

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> San Jose City Clerk <small>Division, Department, or Region (if applicable)</small> <u>District 3</u> <small>Designated Agency Contact (Name, Title)</small> <u>Patricia Ceja</u> <small>Area Code/Phone Number</small> <u>408-535-4929</u> <small>E-mail</small> <u>patricia.ceja@sanjoseca.gov</u>		Date Stamp RECEIVED Jose City Clerk 2020 MAR -4 P 4: 04 STC U	<b>California Form 802</b> For Official Use Only <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>
---	--	---	---

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 50

Event Description: Barracuda v. Reign Date(s) 02/26/20  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Child Advocates of Silicon Valley</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

Paul Peralez
Councilmember
3/4/20  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

1. Agency Name <u>Office of Councilmember Raul Peralez</u>		Date Stamp <b>RECEIVED</b> San Jose City Clerk 2020 MAR -4 P 4: 04 OTC W	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 67

Event Description: Disney on Ice Date(s) 02/23/20  
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>SJ Five Fighters</u>	<u>20</u>	<u>Recognition</u>
<u>Burn Foundation</u>		

4. Verification

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

[Signature] Raul Peralez Councilmember 3/4/20  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Raul Peralez</u> <small>Division, Department, or Region (if applicable)</small> <u>District 3</u> <small>Designated Agency Contact (Name, Title)</small> <u>Patricia Ceja</u> <small>Area Code/Phone Number</small> <u>408-135-4929</u> <small>E-mail</small> <u>patricia.ceja@sanjoseca.gov</u>		<div style="text-align: right; font-size: small;"> <b>RECEIVED</b>                  Date Stamp                  San Jose City Clerk                  2019 DEC 13 PM 1:33                  BTC LL             </div> <div style="text-align: center; font-weight: bold; font-size: large;">                 California Form <b>802</b> </div> <div style="text-align: center; font-size: x-small;">                 For Official Use Only             </div> <div style="font-size: x-small; margin-top: 10px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)                  Date of Original Filing: _____  <small>(month, day, year)</small> </div>
---	--	--

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 143

Event Description: NOT SO SILENT NIGHT    Date(s) 12, 07, 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Roosevelt Community Youth Center</u>	<u>23</u>	<u>Recognition</u>

**4. Verification**

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

 <small>Signature of Agency Head or Designee</small>	<u>Paul Peralez</u> <small>Print Name</small>	<u>Councilmember</u> <small>Title</small>	<u>12/13/19</u> <small>(month, day, year)</small>
---	--	--	--

Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Office of Councilmember Raul Perales  
Division, Department, or Region (if applicable)

District 3  
Designated Agency Contact (Name, Title)

Patricia Caja  
Area Code/Phone Number

E-mail  
patricia.caja@sanjoseca.gov

Date Stamp <b>RECEIVED</b> San Jose City C o r c l u <b>2019 NOV -7 PM 3:52</b>	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 249.50

Event Description: Disney on Ice Date(s) 10, 26, 19  
Provide Title/Explanation

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

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

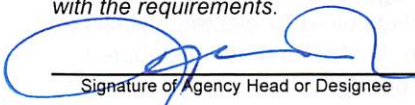
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Child Advocates of Silicon Valley</u>	<u>20</u>	<u>Recognition</u>

**4. Verification**

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


Raul Perales Councilmember 11/7/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Parales</u> Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Ceja</u> Area Code/Phone Number      E-mail <u>408-535-4929</u> <u>patricia.ceja@sanjoseca.gov</u>		Date Stamp RECEIVED San Jose OTC 2019 NOV -7 PM 8:52 <b>California Form 802</b> For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
---	--	---

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 33

Event Description: Disney on Ice      Date(s) 10, 25, 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Child Advocates of Silicon Valley</u>	<u>4</u>	<u>Recognition</u>

**4. Verification**

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

Paul Parales
Councilmember
11/7/19  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Perales</u>		<b>Date Stamp</b> RECEIVED City Clerk OCT 16 2019 OCT 23 PM 3:55	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Cea</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.cea@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 129.95

Event Description: J. Balin Arcains Date(s) 10 / 17 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Gardner Neighborhood Association</u>	<u>10</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Paul Perales Councilmember 10/22/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Office of Councilmember Paul Peralez Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) Patricia Cija Area Code/Phone Number      E-mail 408-535-4929      patricia.cija@sanjoseca.gov		RECEIVED Date Stamp San Jose City Clk OCT 15 PM 4:18	California Form <b>802</b> For Official Use Only  <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>
---	--	---	--

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ 83 and \$240

Event Description: Showks v. Flames      Date(s) 10/13/19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Stickball Charity Tournament</u>	<u>24</u>	<u>Recognition</u>
<u>SJPD and SJFD Volunteers</u>		

**4. Verification**

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

Paul Peralez
Councilmember
10/9/19  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> <small>Division, Department, or Region (if applicable)</small>		Date Stamp San Jose City Clerk 076 66 2019 OCT 23 PM 3:55	<b>California Form 802</b> <small>For Official Use Only</small>
Designated Agency Contact (Name, Title) <u>District 3</u> <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-355-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 75

Event Description: INWO Lucha Libre Date(s) 10 / 12 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Madre a Madre</u>	<u>20</u>	<u>Recognition</u>

**4. Verification**

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

Paul Peralez
Councilmember
10/22/19  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Raul Peralez</u> Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Cija</u> Area Code/Phone Number      E-mail <u>408-535-4929</u> <u>patricia.cija@sanjoseca.gov</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">                     Date Stamp/EE                      San Jose City Cl                      OTC 66                      2019 OCT 15 PM 4:18                 </td> <td style="width:30%; padding: 5px; text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)                 </td> </tr> <tr> <td colspan="2" style="padding: 5px;">                     Date of Original Filing: _____                      (month, day, year)                 </td> </tr> </table>	Date Stamp/EE San Jose City Cl OTC 66 2019 OCT 15 PM 4:18	<b>California Form 802</b> For Official Use Only	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)	
Date Stamp/EE San Jose City Cl OTC 66 2019 OCT 15 PM 4:18	<b>California Form 802</b> For Official Use Only							
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)								
Date of Original Filing: _____ (month, day, year)								

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 180.00

Event Description: Pepe Aguilar      Date(s) 09 / 29 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>City Hall Janitorial Staff</u>	<u>4</u>	<u>Recognition</u>

**4. Verification**

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

 Signature of Agency Head or Designee	<u>Raul Peralez</u> Print Name	<u>Councilmember</u> Title	<u>10/2/19</u> (month, day, year)
--	-----------------------------------	-------------------------------	--------------------------------------

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Ceja</u> Area Code/Phone Number      E-mail <u>408-535-4929</u> <u>patricia.ceja@sanjorcca.gov</u>		RECEIVED Date Stamp San Jose City Clerk OCT 16 2019 OCT - 4 PH 2:17	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ 185.00

Event Description: Maluma      Date(s) 09 / 15 / 19  
Provide Title/Explanation

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

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


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>CommUniverCity</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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

      Paul Peralez      Councilmember      10/14/19  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Raul Perez</u>		Date Stamp <u>San Jose City Cl</u> <u>OTC 6</u> <u>19 AUG 19 PM 3:08</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 175.00

Event Description: Backstreet Boys Date(s) 08/04/19  
Provide Title/Explanation

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

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

**3. Recipients**

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	<u>Goodyear Mastic</u>	<u>16</u>	<u>Recognition</u>
	<u>Neighborhood Association</u>		

**4. Verification**

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

[Signature] Raul Perez Councilmember 8/19/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED

**A Public Document**

**1. Agency Name**

Office of Councilmember Paul Peralez  
Division, Department, or Region (if applicable)

Date Stamp  
2019 JUN 19 PM 1:04

California Form **802**

For Official Use Only

District 3

Designated Agency Contact (Name, Title)

Patricia Ceja

Area Code/Phone Number

E-mail

408-535-4929

patricia.ceja@sanjoseca.gov

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 70.00

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

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

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

**3. Recipients**

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	<u>East Santa Clara Business Association</u>	<u>8</u>	<u>Recognition</u>

**4. Verification**

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

[Signature]  
Signature of Agency Head or Designee

Paul Peralez  
Print Name

Councilmember  
Title

6/13/19  
(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp <b>RECEIVED</b> San Jose City <u>OTCA</u> 2019 JUN -3 PM 4:09	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

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

Event Description: Sharks v. Avalanche Date(s) 05/08/19  
Provide Title/Explanation

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

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

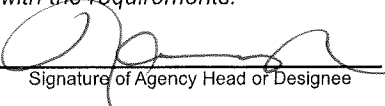
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>San Jose Firefighters</u>	<u>8</u>	<u>Recognition</u>
<u>Burn Foundation</u>		

**4. Verification**

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


Paul Peralez Councilmember 5/31/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

RECEIVED A Public Document

<b>1. Agency Name</b> Office of Councilmember Paul Pevalcz Division, Department, or Region (if applicable)		Date Stamp DTCLLA 2019 MAR 19 PM 1:59	<b>California Form 802</b> For Official Use Only
District 3 Designated Agency Contact (Name, Title) Patricia Ceja			
Area Code/Phone Number 408-535-4929	E-mail patricia.ceja@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 115.00

Event Description: Sharks v. Avalanche Date(s) \_\_\_\_\_  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Silicon Valley Council of Nonprofits</u>	<u>8</u>	<u>Recognition</u>

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


 Signature of Agency Head or Designee     
 Paul Pevalcz     
 Print Name     
 Councilmember     
 Title     
 3/19/19     
 (month, day, year)

Comment: \_\_\_\_\_



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

RECEIVED Public Document

<b>1. Agency Name</b> Office of Councilmember Raul Peralez Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) Patricia Ceyra Area Code/Phone Number 408-535-4929 E-mail patricia.ceyra@sanjoseca.gov		Date Stamp 07CLLA 2019 MAR 19 PM 1:59	California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

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

Event Description: Sharks v. Red Wings Date(s) \_\_\_\_\_  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
SJFD Local 230 and Volunteer Firefighters	24	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: [Signature] Print Name: Raul Peralez Title: Councilmember Date: 3/19/19  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Perales</u> Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Ceja</u> Area Code/Phone Number      E-mail <u>408-535-4929</u> <u>patricia.ceja@sanjoscca.gov</u>	Date Stamp <u>Jose</u> <u>OTCL</u> 2019 MAR 19	<b>California Form 802</b> For Official Use Only PM 1:59
<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 115.00

Event Description: Sharks v. Canadiens      Date(s) 03/07/19  
Provide Title/Explanation

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

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

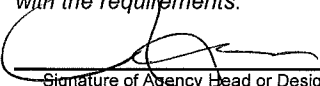
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>The Family Album Project</u>	<u>8</u>	<u>Recognition</u>

**4. Verification**

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

 Signature of Agency Head or Designee	<u>Paul Perales</u> Print Name	<u>Councilmember</u> Title	<u>3/19/19</u> (month, day, year)
---	-----------------------------------	-------------------------------	--------------------------------------

Comment: \_\_\_\_\_



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

RECEIVED A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> Division, Department, or Region (if applicable)		Date Stamp San Jose City Clerk OTC 2019 MAR -4 PM 4:28	California Form <b>802</b> For Official Use Only
<u>District 3</u> Designated Agency Contact (Name, Title)			
Area Code/Phone Number <u>408-535-4429</u>	E-mail <u>patricia.cejac@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 67 and \$33

Event Description: Disney on Ice Date(s) 02/23/19  
Provide Title/Explanation

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

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

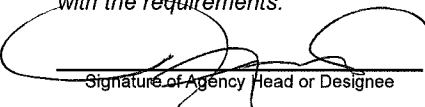
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Cardner and McKinley</u>		<u>Recognition</u>
<u>Bonita Neighborhood Association</u>	<u>24</u>	

**4. Verification**

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


Paul Peralez Councilmember 3/4/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Perales</u>		Date Stamp <b>RECEIVED</b> San Jose City Clerk	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>		2018 DEC -4 PM 3:30	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sansca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 164.50

Event Description: Pepe Aguilar Date(s) 11, 25, 18  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Guadalupe Washington Neighborhood Association</u>	<u>16</u>	<u>Recognition</u>

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

Paul Perales
Councilmember
12/4/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



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

RECEIVED A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Raul Paralez</u> <small>Division, Department, or Region (if applicable)</small>		San Jose City Cl Date Stamp <b>2018 OCT 29 PM 12:02</b>	<b>California Form 802</b> <small>For Official Use Only</small>
District 3 <b>Designated Agency Contact (Name, Title)</b>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Patricia Ceja <b>Area Code/Phone Number</b>	E-mail patricia.ceja@sanjoseca.gov	Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

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

Event Description: Sharks v. Islanders Date(s) 10/20/18  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>People Assisting the Homeless</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

Signature of Agency Head or Designee: [Signature] Print Name: Raul Paralez Title: Councilmember Date: 10/29/18  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Pevaldez</u>		Date Stamp San Jose City Clerk <u>JC otc</u> 2018 OCT 29 PM 12:02	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 103.00

Event Description: Mitro Circus Date(s) 10/11/18  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<u>Downtown Streets Team</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

 Paul Pevaldez Councilmember 10/29/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> San Jose City Clerk		RECEIVED Date Stamp <u>OTC</u> <b>2018 OCT -4 AM 11:25</b>
Division, Department, or Region (if applicable) <u>District 3</u>		<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
		Date of Original Filing: _____ (month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 70.50

Event Description: Fall out Boy Date(s) 09/30/18  
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>LGBTQ Youth</u>	<u>10</u>	<u>Recognition</u>
<u>Space</u>		

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


Paul Peralez      Councilmember      10/4/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> San Jose City Clerk		RECEIVED Date Stamp <u>OTC</u> 2018 OCT -4 AM 11:26	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 151.00

Event Description: Las Tigres del Norte Date(s) 09/21/18  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>D3 Constituents</u>	<u>8</u>	<u>Recognition</u>

**4. Verification**

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

[Signature]      Paul Peralez      Councilmember      10/4/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED: **San José** Date Stamp **2018 JUN -8 AM 10:42** **California Form 802** A Public Document

<b>1. Agency Name</b> City of San José Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Area Code/Phone Number (408) 535-4902		Date Stamp <b>2018 JUN -8 AM 10:42</b> OTC M	<b>California Form 802</b> For Official Use Only
E-mail District2@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 170

Event Description: Da-Bangg concert Date(s) 6 / 30 / 18  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Federation of Indo-Americans of Northern California	24	recognition - Indian Flag Raising partners

**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	Sergio Jimenez Print Name	Councilmember Title	6/6/18 (month, day, year)
--------------------------------------	------------------------------	------------------------	------------------------------

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		REC Date Stamp San Jose City Clerk <u>OTLW</u> 2018 MAY 22 PM 1:56	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 164.00

Event Description: Stars on Ice Date(s) 05/13/18  
Provide Title/Explanation

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

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

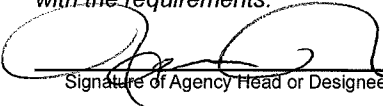
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Market Armaden and</u>	<u>24</u>	<u>Recognition</u>
<u>Harace Mann NA</u>		

**4. Verification**

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

 Paul Peralez Councilmember 5/22/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Puder</u> Division, Department, or Region (if applicable)		Date Stamp RECEIVED San Jose City Clerk GTC 2018 APR 10 PM 3:21	<b>California Form 802</b> For Official Use Only
<u>District 3</u> Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
<u>Patricia Ceja</u> Area Code/Phone Number	<u>patricia.ceja@sanjoseca.gov</u> E-mail		
<u>408-535-4929</u>			

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 70.00

Event Description: Cirque de Soleil Crystal Date(s) 04 01 18  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>The Family Album Project</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Paul Puder Councilmember 4/10/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Office of Councilmember Paul Perales Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) Patricia Ceja Area Code/Phone Number 408-535-4929 E-mail patricia.ceja@sanjoseca.gov		San Jose City Clerk Date Stamp OTC 2018 MAR -7 PM 4:29	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 163.50

Event Description: Ricardo Arjona Date(s) 03/11/18  
Provide Title/Explanation

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

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


**3. Recipients**

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	<u>Al-anon Family Groups</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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


 Signature of Agency Head or Designee
 Paul Perales
 Print Name
 Councilmember
 Title
 3/7/18
 (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Office of Councilmember Paul Peralez Division, Department, or Region (if applicable) District 3 Designated Agency Contact (Name, Title) Patricia Cija Area Code/Phone Number      E-mail 408-535-4929      patricia.cija@sanjoseca.gov		RECEIVED Date Stamp 2018 MAR -7 PM 4:29	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 50

Event Description: Barracuda vs. Marlins    Date(s) 03, 10, 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Greater Opportunities for the Developmentally Disabled</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

Paul Peralez
Councilmember
3/7/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

RECEIVED

A Public Document

**1. Agency Name**

Office of Councilmember Paul Peralez

Division, Department, or Region (if applicable)

District 3

Designated Agency Contact (Name, Title)

Patricia Ceja

Area Code/Phone Number

408-535-4929

E-mail

patricia.ceja@sanjoseca.gov

San Jose Date Stamp Clerk  
OTC ✓  
2018 MAR -5 PM 2:40

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 97

Event Description: Disney on Ice Date(s) 02/24/18  
Provide Title/Explanation

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

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

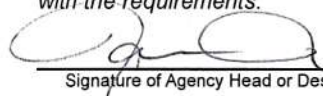
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Shop with a Cop</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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


Paul Peralez Councilmember 3/5/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Office of Councilmember Raul Peralez  
Division, Department, or Region (if applicable)

District 3  
Designated Agency Contact (Name, Title)

Patricia Ceja

Area Code/Phone Number

E-mail

408-535-4929

patricia.ceja@sanjoseca.gov

RECEIVED  
San Jose City Clerk  
Date Stamp  
2018 FEB -1 AM 11:25

**California Form 802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 166.00

Event Description: Hawaiian Globetrotters Date(s) 01/21/18  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Child Advocates of Silicon Valley</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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


Raul Peralez
Councilmember
1/29/18  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> <small>Division, Department, or Region (if applicable)</small> <u>District 3</u> <small>Designated Agency Contact (Name, Title)</small> <u>Patricia Ceja</u> <small>Area Code/Phone Number</small> <u>408-535-4929</u> <small>E-mail</small> <u>patricia.ceja@sanjoseca.gov</u>		RECEIVED Date Stamp San Jose City Clerk 2017 OCT 26 PM 1:49	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 92.00

Event Description: Disney on Ice    Date(s) 10/29/17  
Provide Title/Explanation

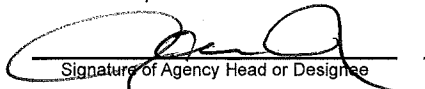
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: San Jose Arava Authority  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Laurel Elementary School</u>	<u>24</u>	<u>Recognition</u>

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

     Paul Peralez     Councilmember     10/26/17  
Signature of Agency Head or Designee     Print Name     Title     (month, day, year)

Comment: \_\_\_\_\_

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

RECEIVED Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Raul Peralez</u> Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Ceja</u> Area Code/Phone Number      E-mail <u>408-535-4929</u> <u>patricia.ceja@sanjoseca.gov</u>		Date Stamp City 2017 OCT 26 PM 1:49 San Jose	California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)			

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 92.00

Event Description: Disrey on Ice      Date(s) 10 / 28 / 17  
Provide Title/Explanation

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

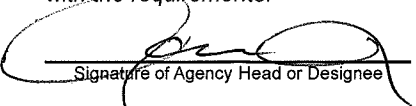
Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Daisy Girl Scout Troop</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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


Raul Peralez      Councilmember      10/26/17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Pevaloz</u>		Date Stamp San Jose City OTC 2017 OCT 23 PM 3:08	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-235-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 104.00

Event Description: Professional Bull Riders Date(s) 10 / 21 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Roosevelt Park and South University Neighborhood Associations</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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

[Signature]      Paul Pevaloz      Councilmember      10/23/17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u> Division, Department, or Region (if applicable)		Date Stamp San Jose City Clerk OTC M 2017 SEP 19 PM 2:21	<b>California Form 802</b> For Official Use Only
District 3 Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoscca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 189.50

Event Description: Marco Antonio Solis Date(s) 09/16/17  
Provide Title/Explanation

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

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

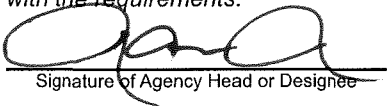
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>The Latina Coalition of Silicon Valley</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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


Paul Peralez
Councilmember
9/19/17  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 148.00

Event Description: Marco Antonio Solis    Date(s) 09, 16, 17  
Provide Title/ Explanation

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

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

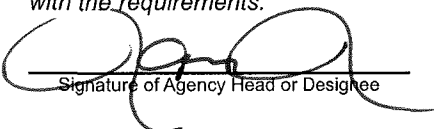
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Rising District 3 Leaders</u>	<u>8</u>	<u>Recognition</u>

**4. Verification**

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

    Paul Peralez    Councilmember    9/19/17  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp San Jose City Clo <u>OTM</u> 2017 AUG 30 PM 1:27	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjosca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 131.00

Event Description: iHeart80s Birthday Bash Date(s) 08/26/17  
Provide Title/Explanation

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

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


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Catholic Charities</u>	<u>16</u>	<u>Recognition</u>
<u>Refugee Foster Parents</u>		

**4. Verification**

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


Paul Peralez Councilmember 8/30/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp San Jose City Clerk <u>OTC M</u> 2017 AUG 30 PM 1:27	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjosereca.gov</u>	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 115.00

Event Description: Marvel Date(s) 08/20/17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Downtown Enrichment</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Paul Peralez Councilmember 8/30/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp RECEIVED San Jose	<b>California Form 802</b>
Division, Department, or Region (if applicable) <u>District 3</u>		2017 JUL 24	For Official Use Only PH 1:28 <u>OTC M</u>
Designated Agency Contact (Name, Title) <u>Patricia Cija</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.cija@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 61.50

Event Description: Freestyle Explosion Date(s) 07, 15, 17  
Provide Title/Explanation

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

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

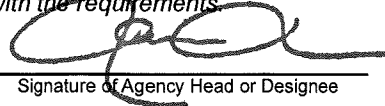
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>On Route 22</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

     Paul Peralez     Councilmember     7/24/17  
Signature of Agency Head or Designee     Print Name     Title     (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Perales</u>		<b>Date Stamp</b> San Jose 2019 MAR	<b>California Form 802</b> For Official Use Only <u>OTCLA</u> 9 PM 1:59
Division, Department, or Region (if applicable) <u>District 3</u>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 250

Event Description: Rogan Waters Date(s) 06/07/17  
Provide Title/ Explanation

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

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


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Kathy Sutherland</u>	<u>2</u>	<u>Recognition</u>

**4. Verification**

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


Paul Perales
Councilmember
3/19/19  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Office of Councilmember Paul Peñatez  
Division, Department, or Region (if applicable)

RECEIVED Date Stamp  
San Jose City Clerk  
JPWOTC  
2017 JUN 19 PM 4:31

California Form **802**  
For Official Use Only

Designated Agency Contact (Name, Title)  
District 3  
Patricia Ceja

Area Code/Phone Number  
408-535-4929

E-mail  
patricia.ceja@sanjoseca.gov

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 250

Event Description: Roger Waters Provide Title/Explanation Date(s) 06/07/17

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Delmas Park Neighborhood Association	16	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: [Signature] Paul Peñatez Print Name  
Councilmember Title  
6/19/17 (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		RECEIVED Date Stamp San Jose City Clerk  2017 MAY -8 PM 4:48 JH OTC	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 128 and \$ 138

Event Description: WWE Payback Date(s) 4/30/17  
Provide Title/ Explanation

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

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

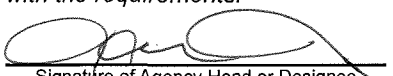
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>P.L.A.Y.C.E</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

     Paul Peralez     Councilmember     5/8/17  
Signature of Agency Head or Designee     Print Name     Title     (month, year)

Comment: \_\_\_\_\_



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

RECEIVED  
San Jose City Clerk  
Date Stamp  
California Form **802**  
For Official Use Only

**1. Agency Name**

Office of Councilmember Raul Peralez

Division, Department, or Region (if applicable)

District 3

Designated Agency Contact (Name, Title)

Patricia Cija

Area Code/Phone Number

408-535-4929

E-mail

patricia.cija@sanjoseca.gov

San Jose City Clerk

2017 APR 10 PM 4:32

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

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

Event Description: Sharks v. Flames Date(s) 4, 8, 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	<u>San Jose Taiko</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Raul Peralez Councilmember 4/10/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Office of Councilmember Raul ~~Peralez~~ <sup>Peralez</sup> City Clerk

Division, Department, or Region (if applicable)

District 3

Designated Agency Contact (Name, Title)

Patricia Cja

Area Code/Phone Number

408-535-4929

E-mail

patricia.cja@sanjoseca.gov

RECEIVED Date Stamp

2017 APR -4 PM 5:03

California Form 802

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 199.95

Event Description: Ariana Grande Date(s) 3/27/17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Queentype	16	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: [Signature] Print Name: Raul Peralez Title: Councilmember Date: 4/4/17  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Office of Councilmember Raul Peralez  
Division, Department, or Region (if applicable)

District 3  
Designated Agency Contact (Name, Title)

Patricia Cya  
Area Code/Phone Number

E-mail  
patricia.cya@sanjoseca.gov

RECEIVED Date Stamp

San Jose City Clerk  
Jkw otc  
2017 MAR -2 PM 3: 04

**California Form 802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 92 and \$50

Event Description: Disrey an Ice  
Provide Title/ Explanation

Date(s) 2, 29, 17

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

If no: San Jose Arena Authority  
Name of Source

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

If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Hablemos, Gardner Academy</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Raul Peralez Councilmember 3/2/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp <b>2017 JAN 18 PM 4:</b> <u>88M OTC</u>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patriciaceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 165.50

Event Description Harlem Globetrotters Date(s) 1, 22, 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Child Advocates of Silicon Valley</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Raul Peralez Councilmember 1/17/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)



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

RECEIVED  
 San Jose City Clerk

A Public Document

1. Agency Name <u>Office of Councilmember Raul Peralez</u>		Date Stamp 2016 DEC -5 PM 4:28 EP OTC	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjosca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 114.00

Event Description Jingle Ball Date(s) 12/1/16  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Roosevelt Youth Center</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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

[Signature]      Raul Peralez      Councilmember      12/5/16  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

RECEIVED A Public Document

1. Agency Name <u>Office of Councilmember Paul Peralez</u>		San Jose Date Stamp Clock 2016 OCT 12 PM 2:55 SP OTC	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Cija</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.cija@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 40.00

Event Description: Barracuda v. Condors Date(s) 10/28/16 10/29/16  
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>D3 Youth Expo for Sustainability</u>	<u>32</u>	<u>Recognition</u>

4. Verification

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

[Signature] Raul Peralez Councilmember 10/6/16  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk **A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Peralez</u>		Date Stamp 2016 NOV -2 PM 4:27 SP OTC	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title) <u>Patricia Cija</u>			Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.cija@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 87.00

Event Description Disney on Ice Date(s) 10, 22, 16  
(Provide Title/Explanation)

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Queentype</u>	<u>24</u>	<u>Recognition</u>

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

[Signature] Paul Peralez Councilmember 11/2/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name: Office of Councilmember Peralez  
 Division, Department, or Region (if Applicable): District 3  
 Designated Agency Contact (Name, Title): Gabriela Soto-Graham Council Assistant  
 Area Code/Phone Number: 408-535-4933 E-mail: Gabriela.Soto@sanjose.ca.gov  
 Date Stamp: \_\_\_\_\_  
 California Form 802 For Official Use Only  
 Amendment (Must provide explanation in Part 3.)   
 Date of Original Filing: \_\_\_\_\_ (Month, Day, Year)

2. Function or Event Information  
 Does the agency have a ticket policy? Yes  No   
 Event Description: D3 Yes! Provide Title/Explanation: \_\_\_\_\_  
 Ticket(s)/Pass(es) provided by agency? Yes  No   
 Was ticket distribution made at the behest of agency official? No  Yes   
 Face Value of Each Ticket/Pass \$: 24.00  
 Date(s): 10, 07, 2016  
 If no: The Tech Museum of Innovation (Name of Source)  
 If yes: Peralez, Paul (Official Name (Last, First))

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Incentive <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: _____
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Incentive <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: _____
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
DB Yes! Youth Expo for Sustainability	15	Recognition

4. Verification  
 I have read and understand FPPC Regulations 19544.1 and 19542. I have verified that the distribution set forth above, is in accordance with the requirements.  
 Signature of Agency Head or Designee: \_\_\_\_\_ Title: Councilmember  
 Name: Paul Peralez Date: 10/26/16



TITLE DISTRIBUTION OF TICKETS OR  
PASSES TO CITY/AGENCY OFFICIALS

PAGE

5 of 7

POLICY NUMBER

9-11

RECEIVED  
San Jose City Clerk  
2016 OCT 26 PM 12:12

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

A Public Document

1. Agency Name <u>Office of Councilmember Perez</u> Division, Department, or Region (if Applicable)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) <u>District 3</u> <u>Gabriela Soto - Galvan</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-4930</u>	E-mail <u>Gabriela.Soto@SanJoseCA.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 17.00

Event Description D3 Yes! Provide Title/Explanation Date(s) 10, 07, 2016

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>D3 Youth Expo</u> <u>for Sustainability</u>	<u>30</u>	<u>Recognition</u>

4. Verification

I have read and understand FPPC Regulations 18544.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Paul Perez Councilmember 10/26/2016  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

TITLE DISTRIBUTION OF TICKETS OR  
PASSES TO CITY/AGENCY OFFICIALS

PAGE  
5 of 7

RECEIVED  
San Jose City Clerk  
POLICY NUMBER  
9-11

2016 OCT 26 PM 12:12

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

A Public Document

1. Agency Name

Office of Councilmember Peralez  
Division, Department, or Region (if Applicable)

District 3  
Designated Agency Contact (Name, Title)

Gabriela Soto  
Area Code/Phone Number

408 535-4933 Gabriela.Soto@sanjose.ca.gov  
E-mail

Date Stamp

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 13.00

Event Description D3 Yes!  
Provide Title/Explanation

Date(s) 10/07/2016

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

If no: Childrens Discovery Museum  
Name of Source

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

If yes: Peralez, Paul  
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
D3 Youth Expo for Sustainability	80	Recognition

4. Verification

I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Paul Peralez  
Title: Councilmember  
Date: 10/28/16

Comment:

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

RECEIVED  
San Jose City Clerk

**A Public Document**

<b>1. Agency Name</b> Office of Councilmember Paul Perez Division, Department, or Region (If Applicable) District 3		Date Stamp 2016 SEP 20 PM 2:05 GP OTC	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) Patricia Ceja			
Area Code/Phone Number 408-535-4929	E-mail patricia.ceja@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 179.50

Event Description Drake Date(s) 9/24/16  
Provide Title/Explanation

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

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

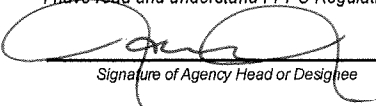
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>SJ Digital Arts Program</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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


Raul Perez
Councilmember
9/19/16  
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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

RECEIVED  
San Jose City Clerk

**A Public Document**

<b>1. Agency Name</b> Office of Councilmember Raul Peralez Division, Department, or Region (If Applicable) District 3		Date Stamp 2016 JUL 15 PM 4:11	<b>California Form 802</b> For Official Use Only
<b>Designated Agency Contact (Name, Title)</b> Patricia Ceja		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
<b>Area Code/Phone Number</b> 408-535-4929	<b>E-mail</b> patricia.ceja@sanjoseca.gov	<b>Date of Original Filing:</b> _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 168.00

Event Description Julian Alvarez Date(s) 07, 15, 16  
Provide Title/Explanation

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

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

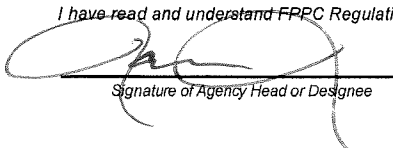
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Mamas Unidas</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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


Raul Peralez Councilmember 7/15/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)



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

RECEIVED  
San Jose City Clerk  
Date Stamp  
2016 FEB 12 PM 2:50

**A Public Document**

**1. Agency Name**  
Office of Councilmember Paul Peralez  
Division, Department, or Region (If Applicable)  
District 3  
**Designated Agency Contact (Name, Title)**  
Patricia Ceja  
**Area Code/Phone Number** 408-535-4929 **E-mail** patricia.ceja@sanjoseca.gov

**California Form 802**  
For Official Use Only  
 **Amendment** (Must provide explanation in Part 3.)  
**Date of Original Filing:** \_\_\_\_\_  
(Month, Day, Year)

**2. Function or Event Information**  
Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 102.00  
Event Description Disney on Ice Date(s) 02, 20, 16  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source  
Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Rocketship Discovery</u>	<u>24</u>	<u>Recognition</u>
<u>Prep Parent Council</u>		

**4. Verification**  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
[Signature] Paul Peralez Councilmember 2/12/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

RECEIVED  
San Jose City Clerk A Public Document

<b>1. Agency Name</b> Office of Councilmember Paul Pevaler Division, Department, or Region (If Applicable) District 3		Date Stamp FEB 12 PM 2:51	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) Patricia Ceja		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4927	E-mail patricia.ceja@sanjosercity.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 102.00

Event Description Disney on Ice Date(s) 02/19/16  
(Provide Title/Explanation)

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

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

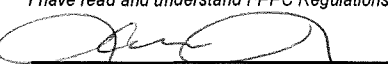
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Child Advocates of Silicon Valley	24	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 Pevaler Councilmember 2/12/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

RECEIVED  
San Jose City Clerk  
A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Peralez</u>		Date Stamp <u>2016 JAN -8 PM</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description Shavles v. Maple Leafs  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 222.00

Date(s) 1, 09, 16

If no: San Jose Arena Authority  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Police Amateur</u>	<u>24</u>	<u>Recognition</u>
<u>Athletic Foundation</u>		

**4. Verification**

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

 Paul Peralez Councilmember 1/8/16  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

RECEIVED  
San Jose City of  
A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Revaldez</u> Division, Department, or Region (If Applicable)		Date Stamp 2015 NOV 19 PM 4:00	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) <u>District 3</u> <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description Barraçuda v. Texas Stars  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 50.00

Date(s) 11, 29, 15

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

If no: San Jose Arena Authority  
Name of Source

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

If yes: \_\_\_\_\_  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Plata Arroyo Neighborhood Association</u>	<u>24</u>	<u>Recognition</u>

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

[Signature]      Paul Revaldez      Councilmember      11-19-15  
 Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)



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

RECEIVED  
San Jose City Clerk  
A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Pevaloz</u> Division, Department, or Region (If Applicable)		Date Stamp 2015 NOV 20 PM 1:	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 208.00

Event Description Juan Gabriel Date(s) 11, 27, 15  
Provide Title/Explanation

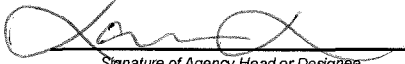
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>McKinley Barita</u>	<u>24</u>	<u>Recognition</u>
<u>Neighborhood Association</u>		

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


Paul Pevaloz
Councilmember
11-20-15  
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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

RECEIVED  
San Jose City of

A Public Document

1. Agency Name <u>Office of Councilmember Paul Peralez</u>		Date Stamp <u>2015 NOV 20 PM 1:58</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 112.00

Event Description Nitro Circus Live Date(s) 11, 11, 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Roosevelt Park</u>	<u>8</u>	<u>Recognition</u>
<u>Neighborhood Association</u>		

**4. Verification**

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

[Signature] Paul Peralez Councilmember  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk

A Public Document

1. Agency Name <u>Office of Councilmember Paul Perez</u>		Date Stamp 2015 OCT 27 PM 12:00	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patriciaceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 98.00

Event Description Disney on Ice Date(s) 10, 16, 15  
Provide Title/Explanation

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

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

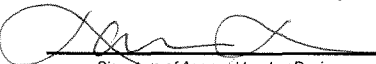
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Sacred Heart</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

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

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

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

RECEIVED  
San Jose City Clerk

A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Perales</u> <small>Division, Department, or Region (If Applicable)</small>		Date Stamp SEP 25 AM 11:11	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) <u>District 3</u> <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 222.00

Event Description Sharks v. Ducks Preseason Date(s) 09/26/2015  
Provide Title/Explanation Game

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>CommUniverCity</u>	<u>24</u>	<u>Recognition</u>
<u>Delmas Park</u>		

**4. Verification**

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


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

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk

A Public Document

1. Agency Name <u>Office of Councilmember Raul Peralta</u>		Date Stamp <u>2015 SEP 25 AM 11:11</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>			
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 196.50

Event Description Luis Miguel Date(s) 09/20/15  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Guadalupe - Washington Neighborhood Association</u>	<u>16</u>	<u>Recognition</u>

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

[Signature]      RAUL PERALTA      Councilmember  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)



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

RECEIVED  
San Jose City Clerk  
Date Stamp

A Public Document

<b>1. Agency Name</b> <u>Office of Councilmember Paul Pevaldez</u>		2015 SEP 18 PM 12:00	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patricia.ceja@sanjoseca.gov</u>	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 113.00

Event Description Chayanne Date(s) 09/06/15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Mamas Unidas</u>	<u>16</u>	<u>Recognition</u>

**4. Verification**

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

[Signature] Paul Pevaldez Councilmember  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose Date Stamp

**A Public Document**

**1. Agency Name**

Office of Councilmember Raul Perez  
Division, Department, or Region (If Applicable)

2015 JAN 12 PM 3:42

**California Form 802**

For Official Use Only

District 3  
Designated Agency Contact (Name, Title)

Maggie Le

Area Code/Phone Number  
408-535-4903

E-mail  
district3@sanjoseca.gov

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 165.00

Event Description Harlem Globetrotters  
Provide Title/Explanation

Date(s) 1, 17, 15

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

If no: San Jose Arena Authority  
Name of Source

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

If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Burnett Middle School Girls Basketball Team	16	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

Raul Perez  
Print Name

Councilmember  
Title

01-09-15  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk

A Public Document

1. Agency Name OFFICE OF COUNCILMEMBER SAM LICCARDO		Date Stamp 2014 APR 25 A 9:34 SM OTC	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4903	E-mail district3@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 189.00

Event Description Juan Gabriel concert Date(s) 04 / 19 / 14  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>WASHINGTON ELEMENTARY VOLUNTEERS</u>	<u>4</u>	<u>recognition</u>

**4. Verification**

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

[Signature] SAM LICCARDO COUNCILMEMBER 04/14/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

RECEIVED  
San Jose City Clerk & ac

**A Public Document**

<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp 2014 FEB -4 PM 1:05	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) COUNCIL OFFICE DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (408)535-4903	E-mail district3@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 77<sup>00</sup>

Event Description Harlem Globetrotters Date(s) 01 / 18 / 14  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Mckinley Neighborhood Teens	12	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.*

Sam Liccardo Sam Liccardo council member 02.04.14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

RECEIVED  
San Jose City CA Public Document

1. Agency Name CITY OF SAN JOSE		Date Stamp 2014 FEB -6 PM	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) council office DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le			
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 139<sup>00</sup>

Event Description SHARKS VS. BRUINS Date(s) 01 / 11 / 14  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>volunteers of Biblioteca Latinoamerica</u>	<u>8</u>	<u>recognition</u>

**4. Verification**

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

[Signature] Sam Liccardo Councilmember 02.04.14  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*



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

**A Public Document**

<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) council office DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 139.00 g #82.00

Event Description starks v. Avalancte    Date(s) 12 / 23 / 13  
Provide Title/Explanation

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

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

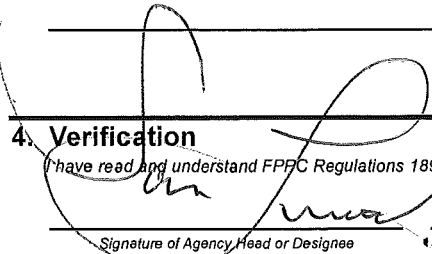
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
silicon valley Global partners	10	recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


sam Liccardo
councilmember
1-7-14

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

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City of

**A Public Document**

<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp 2013 DEC -5 PM 4:05 JMC OTC	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) COUNCIL OFFICE, DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 139<sup>00</sup>

Event Description SHARKS V. WILD Date(s) 12 / 12 / 13  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
volunteers of Roosevelt Teen Center	8	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] SAM LICCARDO COUNCILMEMBER 12.06.13  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

RECEIVED  
CITY CLERK

**A Public Document**

<b>1. Agency Name</b> CITY of SAN JOSE		Date Stamp 2013 DEC -6 PM 4:02 SMC OTC	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) COUNCIL OFFICE, DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 139.00

Event Description Starks v. Islanders Date(s) 12 / 10 / 13  
Provide Title/Explanation

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

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

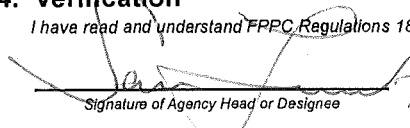
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Luna Park Chalk Art Festival volunteers	8	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.


 \_\_\_\_\_ Sam Liccardo \_\_\_\_\_ councilmember \_\_\_\_\_ 12.06.13  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City of

A Public Document

1. Agency Name CITY of SAN JOSE		Date Stamp 2013 DEC -6 PM 4:00 SM OTC	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) COUNCIL OFFICE, DISTRICT 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 192<sup>00</sup>

Event Description starks v. islanders Date(s) 12 / 10 / 13  
*Provide Title/Explanation*

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

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

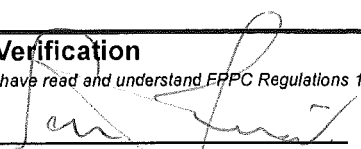
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
silicon valley leadership group	24	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

sam Liccardo  
Print Name

councilmember  
Title

12.06.13  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk

A Public Document

1. Agency Name CITY OF SAN JOSE		Date Stamp 2013 SEP 13 PM 2:54	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) COUNCIL OFFICE DISTRICT 3		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Maggie Le			
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description Marco Antonio Solis concert  
*Provide Title/Explanation*

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

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

Face Value of Each Ticket/Pass \$ 99.50

Date(s) 09 / 22 / 13

If no: San Jose Arena Authority  
*Name of Source*

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

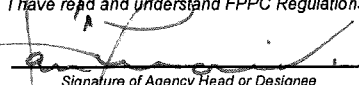
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Guadalupe-washington Neighborhood Volunteers</u>	<u>8</u>	<u>Recognition</u>

4. Verification

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


 \_\_\_\_\_ Sam Liccardo \_\_\_\_\_ councilmember \_\_\_\_\_ 09.18.2013  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*



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

RECEIVED  
San Jose City Clerk  
2013 JUL 26 AM 9:22  
**A Public Document**

<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp 2013 JUL 26 AM 9:22	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) COUNCIL OFFICE DISTRICT 3			
Street Address 200 E. SANTA CLARA STREET, SAN JOSE, CA 95113		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) MUGGIE LE			
Area Code/Phone Number (408) 535-4903	E-mail DISTRICT3@SANJOSECA.GOV		

**2. Function, Event, or Ceremonial Role Information**

Title SABERCATS V. CHICAGO RUSH Face Value of Each Admission \$ 82.<sup>00</sup>

Description FOOTBALL GAME Date(s) 07 / 27 / 13

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

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

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
WASHINGTON NEIGHBORHOOD VOLUNTEERS	10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	recognition <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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

[Signature] SAM LICCARDO COUNCILMEMBER 07/25/13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

RECEIVED 072  
San Jose City Clerk  
**A Public Document**

<b>1. Agency Name</b> Office of Councilmember Sam Liccardo		Date Stamp 2013 JUN -6 PM 2:45	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) District 3			
Street Address 200 E. Santa Clara Street, San Jose, CA 95113		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Maggie Le, executive Assistant			
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov		

**2. Function, Event, or Ceremonial Role Information**

Title SHARKS V. KINGS Face Value of Each Admission \$ 190<sup>00</sup>

Description Hockey game Date(s) 05 / 26 / 13

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

Was the distribution to persons identified below made at the behest of an agency official?  
 Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
college of Adaptive ARTS	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

[Signature] sam Liccardo council member 06/05/13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

RECEIVED  
San Jose City Clerk

**A Public Document**

1. Agency Name <u>CITY OF SAN JOSE</u>		Date Stamp 2013 APR 16 PM 1:12 <i>car</i>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>COUNCIL OFFICE DISTRICT 3</u>			
Street Address <u>200 E. SANTA CLARA STREET, SAN JOSE CA 95113</u>			
Designated Agency Contact (Name, Title) <u>Maggie Le</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4903</u>	E-mail <u>district3@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title \_\_\_\_\_ Face Value of Each Admission \$ 113.<sup>00</sup>

Description UFC on FOX Date(s) 4 / 20 / 13

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

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

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
<u>Luna Park Business Assoc.</u>	<u>8</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Recognition event</u> Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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

*Sam Liccardo* Sam Liccardo Councilmember 4/15/13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

RECEIVED  
San Jose City Clerk **A Public Document**

<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp 2013 APR 16 PM 1:12	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) COUNCIL OFFICE DISTRICT 3		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Street Address 200 E. SANTA CLARA STREET, SAN JOSE, CA 95113			
Designated Agency Contact (Name, Title) Maggie Le			
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov		

**2. Function, Event, or Ceremonial Role Information**

Title \_\_\_\_\_ Face Value of Each Admission \$ 80.00

Description Sharks v. Kings Hockey game Date(s) 4 / 16 / 13

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

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

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Luna Park Foundation	8	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recognition event	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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


 \_\_\_\_\_ Sam Liccardo \_\_\_\_\_ councilmember \_\_\_\_\_ 4/15/13  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

RECEIVED  
San Jose City **Public Document**

1. Agency Name CITY of San Jose		Date Stamp 2013 APR 12 AM 9:	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Council Office District 3			
Street Address 200 E. Santa Clara St., San Jose, CA 95113			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4903	E-mail district3@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title \_\_\_\_\_ Face Value of Each Admission \$ 238<sup>00</sup>

Description vicente fernandez concert Date(s) 04 / 14 / 13

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

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

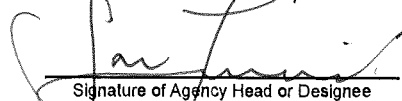
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Mckinley Bonita neighborhood Association	8	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recognition event <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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

 sam Liccardo councilmember 04/11/13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

RECEIVED  
San Jose City Clerk **A Public Document**

<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp 2013 APR -3 PM 3:55	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) COUNCIL OFFICE DISTRICT 3			
Street Address 200 E. SANTA CLARA STREET, SAN JOSE, CA 95113			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-4903	E-mail district3@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Rihanna concert Face Value of Each Admission \$ 150<sup>00</sup>

Description concert Date(s) 04 / 06 / 13

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

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

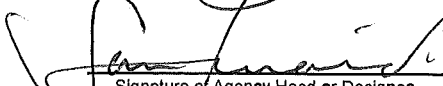
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
cinequest	10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	development	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Sam Liccardo councilmember 4-2-13  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



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

RECEIVED  
San Jose City Clerk

A Public Document

1. Agency Name City of San Jose		Date Stamp 2013 FEB 14 PM 3:43	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council Office District 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4903	E-mail district3@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 75.00

Event Description SAP Open Date(s) 02 / 17 / 13  
Provide Title/Explanation

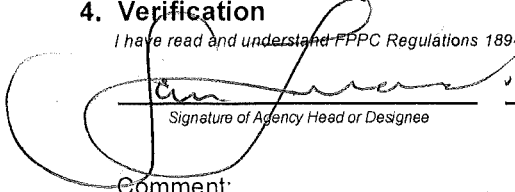
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
MANA Clean Up Volunteers	16	Recognition event

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


 \_\_\_\_\_ Sam Liccardo \_\_\_\_\_ 02/13/2013  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
San Jose City Clerk

A Public Document

<b>1. Agency Name</b> City of San Jose		Date Stamp 2013 FEB 14 PM 3:43	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council Office District 3			
Designated Agency Contact (Name, Title) Maggie Le		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4903	E-mail district3@sanjoseca.gov		

**2. Function or Event Information**

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

Event Description Sharks Hockey Game Date(s) 01 / 26 / 13  
Provide Title/Explanation

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

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

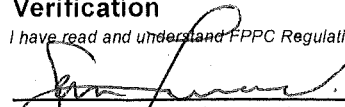
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Gardner Center Volunteers	16	Recognition event

**4. Verification**

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


 \_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

RECEIVED  
 City Clerk

A Public Document

<b>1. Agency Name</b> 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 E-mail district3@sanjoseca.gov		Date Stamp 2013 FEB 14 PM 3:43	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 163.00

Event Description Harlem Globtrotters Date(s) 01 / 20 / 13  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Washington United Youth Center	16	Recognition event

**4. Verification**

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

\_\_\_\_\_  
 Signature of Agency Head or Designee

\_\_\_\_\_  
 Sam Liccardo  
 Print Name

\_\_\_\_\_  
 Councilmember  
 Title

\_\_\_\_\_  
 02/13/2013  
 (Month, Day, Year)

Comment: \_\_\_\_\_