Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) Police Department **Designated Agency Contact** (Name, Title) Tony Mata, Chief of Police Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (408) 535-8100 webmaster.manager@sanjoseca.gov Date of Original Filing: -(month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes ■ No □ Event Description: 49rs Football game/Team Up Program Date(s) 10 / 3 / Provide Title/ Explanation If no: Forty Niners Management Company, LLC Ticket(s)/Pass(es) provided by agency? Yes No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Officer Pedro Garcia 1 Bring police & local youth together building relationship Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Officer Janelle Ikeuchi 1 Bring police & local youth together building relationship Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

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

AN	100	116	2
(1)	Signature of A	gency Hear	Designee

Comment:

Jennifer Maguire

City Manager

10-13-21

Print Name

Title

(month, day, year)

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp CEIVE 1. Agency Name California San Jose City Form San Jose Police Department For Official Use Only Division, Department, or Region (if applicable) 2020 JAN -8 PM 1:11 Airport Division Designated Agency Contact (Name, Title) MALLLOS Sergeant Brett Myers Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 506-7879 3350@sanioseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 240.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: San Jose Sharks Game Date(s) 01 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Chief Edgardo Garcia Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes San Jose Police Department Appreciation fo r dedicated work 16 Airport Division Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income

4.	Verification		L		
	I have read and understand FPPC Rewith the requirements.	gulations 18944	.1 and 18942. I	have verified that the distribution set	forth above, is in accordance
	Signature of Agency Head or Designee		TT MYERS	SERGEANT Title	12 /24/19 (month, day, year)
	Comment:				

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

Income

If checking "Ceremonial Role" or "Other" describe below:

If checking "Ceremonial Role" or "Other" describe below:

Other Π

Describe the public purpose made pursuant to the agency's policy

Ceremonial Role

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RECEIVEL Stamp California **Form** Jose City Clerk City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2019 DEC 23 AM 11: 00 Police Department Designated Agency Contact (Name, Title) Edgardo Garcia, Chief of Police Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 408-535-8100 webmaster.manager@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ ____ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: First Responders Appreciation Day Date(s) _ 12 Provide Title/ Explanation If no: Forty Niners Management Company, LLC Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes □ No 🗵 of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | | Income I Acosta, Javier If checking "Ceremonial Role" or "Other" describe below: 2 On-field flag presentation during National Anthem as part of First Reponders Appreciation Day Ceremonial Role Other I I Income I Lao, Leonard If checking "Ceremonial Role" or "Other" describe below: 2 On-field flag presentation during National Anthem as part of First Reponders Appreciation Day Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

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

D.	DS	
Signature	of Agency He	ad or Designee

D.SY	KES
	Print Nam

CITY	MANAGER
	Titlo

(month, day, year)

Comment:

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



gency Name v of San Jose		
Recipients	t. • 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 Other Income On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
Short, Michael	0	Ceremonial Role Other Income Income On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
Solomon, Maria	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
-		

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

A Public Document

	Cintolinal Italia 21011					
	gency Name		E		RECEIVEL	California 802
	City of San Jose			Sar		Form OUZ For Official Use Only
D	ivision, Department, or Reg	ion (if applicable)				For Official Use Only
S	San Jose Police Departmen	t		2020	JAN 10 AM 10: 14	
D	esignated Agency Contact	(Name,Title)			lonce	
C	Chief Edgardo Garcia, Polic	e Chief				ovide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail			Amenament (Mast 776	Vide Explanation III art 6.7
(408) 535-8100	webmaster.manag	ger@sanjosec	a.gov	Date of Original Filing: _	(month, day, year)
2. F	unction or Event Infor	mation				
E	oes the agency have a ticl	ket policy? Yes	⊠ No□ F	ace Value of I	Each Ticket/Pass \$ <u>\$83</u>	3 & \$240
Е	event Description: San Jose	e Sharks Hockey Ga	ame		<u>, 1 , 19 </u>	/
Т	icket(s)/Pass(es) provided			f no:	Name of Source	
					Name of Source	
	Vas ticket distribution made	e at the behest Yes	□ No⊠ I	f yes:	Official's Name (Last, First)	3
	of agency official?					*
3	Recipients	(10 m) (10 m) (10 m) (10 m) (10 m)				
	• Use Section A to identify the ager	ncy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	San Jose Police Department Training & Evaluation Pro		22	Recognition	for public service	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	
					nonial Role	Income Income
4 .					nonial Role Other Other Mining "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside C	Part of the contract of the co	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
7.			2.1	=		
4 \	/erification			August State of the State of th		
1	have read and understand FF vith the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set for	rth above, is in accordance
-	Signature of Agency Head or Desig	D. Syk	ES Print Name		Title	(month, day, year)
	Comment:	113.7			51335 _W	,

San José Sharks vs. Winnipeg Jets November 1, 2019 Attendees

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

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

1.	Agency Name					RECEP	te Stamp	California 802
	San Jose Police Departmen	t			3ar		ity Clerk	Form OUZ
	Division, Department, or Reg	ion (if applicable)					11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	For Official Use Only
	Family Violence Unit				2813	NOV -8	AM 11: 04	
	Designated Agency Contact (Name, Title)					Th	
	Steve Slack, Sergeant					☐ Amer	ndment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail						
	(408)-277-3700	steven.slack@)sanjose	eca.gov		Date of C	original Filing: 1	(month, day, year)
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗆	Face Value of	Each Tick	et/Pass \$ <u>45</u>	
	Event Description: Luke Con	100			Date(s)11			1 1
	Event Description:	Provide Title	e/ Explanation	on				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🗵	If no: San Jose	e Arena A	uthority	
					If you	Name of	Source	
	Was ticket distribution made	e at the behest	Yes 🗌	No 🗵	If yes:	Official's N	lame (Last, First)	
	of agency official?							
3.	Recipients							BOX TO CANADA WATER STATE STATE OF THE STATE
	• Use Section A to identify the agen	ıcy's department or ı	ınit. • Use	Section B to	o identify an individ	lual. • Use S	ection C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public pui	rpose made pursu	uant to the agency's policy
	SJPD Family Violence Un	it		20	Recognition	for outsta	anding work po	erformance
	B. Name of Ind (Last, Fir			Number of Ticket(s)/ Passes		Iden	ntify one of the fol	lowing:
					1		al Role" or "Other" desc	ribe below:
						nonial Role king "Ceremonia	Other Other All Role" or "Other" desc	Income Income
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe th	e public pu	rpose made pursi	uant to the agency's policy
			9					
_	Verification							
4.	Verification I have read and understand FF with the requirements.	PPC Regulations	18944.1	and 18942	2. I have verified	that the dis	stribution set for	th above, is in accordance
	Signature of Agency Head or Desig	nee STEVE	SLAC	Name	318 _	SERGE	Title	11/5/19 (month, day, year)
		30.70. 7 0.						
	Comment:							

Agency N	Name				Date Stamp	California 802
City of Sar	n Jose			San	ose City Clerk	
Division, D	epartment, or Reg	ion (if applicable)			0113 (01614	For Official Use Only
	Police Departmen			2020 JA	N 10 AM 19: 14	
Designated	Agency Contact	(Name,Title)			lon co	
-	ardo Garcia, Polic	ce Chief				vide Explanation in Part 3.)
Area Code/	Phone Number	E-mail			and the state of t	27 (mail 18 201 18 1 190) - 4 (18 20 10 10 10 10 10 10 10 10 10 10 10 10 10
(408) 535-	-8100	webmaster.manage	er@sanjosec	a.gov	Date of Original Filing: _	(month, day, year)
. Function	or Event Infor	mation			4.43	_
Does the a	agency have a ticl	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 11	/
Event Des	cription: <u>San Jose</u>	e Sharks Hockey Gar Provide Title/ Explan	me	Date(s)	, 16 , 19	
Ticket(s)/P	Pass(es) provided	by agency? Yes	No □ If	no:	Name of Source	
Was ticket	distribution made	e at the behest Yes		yes:		
of agency	y official?				Oπiciai's Name (Last, First)	
. Recipie		ncy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
A . ¹	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			l	4		
В.	Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
В.			of Ticket(s)/		Identify one of the fo	Income [
В.			of Ticket(s)/	If chec	nonial Role Other	Income I
В.		organization	of Ticket(s)/	If chec	nonial Role Other of "Other" descriptions of the Other of	Income In
C.	Name of Outside O	organization description) bundation 501(c)(3)	of Ticket(s)/ Passes Number of Ticket(s)/	Ceren If chec	nonial Role Other	Income In
C. Police Ar PO Box	Name of Outside O (include address and mateur Athletic Fo 721115, San Jose on	Organization didescription) Dundation 501(c)(3) e, CA 95172	Number of Ticket(s)/ Passes	Ceren If chec Describe th	nonial Role Other or "Other" description on on other or "Other" description on other or other or other on other or other other other or other othe	Income In

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of San Jose For Official Use Only Division, Department, or Region (if applicable) San Jose Police Department Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (408) 535-8100 webmaster.manager@sanjoseca.goc (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Sharks Hockey Game Date(s) __1__/__7_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income Doxie, Tara If checking "Ceremonial Role" or "Other" describe below: 2 Recognizing volunteer public service Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description)

4. Verification

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

Signature of Agency Head or Designee

D. S YKE'S

CITYMANAGOR

(month, day, year)

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 母にひだいソトで 1. Agency Name Date Stamp California **Form** City of San Jose Division, Department, or Region (if applicable) For Official Use Only 2019 AUG 23 PM 12: 28 San Jose Police Department Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (408) 535-8100 webmaster.manager@sanjoseca.goc (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 170.00 Does the agency have a ticket policy? Event Description: San Jose Sharks Hockey Game Date(s) __11__/__15__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Arana, Erin If checking "Ceremonial Role" or "Other" describe below: 1 Recognizing volunteer public service Ceremonial Role Other Income Allen, Neal If checking "Ceremonial Role" or "Other" describe below: 1 Recognizing volunteer public service Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Comment:

Agency Report of: RECEIVEA Public Document Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp California City of San Jose 2019 AUG 23 PM 12 no For Official Use Only Division, Department, or Region (if applicable) San Jose Police Department Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (408) 535-8100 webmaster.manager@sanjoseca.goc (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Sharks Hockey Game Date(s) __11__/ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Potwora, Douglas If checking "Ceremonial Role" or "Other" describe below: 2 Recognizing volunteer public service Income Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description)

4	11		4.
4	VΩ	PITI/	ration

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

Comment:		

Agency Report of: Ceremonial Role Events and Ticket/F	Pass Distri	butions		A Public Documen
. Agency Name		Ri	CE/V/ -D ate Stamp	California 802
SAN JOSE PD Division, Department, or Region (if applicable)			18 City Clerk	For Official Use Only
		2019 JAN :	RI AMILIA	,
BOI- FINANCIAL CRIMES Designated Agency Contact (Name, Title)			F	
	SET BOA	VA #2210		
LT. E. PEDREIRA #3/04 /. Area Code/Phone Number E-mail	JOI DEAN	<u>, 72 - 73</u>	│	st Provide Explanation in Part 3.)
408-277-4401 3104@SAN 3312@SA	IJOSECA. MJOSECA	60V/ .60V	Date of Original Filin	g:(month, day, year)
Function of Event information	,	•		00:00
			Each Ticket/Pass \$	99.00
Event Description: CONCERT JFOOFI	CHTELS D	Pate(s)	, 12, 18	
Ticket(s)/Pass(es) provided by agency? Yes	□ No □ If	no:		
		vos: 17	Name of Source	eira /set R. Br
Was ticket distribution made at the behest Yes of agency official?	<u>≱</u> No □ "	yes <u></u>	Official's Name (Last, Fire	sst)
. Recipients		1 11.11	1	
• Use Section A to identify the agency's department or unit.	Number	dentiry an individ	ual. • Use Section C to id	entiry an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the	e public purpose made p	oursuant to the agency's policy
CIM OF SAN JOSE, SAN JOSE				
PD-FENANCEAL CREMES UNIT	16			
B. Name of Individual	Number of Ticket(s)/		Identify one of the	e following:
(Last, First)	Passes			
			onial Role Other onial Role Other or "Other"	and the second s
· r		n choon	ing colomonial role at cine.	docume solom.
			🗖	
	<u> </u>		onial Role	
Name of Outside Organization	Number	D 11 - 11		
C. (include address and description)	of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944	.1 and 18942. I	have verified ti	hat the distribution set	t forth above, is in accordanc
with the requirements.		+	0	22/2/2
Signature of Agency Head or Designer Pr	S BRAVO	<u>#33/2</u>	SERGEANT	09/20/201 (month day year)
Signature of Agency Head or Designes Pr	an Hame		Huo	(monan, day, year)

Comment: ____

ame of Agency, Dep	gion (if applicable) (Name, Title) E-mail 3571@sanjo rmation sket policy? se Sharks Gam Provide Title by agency? e at the behest	Yes \(\sum_{\text{tle/Explana}}\) Yes \(\sum_{\text{tle}}\)	No	Face Value of Date(s)	Date Stamp Date Stamp AM 06 Amendment (Must Date of Original Filing Each Ticket/Pass \$	t Provide Explanation in Part 3.) I:(month, day, year) UNK
Police Dept Agency Contact illiams Phone Number 161 or Event Infor gency have a tic cription: San Jos ass(es) provided distribution made official? hts A to identify the agen	(Name, Title) E-mail 3571@sanjo rmation cket policy? se Sharks Gam Provide Tit I by agency? e at the behest ncy's department or	Yes \(\sigma\) Yes \(\sigma\) Yes \(\sigma\)	No	Date(s)11 If no: If yes: San Jos	Amendment (Muss) Date of Original Filing Each Ticket/Pass \$	For Official Use Only the Provide Explanation in Part 3.) (month, day, year) UNK
Agency Contact illiams Phone Number 161 or Event Infor gency have a tic cription: San Jos ass(es) provided distribution made official? hts A to identify the agen	(Name, Title) E-mail 3571@sanjo rmation cket policy? se Sharks Gam Provide Tit I by agency? e at the behest ncy's department or	Yes \(\sigma\) Yes \(\sigma\) Yes \(\sigma\)	No	Date(s)11 If no: If yes: San Jos	Date of Original Filing Each Ticket/Pass \$	t Provide Explanation in Part 3.) I:(month, day, year) UNK
Agency Contact illiams Phone Number 161 or Event Information gency have a tick cription: San Jos ass(es) provided distribution made official? hts A to identify the agent	E-mail 3571@sanjo rmation cket policy? se Sharks Gam Provide Til by agency? e at the behest active and the behest	Yes ⊠ ne tte/ Explana Yes ⊠ t Yes ⊠	No	Date(s)11 If no: If yes: San Jos	Date of Original Filing Each Ticket/Pass \$	J:
Phone Number 161 or Event Information gency have a tick cription: San Jose ass(es) provided distribution made official? hts A to identify the agentame of Agency, Dep	E-mail 3571@sanjo rmation cket policy? se Sharks Gam Provide Til by agency? e at the behest active and the behest	Yes ⊠ ne tte/ Explana Yes ⊠ t Yes ⊠	No	Date(s)11 If no: If yes: San Jos	Date of Original Filing Each Ticket/Pass \$	J:
Phone Number 161 or Event Information gency have a tick cription: San Jose ass(es) provided distribution made official? official? A to identify the agence of Agency, Depute 161	3571@sanjo rmation sket policy? se Sharks Gam Provide Til I by agency? e at the behest ncy's department or	Yes ⊠ ne tte/ Explana Yes ⊠ t Yes ⊠	No	Date(s)11 If no: If yes: San Jos	Date of Original Filing Each Ticket/Pass \$	J:
or Event Information gency have a tick cription: San Jose ass(es) provided distribution made official? hts A to identify the agentame of Agency, Depute as a first control of the agentame of Agency, Depute as a first control of the agentame of Agency, Depute as a first control of the agentame of Agency, Depute as a first control of the agenta of Agency, Depute as a first control of the agenta of Agency, Depute as a first control of the agenta of Agency, Depute as a first control of the agenta of Agency, Depute as a first control of the agenta of the agent control of the	3571@sanjo rmation sket policy? se Sharks Gam Provide Til I by agency? e at the behest ncy's department or	Yes ⊠ ne tte/ Explana Yes ⊠ t Yes ⊠	No	Date(s)11 If no: If yes: San Jos	Date of Original Filing Each Ticket/Pass \$	J:
or Event Information gency have a tick cription: San Joseph San J	rmation ket policy? se Sharks Gam Provide Til by agency? e at the behest artment or Unit	Yes ⊠ ne tte/ Explana Yes ⊠ t Yes ⊠	No	Date(s)11 If no: If yes: San Jos	Each Ticket/Pass \$	(month, day, year) UNK
gency have a tice oription: San Joseph San J	cket policy? se Sharks Gam Provide Til I by agency? e at the behest ncy's department or	tte/ <i>Explana</i> Yes ⊠	Intion No	Date(s)11 If no: If yes: San Jos	Name of Source se Police Official's Name (Last, First	0)
cription: San Jos ass(es) provided distribution made official? hts A to identify the ager ame of Agency, Dep	e Sharks Gam Provide Til by agency? e at the behest ncy's department or artment or Unit	tte/ <i>Explana</i> Yes ⊠	Intion No	Date(s)11 If no: If yes: San Jos	Name of Source se Police Official's Name (Last, First	0)
ass(es) provided distribution made official? nts A to identify the ager	Provide Till by agency? e at the behest ncy's department or artment or Unit	Yes ⊠	Ise Section B to Number of Ticket(s)/	lf no: If yes: San Jos	Name of Source Se Police Official's Name (Last, First	
ass(es) provided distribution made official? nts A to identify the ager	Provide Till by agency? e at the behest ncy's department or artment or Unit	Yes ⊠	Ise Section B to Number of Ticket(s)/	lf no: If yes: San Jos	Name of Source Se Police Official's Name (Last, First	
distribution made official? Its A to identify the agerame of Agency, Dep	e at the behest ncy's department or artment or Unit	Yes 🛚	Ise Section B to Number of Ticket(s)/	If yes: <u>San Jos</u>	Name of Source se Police Official's Name (Last, First	
official? A to identify the agentation and of Agency, Dep	ncy's department or artment or Unit		Jse Section B to Number of Ticket(s)/		SE Police Official's Name (Last, First	
official? A to identify the agentation and of Agency, Dep	ncy's department or artment or Unit		Jse Section B to Number of Ticket(s)/		Official's Name (Last, First	
nts A to identify the ager ame of Agency, Dep	artment or Unit	runit. • U	Number of Ticket(s)/	identify an individ	dual. • Use Section C to ide	ntify an outside organization.
A to identify the ager	artment or Unit	runit. • U	Number of Ticket(s)/	identify an individ	dual. • Use Section C to ide	ntify an outside organization.
			of Ticket(s)/			
ın Jose, San Jos	se Police Dept		Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
City of San Jose, San Jose Police Dept			24	#4 Recognition projects/prog	ion for direct involver grams	nent in city related
Name of Ind (Last, Fir			Number of Ticket(s)/ Passes		Identify one of the	following:
(-11-5)		8	1 43363		nonial Role Other Other C	
					nonial Role Other Cher Cher	
Name of Outside O include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
· · · · · · · · · · · · · · · · · · ·			- 100 - 100			and the state of t
			······································	<u> </u>		
n						forth above, is in accordance
	PPC Regulations	18944.1	and 18942.	I have verified t	that the distribution set t	
	nclude address and	include address and description)	n	nclude address and description) Passes	nclude address and description) Passes	Passes Passes

Agency Report of: Ceremonial Role Events and Ticket/F	Pass Distri		RECEIVED	A Public Document
1. Agency Name		Van J		California 202
SAN JOSE POLICE DEPART Division, Department, or Region (if applicable)	MENT	2017 AP	R28 AM 10: 53	For Official Use Only
			LO HITTO- Ja	(
FAMELY VIOLENCE U Designated Agency Contact (Name, Title)	NIT			
LT. TEBALDI			□ 4	<u> </u>
Area Code/Phone Number E-mail			Amendment (Mu	st Provide Explanation in Part 3.)
3298@ SAN	JOSECA.CO	συ <u> </u>	Date of Original Filir	ng:(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	12 No□ F	ace Value of I	Each Ticket/Pass \$	150-
Event Description: THE WEEKID CON	anation [Date(s) _ - 4/	28, 17	
Ticket(s)/Pass(es) provided by agency? Yes	MÉ No □ If	f no:	Name of Source	<u> </u>
Was ticket distribution made at the behest Yes of agency official?	□ No E⁄A If	f yes:	Official's Name (Last, Fir	st)
3. Recipients • Use Section A to identify the agency's department or unit.	· Use Section B to i	dentify an individ	ual. • Use Section C to id	lentify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made	oursuant to the agency's policy
SANDOSE POISCE FAMILY USOLGHE	16			
UNET				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of th	e following:
		l	onial Role Other ng "Ceremonial Role" or "Other	
			onial Role Other og "Ceremonial Role" or "Other"	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made p	ursuant to the agency's policy
		<u>.</u>		
l. Verification	-			
I have read and unde rsta nd FPPC Regulations 18944. with the requirements.	.1 and 18942. I	have verified th	at the distribution set	forth above, is in accordance
TRALL TRALL	O£ int Name		UT.	4/26/17 (month day year)
Comment:				(onn) day, youn

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document KECEDate Stamp 1. Agency Name California San Jose City Clerk **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) Police Department **Designated Agency Contact** (Name, Title) Chief Eddie Garcia, Police Chief Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: webmaster.manager@sanjoseca.gov (408) 535-8111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{43.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Sharks vs. St. Louis Blues Date(s) 3 / 16 / 17 Provide Title/ Explanation If no: Bay Area Law Enforcement Assistance Fund Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Officer Alan Yee, SJPD If checking "Ceremonial Role" or "Other" describe below: 1 San Jose Sharks First Responder Night Ceremonial Role Other 🔀 Income \square Officer Jason Wellman, SJPD If checking "Ceremonial Role" or "Other" describe below: 1 San Jose Sharks First Responder Night Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

Verification			
	Norberto Oueñas	City Manager	3/24/11
Signature of Agency Head or Designee	Print Name	1 Title V	(month, daly, year)
Comment:			

Agency Name		Date Stamp California O O O
Agency Name SAN JOSE PO	DLICE D	FP' San Jose City Clerk Form 602
Division, Department, or Region (if applicable)		Theo 10M For Official Use Only
POLICE - Bomb SQI	PAR	2017 MAR 13 AM 11: 53
Designated Agency Contact (Name, Title)		
SGT. ROB LANG		Amendment (Mark Devide Surface in Device)
Area Code/Phone Number E-mail		Amendment (Must Provide Explanation in Part 3.)
408-476-8709 32790	SANJOSE	Date of Original Filing:(month, day, year)
Function or Event Information		727
Does the agency have a ticket policy?	es⊠ No⊟ F	Face Value of Each Ticket/Pass \$
Event Description: BLAKE SHELTON Provide Title/ E	1 CONCERTO	Date(s) 3 10 17
	- ed x No□ lf	no:
		Yes: LT CHZIS MONAHAN Official's Name (Last, First)
Was ticket distribution made at the behest Ye	est⊠ No□ lf	yes: U CHZIS MONAHAN Official's Name (Last First)
of agency official?		Cindula Manila (2005) 1 Noy
Paginianta		
Recipients • Use Section A to identify the agency's department or unit	. • Use Section B to i	dentify an individual. • Use Section C to identify an outside organization.
- Constant of the specific department of the	Number	
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
SJPD BOMB SQUAD	8	
SJPS Explassive K.9	8	-
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
/auifi a ati a u		·
/erification have read and understand FPPC Regulations 189 vith the requirenr ⊛ nts.	44.1 and 18942. I	have verified that the distribution set forth above, is in accordance
1. /// #anam	ff Profic	LIEUTENANT 3-9-2017
Signature of Agency Head or Designee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RE(**Date** Stamp California **Form** lose City Clark POLICE JOSE For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) IEUTENANT JEFF .oFIO Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 3295 (month, day, year) 2. Function or Event Information 303,00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ BELLATOR MMA Date(s) 02/18/17 Event Description: _ Ticket(s)/Pass(es) provided by agency? Yes 🕅 No □ If no: . Name of Source Was ticket distribution made at the behest Yes □ If yes: No 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes SJPD, MERGE UNIT 24 SAN JOSE POLICE DEPARTMENT Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other [Income ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

CT. SEHT PRoho

UEUTENANT

Z-23-2017

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Signa**j**ure of Agency Head or Designee Print Name Title (month, day, year)

1	eremonial Role Ever	to and monot	. 400 2.01	i indudija	ACA Filler Allert	N Public Document
٠.	Agency Name				Date Stamp	California 802
	City of San Jose Division, Department, or Reg	ian (if applicable)		2016 DE	C-1 PM 12: 55	For Official Use Only
	San Jose Police Departmen					
	Designated Agency Contact					
	Chief Edgardo Garcia, Polic				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number (408) 535-8100	E-mail webmaster.mana	ger@sanjose	ca.gov	Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation		The second secon		
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ _1	49
	Event Description: San Jos			Date(s)11		
	Event Description.	Provide Title/ Expl		Date(s)	/////	
	Ticket(s)/Pass(es) provided			lf no:	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠	If yes:	Official's Name (Last, First)	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	followings
	(Last, Fir	st)	Passes			ollowing.
	(Last, FII	st)		1	onial Role Other on "Other on "Other" de	Income [
	(Last, FII	st)		If check	onial Role Other	Income C
	C. Name of Outside O (include address and	rganization		If check Cerem If check	onial Role Other or "Other" de Other or "Other" de Other or "Other" de Other or "Other" de or "Other" de or "Other" de	Income C
	Name of Outside O	rganization description) undation 501(c)(3)	Passes Number of Ticket(s)/	Cerem If checks Describe the	onial Role Other or "Other" de Other or "Other" de Other or "Other" de Other or "Other" de or "Other" de or "Other" de	Income Control Income

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California an Jose City Clerk **Form** City of San Jose For Official Use Only Division, Department, or Region (if applicable) 20/6 NOV 10 PM 3:53 San Jose Police Department Designated Agency Contact (Name, Title) EP OTC Chief Edgardo Garcia, Police Chief ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408)535-8100 webmaster.manager@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Sharks Hockey Game Date(s) __10__/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Other \square Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Attracting and recognizing volunteer public service Police Amateur Athletic Foundation (501(c)(3) 4 P.O. Box 721115, San Jose, CA 95172 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Comment: _____

		Distributions	San Jose City Cle	M I ablic becamen
Agency Name			Date Stamp	California Ong
SAN JOSE POUCE Division, Department, or Region (If Applicable	DEPAR	THENT	2016 JUN -8 AM 10:	For Official Use Only
TRAINING DIVISION Designated Agency Contact (Name, Title)	1			
SGT. CHRIS WILSON			Amendment (Must prov.	ide explanation in Part 3)
Area Code/Phone Number E-mail 27-02	@ SAN	JOSECA GUV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information		•	4	- () 1 - 1/2
Does the agency have a ticket policy?	Yes No		of Each Ticket/Pass \$ (e)	et (14) 3246°,
Event Description SHARKS LAA Provide Title/Expl	Atanation	Date(s) 	, 4,16	
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: ᠫ₳ᢧ	JOSE MENA Name of Source	Authority
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: CH	EF OF POLGE Official's Name (Las	t, First)
Recipients • Use Section A to identify the agency's department or	unit • Use Ser	ction B to identify an individ	ual • Use Section C to identify	an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant to	
	1 405(50)			
SJID TRAINING RECRUTING	24	EMPLOYEE	REOGNITION	
B. Name of Individual	24 Number of	EMPLOYEE		
	24		Identify one of the following	
B. Name of Individual	Number of Ticket(s)/	· Ceremonial Role		:
B. Name of Individual	Number of Ticket(s)/	· Ceremonial Role	Identify one of the following	
B. Name of Individual	Number of Ticket(s)/	* Ceremonial Role ## Checking **Ceremonial* Ceremonial Role	Identify one of the following	
B. Name of Individual	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following Other al Role" or "Other" describe below: Other	Income [
B. Name of Individual (Last, First) C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following Other Other describe below: Other Other describe below:	Income [
B. Name of Individual (Lost, First) C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the following Other Other describe below: Other Other describe below:	Income [
B. Name of Individual (Lest, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Identify one of the following Other Identify one of the following Identify on "Other" describe below: Identify or "Other" describe below: Identify or "Other" describe below:	Income Income
B. Name of individual (Last, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Identify one of the following Other Identify one of the following Identify on "Other" describe below: Identify or "Other" describe below: Identify or "Other" describe below:	Income Income

_	cy Report of: monial Role Events and Tic	ket/Pass	Distributions	REOFINED	A Public Documer
. Ag	ency Name			Date Stamp City (California 802
Divi	an Jose Holica D sion, Department, or Region (If Applicable	ept.	·	2015 DEC - 1 PM	Form SV2
B	Fo Chiefic Off	•			
Desi	gnated Agency Contact (Name, Title)			-	
1 <u>ich</u> Area	elle Martinen - Sta Code/Phone Number A-mail	A Spe	cealist	Amendment (Must prov	vide explanation in Part 3.)
		mastine	20 SANIX.CL	Date of Original Filing:	(Month, Day, Year)
Fur	nction or Event Information		<i>5</i>	,	
Doe	s the agency have a ticket policy?	Yes 🔀 No	☐ Face Value	of Each Ticket/Pass \$	9.50
Ever	nt Description Trans Siberian Provide Title/Exp	. Drc heist lanation	Date(s)	2,3,2015	
Ticke	et(s)/Pass(es) provided by agency?	Yes□ No	☐ If no:	Name of Source	e .
	ticket distribution made at the behest agency official?	No ☐ Yes	☐ If yes:	Official's Name (Las	st, First)
	ipients Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to identify	an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy
FO	Chiefes Office	16	GOOD WORK	of EMPLOY	EES
<u>В</u> .	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Identify one of the following	:
		, desire,	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income [
				Other Inial Role" or "Other" describe below:	Income [
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	the agency's policy
Veri	fication				
	read and understand FPPC Regulations 18944.1 and			orth above, is in accordance with the LIEUTENAUT	•

			San Jose City Cu	California O O				
Agency Name San Jose Police Department		•	OISHOW 25 AM IO:	California 802				
Division, Department, or Region (If Applicable)	•							
	Linit		1 10					
Designated Agency Contact (Name, Title)	Bureau of Investigations/ Covert Response Unit							
Tyler Krauel, Police Officer								
Area Code/Phone Number E-mail			☐ Amendment (Must pre	ovide explanation in Part 3.)				
408-277-4115 tyler.krauel@s	anjoseca.	gov	Date of Original Filing: _	(Month, Day, Year)				
2. Function or Event information								
Does the agency have a ticket policy?	es⊠ No	Face Value of	f Each Ticket/Pass \$	102.00				
Event Description Nitro Circus - SAP Center			, 11 , 15	1 1				
Provide Title/Explana	ation	Date(s)						
Ticket(s)/Pass(es) provided by agency?	es 🗵 No	☐ If no:	Name of Sou					
Was ticket distribution made at the behest		.		rce				
of agency official?	No⊠ Yes	☐ If yes:	Official's Name (La	est, First)				
Recipients Use Section A to identify the agency's department or units.	it • Use Se	ction B to identify an individu	al Allse Section C to identif	n an outside organization				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t					
San Jose Police Department, Covert Response Unit	24	Recognition and rev Response Unit and	ward for outstanding police work to the Cover I support staff.					
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:				
		Ceremonial Role If checking "Ceremoni	Other Dala Role" or "Other" describe below:	Income				
		If checking "Ceremoni Ceremonial Role	- -					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below:	Income				
	Ticket(s)/	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: Other al Role" or "Other" describe below:	Income 🗔				
	Ticket(s)/	If checking "Ceremoni Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: Other al Role" or "Other" describe below:	Income _				

Agency Report of:

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions

Celemonial Noie Events and Tic	Neur ass	Distributions	A Public Documen
1. Agency Name			Date Stamp California 802
SAN JOSE PULICE	DE	POUTHENT	San Jose Ci Ger Form OUZ
Division, Department, or Region (If Applicable)		For Official Use Only 2015 DEC 22 - A 10: 19
SET MARIO NE	Joi		[201] DEC 27 M St. 17
Designated Agency Contact (Name, Title)		in SEWIE	
BUREW OF FIFT (A	दाग्याके	UNET	
Area Code/Phone Number E-mail	04 450	O POLIS (Amendment (Must provide explanation in Part 3.)
5725 FOR 61F-80N	Santra	SECA, GOV	Date of Original Filing:(Month, Day, Year)
2. Function or Event Information			17.4.4
Does the agency have a ticket policy?	Yes □ No	Face Value o	of Each Ticket/Pass \$
Event Description SAU TOSE SUM Provide Title/Expla	WS GY nation	ALE Date(s)	1,3,15
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: <u>54</u>	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 u	ınit. • Use Se	ction B to identify an individu	ual. ● Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy
SAN JUST POLKE DEAT	24	teward for	or specific outstaiding
DOMINIONAL ZEUNCES CHILL		were Do	OUZUS TO SOLUTION
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:
		1	Other Income Inc
		Ceremonial Role If checking "Ceremoni .	Other Income Inc
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy
4. Verification I have read and understand FPPC Regulations, 18944.1 and	18042 house	arified that the distribution set for	orth above is in accordance with the requirements
			Free My
Signature of Agency Head or Designee	Print Nam		Title (Month, Day, Year)

	gency Report of: eremonial Role Events and Ticl	ket/Pass	s Distributions ^{ធ្ង}	RECEIVED in Jose City Clerk	A Public Document
1.	Agency Name		AATI	Date Stamp	California 802
	Agency Name SAN JOSE POLICE Division, Department, or Region (If Applicable)	DE PAI	2TMENT ZUIS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	For Official Use Only
	BFO - ADM INISTRATI U E Designated Agency Contact (Name, Title)				
	JON HARTMAN - POLIC Area Code/Phone Number E-mail			Amendment (Must prov	
	-277-5322 3315@	5AN 505	ECA. GOU	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	منخ		f Each Ticket/Pass \$	206.
	Does the agency have a ticket policy? Event Description SHAPS US. Provide Title/Expla	Yes 🛛 No LLKS nation			
		Yes □ No	If no: <u>57</u>	ARENA AUT	HORITY
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: For	し, 」のHNSo N Official's Name (Las	t, First)
3.	Recipients • Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	BFO. ADMIN UNIT	24	FOR EXCEUE	NT WORK	
			,		
	Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	:
			Ceremonial Role If checking "Ceremonial	Other Dal Role" or "Other" describe below:	Income 🗌
			Ceremonial Role [Other al Role" or "Olher" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy

Verification			
I have read and understand FPPC Regulations 18944.1 an	nd 18942. I have verified that the	e distribution set forth above, is in accordance with the re	quirements.
LT. Juhnsa To JOHA	USON FONG	POLICE LIEUTENANT	2-10-15
Signalure of Agency Head or Designa	Print Name	Title	(Month, Day, Year)
Comment:			

Ceren	cy Report of: nonial Role Events and Ti	cket/Pass I	Distributions. ₁₀	ECEIVED se City Clerk	A Public Documen		
. Age	ncv Name			Date Stamp	California 802		
,	SAN JOSE POL	10E 5	DEPTZOH MAR	19 AM 10:28			
Divis	ion, Department, or Region (If Applicat	ole)			For Official Use Only		
	METRO DIV.						
Desig	gnated Agency Contact (Name, Title)						
	-SGT. MIKE CAS	2LSON					
Area			6225 10 -	-	provide explanation in Part 3.)		
W)0	S-277-463) E-mail	TEC " SAN	JUSECA, GOV	Date of Original Filing:	(Month, Day, Year)		
. Fun	ction or Event Information						
Does	the agency have a ticket policy?	Yes ☐ No 🛭	ৰু Face Value o	f Each Ticket/Pass \$ ₋	1016.00		
Even	t Description SHARKS GA	ME	Date(s) 3	,18,14			
LVOIT	Provide Title/Ex	cplanation					
Ticke	t(s)/Pass(es) provided by agency?	Yes ☐ No 🖸	If no:	FENA AUT	HENII!		
\ <i>\</i> /aa :	ticket distribution made at the behest		_	,,,,,,,,			
	gency official?	No 🗷 Yes 🗆		Official's Name	(Last, First)		
Pac	ipients						
	Section A to Identify the agency's department of	or unit. • Use Sect	ion B to identify an Individu	ıal. • Use Section C to ide	ntify an outside organization.		
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy		
3	SJPD - METRO	24	AWARD FOR QUALITY WORK				
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
			Ceremonial Role If checking "Ceremon	Other Diel Role" or "Other" describe below:	Income C		
			Ceremonial Role If checking "Ceremon	Other I	Income [
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy		
					Sec. 90.000 100.000		

	ification read and understand FPPC Regulations 18944.1 a	and 18942. I have ver	ified that the distribution set f	orth above, is in accordance w	vith the requirements.		
11440							
	~113 L	MINE CAK	- L80N	SIEKETANT	3-16-14		
	Signature of Agency Head or Designee	Print Name)	Title	(Month, Day, Year)		

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



	ipients Section A to identify the agency's department o	or unit. • Use Section	n 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	Number of Ticket(s)/	Identify one of the following:
	(Last, First)	Pass(es)	Ceremonial Role Other Income Income
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

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If Amendment - Date of Original Filing

California Form

(Month, Day, Year)

A Public Document 200 Man 1 AM Q: 58

I. Agency Na	ıme	San Jose Police Dep	oartment					
Division, Dept. o of Applicable)	r Region	BFO-patrol				Area Code/Phone Number	408-277-4631	
esignated Agen Name, Title)	ncy Contact	Mike Stahl				Email	3526@sanjoseca.gov	
have read one	d understand FPP	C Regulations 18944.1 ai	nd 18942. I have	e verified that the dis	stribution set forth, is in a	ccordance with the re	equirements.	
ignature of Age	ency Head or	Lat in Stell 3526				Print Name Sergeant Mike Stahl		
itle		Police Sergeant				Month, Day, Year	2/26/2014	
. Function o	or Event Inform	ation					•	
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)	
Yes	\$125.00	Sharks Game	2/3/2014	No	City of San Jose	Yes	Lt Millard	

Α.				В.			C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuent to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
BFO-Patrol	24	Employee Appreciation	Mike Stahl	24	Other	Employee			
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Form City of San Jose For Official Use Only 2013 APR 12 PM 2: 20 Division, Department, or Region (If Applicable) Office of the Chief of Police - Intelligence Unit Designated Agency Contact (Name, Title) Paul Woo, Police Sergeant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 3/19/13 Date of Original Filing: _ 408/277-4041 paul.woo@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 143.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ___ Yes⊠ No□ Event Description San Jose Sharks Hockey Game Date(s) ___3__/_14 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source Was ticket distribution made at the behest No ⊠ Yes □ If yes: __ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Office of the Chief of Police - Intel Unit Employee recognition 24 Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🔯 Income | Woo, Paul If checking "Ceremonial Role" or "Other" describe below: 2 Employee Recognition Ceremonial Role Other X Income Campagna, Joe If checking "Ceremonial Role" or "Other" describe below: 2 **Employee Recognition** Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Santa Clara Police Department Outside police agency recognition for assistance on case 3 Santa Clara County Sheriff's Dept Outside police agency recognition for assistance on case 2 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.

Sept. 1997 3-19

Signature of Agency Head or Designee Print Name

3-19-13

Comment: _

Title

(Month, Day, Year)

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



gency Name		
City of San Jose Recipients • Use Section A to identify the agency's department or	unit. ● Use Sec	ction 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	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McCarron, George	1	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Reckas, Kimberlie	2	Ceremonial Role Other I Income I Income I Income E If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Lutticken, Mike	2	Ceremonial Role Other Image Income Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Anderson, Dan	2	Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	·	

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



Number of	tion B to identify an Individual. • Use Section C to identify an outside organization.
Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)	Identify one of the following:
2	Ceremonial Role Other M Income Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
2,	Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
2	Ceremonial Role Other M Income Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	·
	Pass(es) 2 2 Number of Ticket(s)/Pass(es)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Jose Date Stamp California Form Santa Clara County Regional Auto Theft Task Force (RATTF) For Official Use Only Division, Department, or Region (If Applicable) 2013 FEB 28 PM 12: 1 1 San Jose Police Department, San Jose Ca. Designated Agency Contact (Name, Title) Brian Matchett, Sergeant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: $\frac{02/27/13}{}$ 408-421-6770 brian.matchett@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 192.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes⊠ No□ Event Description San Jose Sharks Hockey Game Date(s) _ Provide Title/Explanation If no: City of San Jose Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source If yes: Police Chief Christopher Moore Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Santa Clara County Regional Auto Theft Use of City owned suite at HP Pavilion for RATTF unit, City Police 24 Task Force (RATTF) Department Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other 🔲 Ceremonial Role Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification I ha<u>v</u>e read and under<u>stand</u> FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **Brian Matchett** 2/27/13 Sergeant Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: .