| - | Function or Event Inform | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \(\frac{1}{2}\) | | (Month, Day, Year) |
| | Does the agency have a ticket | | Yes ☐ No | ☐ Face Value o | of Each Ticket/Pass \$ _ | 192,00 |
| | Event Description Sharks Hoc | | 100 🖂 110 | Date(s) | | |
| | Event Description | Provide Title/Expl | anation | Date(s) | , | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes □ No | ⊠ If no: San J | ose Arena Authority | |
| | | | 163 Д,:140 | | Name of Sou | irce |
| | Was ticket distribution made at of agency official? | the behest | No 🗌 Yes | If yes: | Official's Name (L | ast First) |
| | | | | | omouro vante (E | |
| 3. | Recipients • Use Section A to identify the agency's | s department or | unit • Use Sec | tion B to identify an individ | ual • Use Section C to ident | ify an outside organization |
| | | | Number of | Saraku da karan Sarah Makada | andre de la company de la c | |
| | A. Name of Agency, Departmen | t or Unit | Ticket(s)/ Pass(es) | Describe the pur | ollo purpose mede pursuant | to the agency's policy |
| | | | | | | |
| | | | | , y 4 | | |
| | | | | erg and a second | | |
| | Control of the Contro | | Number of | ing di kacamatan pengangan kacamatan salah s | | |
| | B. Name of individual (Last, First) | | Ticket(s)/ Pass(es) | Br. | Identify one of the followi | ng: |
| | | | | Ceremonial Role | Other | Income 🗌 |
| | The second secon | | 42 4 4 5 F | www.lf.checking "Ceremo | nal Role" or "Other" describe below: | e ja en |
| | fra e | | | The state of the s | | |
| | | | | Ceremonial Role | Other 🗍 | Income |
| | | | | the second secon | nal Role" or "Other" describe below: | ., |
| | | | The state of | | | |
| | | | | | and a Martin of the Special Str. Sec. Sec. Sec. 18 | |
| | C. Name of Outside Organization (include add ress and description) | | Number of Ticket(s)/ Pass(es) | Describe the pul | olic purpose made pursuant | to the age ncy's policy |
| | Gardner Center Volunteers | | 40 | Recognition event | | |
| , | | | 16 | _ | | |
| • | , | | | | | |
| | | | | | | |
| 4. | Verification | | | | | |
| | I have read and understand FPPC Regula | tions 18944.1 and | | | | |
| \ | for from | · · | Sam Licc | | Councilmember | 02/13/2013 |
| | Signature of Agency Head or Designee | | Print Nam | | Title | (Month, Day, Year) |
| | Comment: | | | The state of the s | • | |

Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributionshity Clerk

| Agency Name | | | 2013 FFR IL F | Date Stamp 14 3: ほ3 | California Form 802 |
|--|---|---|---|---|---|
| • | n (If Applicable) | | For Official Use Only | | |
| | JII (II Applicable) | | | | |
| | 1 T'H-) | | | | |
| | varne, ritie) | | | | |
| | | | | Amendment (Must p | provide explanation in Part 3.) |
| | | ilonoco dov | | Date of Original Filling: | |
| | | ijoseca.gov | | | (Month, Day, Year) |
| | " 0 | V 🗀 N- | Face Value | of Each Ticket/Page \$ | 163.00 |
| • | • | Yes ☐ No | | | |
| Event Describtion | | nation | Date(s) | 1 , 20 , 13 | |
| | _ | | - If no. San Jo | ose Arena Authority | |
| ricket(s)/Pass(es) provided by | agency? | Yes∐ No | X 11 110. | Name of Sc | purce |
| | the behest | No ☐ Yes | ☐ If yes: | | |
| of agency official? | λ | * | · | Official's Nama (| (Last, First) |
| Recipients | | | | | |
| FV: Pure Construction Construction | 's department or u | ual. • Use Section C to iden | itify an outside organization. | | |
| A. Name of Agency, Departmen | nt or Unit | Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuan | t to the agency's policy |
| | | | Vac. | | |
| | | | war and a second se | | |
| B. Name of Individual | | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ling: |
| | | | Ceremonial Role If checking "Ceramon | Other Initial Role" or "Other" describe below: | Income |
| · | | | | | Income |
| | | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuan | t to the agency's policy |
| Washington United Youth Co | enter | 16 | Recognition event | | |
| | | Marie de la companya | 40 (C | | |
| | | | | | |
| Verification | | L | | | |
| I have read and understand FPPC Regula | ations 18944.1 and | | | | |
| A / / | <u> </u> | | | | 02/13/2013 |
| | | Print Nəm | 1 9 | Title | (Month, Day, Year) |
| | City of San Jose Division, Department, or Region Council Office District 3 Designated Agency Contact (IV) Maggie Le Area Code/Phone Number 408-535-4903 Function or Event Inform Does the agency have a ticket Event Description Harlem Glot Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients Use Section A to Identify the agency A. Name of Agency, Department (Last, First) Name of Outside Organi (Include address and description Washington United Youth Council | City of San Jose Division, Department, or Region (If Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number | City of San Jose Division, Department, or Region (If Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number E-mail district3@sanjoseca.gov Function or Event Information Does the agency have a ticket policy? Yes No Event Description Harlem Globtrotters Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes of agency official? Recipients • Use Section A to Identify the agency's department or unit. • Use Section A to Identify the agency's department or Unit A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual Number of Ticket(s)/Pass(es) C. Name of Outside Organization Number of Ticket(s)/Pass(es) Washington United Youth Center 16 | City of San Jose Division, Department, or Region (If Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number E-mail district3@sanjoseca.gov Function or Event Information Does the agency have a ticket policy? Yes No Face Value (s) Date(s) Date(s) Ticket(s)/Pass(es) provided by agency? Yes No If no: San Journal of agency official? Recipients - Use Section No Identify the agency's department or unit Use Section B to Identify an Individ A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual Number of Ticket(s)/Pass(es) Describe the put Pass(es) C. Name of Outside Organization Ceremonial Role (If checking Ceremonial Role (If check | City of San Jose Division, Department, or Region (# Applicable) Council Office District 3 Designated Agency Contact (Name, Title) Maggie Le Area Code/Phone Number Amendment (Must / Bate of Original Filling: Amendment (Must / Bate of Original Filling: Amendment (Must / Bate of Original Filling: Date of Original Filling: Name of St. Date of Original Filling: Name of St. Date of Original Filling: Official's Name of St. Date of Official's |