

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 69

Event Description: 49rs Football game/Team Up Program Date(s) 10 / 3 / 21

Provide Title/ Explanation

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

Name of Source

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

Official's Name (Last, First)


3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Officer Pedro Garcia | 1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Bring police & local youth together building relationship |
| Officer Janelle Ikeuchi | 1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Bring police & local youth together building relationship |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |

4. Verification

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

| | | | |
|---|---|--------------------------------------|---|
|  <small>Signature of Agency Head or Designee</small> | Jennifer Maguire <small>Print Name</small> | City Manager <small>Title</small> | 10-13-21 <small>(month, day, year)</small> |
|---|---|--------------------------------------|---|

Comment: _____

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

2. Function or Event Information

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

Event Description: San Jose Sharks Game Date(s) 01 / 11 / 20 _____ / _____ / _____
Provide Title/ Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

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| | | | |
|--|---|---|---|
| 1. Agency Name City of San Jose | | Date Stamp RECEIVED San Jose City Clerk 2019 DEC 23 AM 11:00 <i>OTC LG</i> | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) Police Department | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Designated Agency Contact (Name, Title) Edgardo Garcia, Chief of Police | | | |
| Area Code/Phone Number 408-535-8100 | E-mail webmaster.manager@sanjoseca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 69

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

Provide Title/ Explanation

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

Name of Source

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

Official's Name (Last, First)

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Acosta, Javier | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> On-field flag presentation during National Anthem as part of First Reponders Appreciation Day |
| Lao, Leonard | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> On-field flag presentation during National Anthem as part of First Reponders Appreciation Day |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

| | | | |
|---|--------------------------------------|-------------------------------------|--|
| <u><i>D. DSyL</i></u> Signature of Agency Head or Designee | <u><i>D. SYKES</i></u> Print Name | <u><i>CITY MANAGER</i></u> Title | <u><i>12/20/19</i></u> (month, day, year) |
|---|--------------------------------------|-------------------------------------|--|

Comment: _____

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

Agency Name

City of San Jose

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|---|
| | | |
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Orozco, Jaime | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> On-field flag presentation during National Anthem as part of First Responders Appreciation Day |
| Short, Michael | 0 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> On-field flag presentation during National Anthem as part of First Responders Appreciation Day |
| Solomon, Maria | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> On-field flag presentation during National Anthem as part of First Responders Appreciation Day |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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 |
| | | |
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| | | | |
|--|--|--|--|
| 1. Agency Name City of San Jose | | Date Stamp RECEIVED San Jose City Clerk 2020 JAN 10 AM 10:14 <i>lon cc</i> | California Form 802 <small>For Official Use Only</small> |
| Division, Department, or Region (if applicable) San Jose Police Department | | | |
| Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Area Code/Phone Number (408) 535-8100 | E-mail webmaster.manager@sanjoseca.gov | | |

2. Function or Event Information

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

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

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| San Jose Police Department, BFO Field Training & Evaluation Program | 22 | Recognition for public service |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

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

Comment: _____

San José Sharks vs. Winnipeg Jets

November 1, 2019

Attendees

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

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

2. Function or Event Information

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

Event Description: Luke Combs concert Date(s) 11 / 6 / 19
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|--|----------------------------------|-------------------|-------------------------------|
| Signature of Agency Head or Designee | STEVE SLACK # 3318 Print Name | SERGEANT Title | 11/5/19 (month, day, year) |
|--|----------------------------------|-------------------|-------------------------------|

Comment: _____

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

2. Function or Event Information

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

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

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

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

2. Function or Event Information

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

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

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

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| | | | |
|---|---|--|---|
| 1. Agency Name City of San Jose | | San Jose Date Stamp 2019 AUG 23 PM 12:28 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) San Jose Police Department | | | |
| Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief | | | |
| Area Code/Phone Number (408) 535-8100 | E-mail webmaster.manager@sanjoseca.goc | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <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 \$ 170.00

Event Description: San Jose Sharks Hockey Game Date(s) 11 / 15 / 18
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Arana, Erin | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognizing volunteer public service |
| Allen, Neal | 1 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognizing volunteer public service |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
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4. Verification

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

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

Comment: _____

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

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

2. Function or Event Information

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

Event Description: San Jose Sharks Hockey Game Date(s) 11 / 3 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

**Agency Report of:
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A Public Document

1. Agency Name

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

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

California Form 802
 For Official Use Only

Amendment (Must Provide Explanation in Part 3.)
 Date of Original Filing: _____
 (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 99.00
 Event Description: CONCERT / FOOFIGHTERS Date(s) 9, 12, 18
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source
 Was ticket distribution made at the behest of agency official? Yes No If yes: LT. E. PEDREIRA / SGT R. BRAVO
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

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A Public Document

| | | | |
|--|--|------------------------------------|---|
| 1. Agency Name City of San Jose Division, Department, or Region (if applicable) San Jose Police Dept Designated Agency Contact (Name, Title) Sgt Jodi Williams Area Code/Phone Number 408-277-4161 | | Date Stamp 2017 NOV 16 AM 11:06 | California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) |
|--|--|------------------------------------|---|

2. Function or Event Information

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

Event Description: San Jose Sharks Game Date(s) 11 / 01 / 17
Provide Title/Explanation

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

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

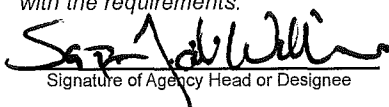
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| City of San Jose, San Jose Police Dept | 24 | #4 Recognition for direct involvement in city related projects/programs |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |

4. Verification

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


Sgt J. Williams
Police Sergeant
11/13/2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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1. Agency Name

SAN JOSE POLICE DEPARTMENT

Division, Department, or Region (if applicable)

FAMILY VIOLENCE UNIT

Designated Agency Contact (Name, Title)

LT. TIBAUDI

Area Code/Phone Number

E-mail

3298@SANJOSECA.GOV

San Jose City Clerk
 Date Stamp
Hand Mail
 2017 APR 28 AM 10:53

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150-

Event Description: THE WEEKEND CONCERT Date(s) 4 / 28 / 17
 Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

[Signature] TIBAUDI LT. 4/26/17
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Police Department

Designated Agency Contact (Name, Title)

Chief Eddie Garcia, Police Chief

Area Code/Phone Number

(408) 535-8111

E-mail

webmaster.manager@sanjoseca.gov

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Date Stamp
San Jose City Clerk
RW 10M
2017 MAR 28 PM 1:59

California Form 802

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 43.00

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

Ticket(s)/Pass(es) provided by agency? Yes No If no: Bay Area Law Enforcement Assistance Fund
Name of Source

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Officer Alan Yee, SJPD | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> San Jose Sharks First Responder Night |
| Officer Jason Wellman, SJPD | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> San Jose Sharks First Responder Night |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

[Signature] Signature of Agency Head or Designee Roberto Oueñas Print Name City Manager Title 3/24/17 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|--|--|---|---|
| 1. Agency Name <u>SAN JOSE POLICE DEPT.</u> | | Date Stamp San Jose City Clerk <u>Free 10M</u> 2017 MAR 13 AM 11:58 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) <u>POLICE - BOMB SQUAD</u> | | | |
| Designated Agency Contact (Name, Title) <u>SGT. ROB LANG</u> | | | |
| Area Code/Phone Number <u>408-476-8709</u> | E-mail <u>3279@SANJOSECA.GOV</u> | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| | | Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 72.50

Event Description: BLAKE SHELTON CONCERT Date(s) 3, 10, 17
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| <u>SJPD BOMB SQUAD</u> | <u>8</u> | |
| <u>SJPD EXPLOSIVE K-9</u> | <u>8</u> | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

LT. MR. PC #3295 LT. JEFF PROFFO LIEUTENANT 3-9-2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|---|------------------------------|--|---|
| 1. Agency Name SAN JOSE POLICE DEPARTMENT | | RECEIVED San Jose City Clerk Jew 10M 2017 FEB 27 AM 10:34 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) BFO | | | |
| Designated Agency Contact (Name, Title) LIEUTENANT JEFF PROFIO | | | |
| Area Code/Phone Number — | E-mail 3295@sanjoseca.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 303.00

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

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

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

3. Recipients

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

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

4. Verification

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

LT. [Signature] LT. JEFF PROFIO LIEUTENANT 2-23-2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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San Jose City Clerk
Date Stamp

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

San Jose Police Department

Designated Agency Contact (Name, Title)

Chief Edgardo Garcia, Police Chief

Area Code/Phone Number

(408) 535-8100

E-mail

webmaster.manager@sanjoseca.gov

2016 DEC -1 PM 12:55

California Form 802

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 \$ 149

Event Description: San Jose Sharks hockey game Date(s) 11 / 05 / 16
Provide Title/ Explanation

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

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

3. Recipients

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

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

4. Verification

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

[Signature] NORBERTO DUEÑAS CITY MANAGER 12/1/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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| | | | |
|---|---|---|---|
| 1. Agency Name City of San Jose | | RECEIVED San Jose City Clerk 2016 NOV 10 PM 3:53 EP OTC | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) San Jose Police Department | | | |
| Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief | | | |
| Area Code/Phone Number (408)535-8100 | E-mail webmaster.manager@sanjoseca.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <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 \$ 149.00

Event Description: San Jose Sharks Hockey Game Date(s) 10 / 25 / 16
Provide Title/Explanation

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

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

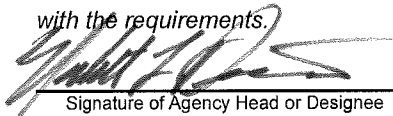
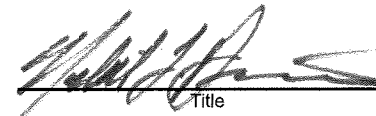
3. Recipients

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

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

4. Verification

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

| | | | |
|--|------------------------------------|---|---------------------------------------|
|  Signature of Agency Head or Designee | <u>WILSON DUENAS</u> Print Name |  Title | <u>11/10/16</u> (month, day, year) |
|--|------------------------------------|---|---------------------------------------|

Comment: _____

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

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San Jose City Clerk A Public Document

| | | | |
|---|--------------------|--|--|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| SAN JOSE POLICE DEPARTMENT Division, Department, or Region (If Applicable) | | 2016 JUN -8 AM 10: SP route | |
| TRAINING DIVISION Designated Agency Contact (Name, Title) | | | |
| SGT. CHRIS WILSON | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 408-501-0960 | 2702@SANTOSECA.GOV | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ ~~667(14)~~ ~~324(8)~~

Event Description SHARKS GAME Date(s) 6/4/16
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: CHIEF OF POLICE
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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

[Signature] LT. K. SABELLA LIEUTENANT 6/6/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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Date Stamp City
California Form 802

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 69.50

Event Description Trans Siberian Orchestra Date(s) 12 / 3 / 2015
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

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

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San Jose City Clerk

A Public Document

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

2. Function or Event information

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

Event Description Nitro Circus - SAP Center Date(s) 11 / 11 / 15
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|-------------------------------|--|
| San Jose Police Department, Covert Response Unit | 24 | Recognition and reward for outstanding police work to the Covert Response Unit and support staff. |
| B. Name of Individual (Last, First) | | |
| | Number of Ticket(s)/ Pass(es) | Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| C. Name of Outside Organization (include address and description) | | |
| | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |

4. Verification

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

[Signature] TYLER KRAUEL POLICE OFFICER 11-17-15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

| | | | |
|--|--|--|---|
| 1. Agency Name SAN JOSE POLICE DEPARTMENT Division, Department, or Region (If Applicable) | | Date Stamp San Jose CA 951 | California Form 802 For Official Use Only |
| SGT. MARIO BRASIL Designated Agency Contact (Name, Title) | | 2015 DEC 22 A 10:19 | |
| BUREAU OF FIELD OPERATIONS DOWNTOWN SERVICES UNIT Area Code/Phone Number 408-718-0967 | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| E-mail 3513@SANTOSECA.GOV | | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: SAN JOSE SHARKS GAME
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 222

Date(s) 11, 3, 15

If no: SAN JOSE ARENA AUTHORITY
Name of Source

If yes: SGT. MARIO BRASIL
Official's Name (Last, First)

3. Recipients

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

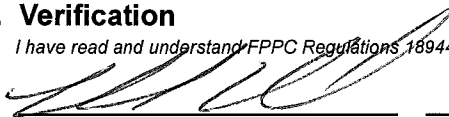
| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|------------------------------|--|
| SAN JOSE POLICE DEPT | 24 | REWARDS FOR SPECIFIC OUTSTANDING |
| DOWNTOWN SERVICES (CDSU) UNIT | | WORK DONE BY (CDSU) |

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
|-------------------------------------|------------------------------|--|
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |

| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |

4. Verification

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

Signature of Agency Head or Designee: 
Print Name: MARIO BRASIL
Title: SERGEANT
Date: 11/16/15

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

2. Function or Event Information

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

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

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

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

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

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

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

LT. Johnson JOHNSON FONG POLICE LIEUTENANT 2-10-15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

RECEIVED
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| | | | |
|--|--|--|---|
| 1. Agency Name <u>SAN JOSE POLICE DEPT</u> | | Date Stamp <u>2014 MAR 19 AM 10:28</u> | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) <u>METRO DIV.</u> | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Designated Agency Contact (Name, Title) <u>SGT. MIKE CARLSON</u> | | | |
| Area Code/Phone Number <u>408-277-4631</u> | E-mail <u>MICHAEL CARLSON@SANJOSECA.GOV</u> | | |

2. Function or Event Information

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

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

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

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

3. Recipients

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

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

4. Verification

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

[Signature] MIKE CARLSON SERGEANT 3-16-14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

Agency Name _____

3. Recipients

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

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

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

2. Function or Event Information

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

Event Description San Jose Sharks Hockey Game Date(s) 3 / 14 / 13
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee Paul Woo SERGEANT 3-19-13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

Agency Name

City of San Jose

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|-------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| McCarron, George | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| Reckas, Kimberlie | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| Lutticken, Mike | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| Anderson, Dan | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
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| | | |

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

Agency Name

City of San Jose

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|-------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| Tran, Doug | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| Croucher, Matt | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| Welker, Jess | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| Pham, Chau | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name

Santa Clara County Regional Auto Theft Task Force (RATTF)

Division, Department, or Region (If Applicable)

San Jose Police Department, San Jose Ca.

Designated Agency Contact (Name, Title)

Brian Matchett, Sergeant

Area Code/Phone Number

408-421-6770

E-mail

brian.matchett@sanjoseca.gov

San Jose City Clerk

Date Stamp

2013 FEB 28 PM 12:11

California Form **802**

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 02/27/13
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ 192.00

Event Description San Jose Sharks Hockey Game
Provide Title/Explanation

Date(s) 2 / 28 / 13

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

If no: City of San Jose
Name of Source

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

If yes: Police Chief Christopher Moore
Official's Name (Last, First)

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|---|
| Santa Clara County Regional Auto Theft Task Force (RATTF) | 24 | Use of City owned suite at HP Pavilion for RATTF unit, City Police Department |

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
|-------------------------------------|------------------------------|--|
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |

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

| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |

4. Verification

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



Brian Matchett

Sergeant

2/27/13

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____