A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 418/\$84 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v Jets Date(s) \_\_10 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If yes: \_ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Recognition event Public Works - City Security 20 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role X Income Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below: 1 Host of recognition event Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Recognition event 3 District 2 Volunteers 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. 11/3/21 Councilmember Sergio Jimenez (month, day, year) Title Print Name Signature of Agency Head or Designee Comment:

Agency Report of:

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEIVED 1. Agency Name JOS Date Stamp California **Form** AN DIC City of San José For Official Use Only SEP 30 PM 1:52 Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 105 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Los Angeles Azules Date(s) 9 / 10 / Provide Title/Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ 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 D2 Council office recognition event 6 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other  $\square$ Income | If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes** recognition event 10 Roundtable Neighborhood Association 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Jimenez Councilmember 9/29/21 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp E San Jose City Cle City of San José For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 20 P 4: 50 Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$117}{} Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks v Maple Leafs Date(s) 3 3 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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** Other 🔲 Income \_\_\_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other  $\square$ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 8 recognition event Open Space Authority 4. Verification

I have read and understand FPPC Regulations 1	18944.1 and 18942. I	I have verified that the	distribution set to	ortn above, is	in accordance
with the requirements.					

5/1	Sergio Jimenez	Councilmember	2/20/20
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name Form an Jose City Clerk City of San José For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 20 Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . District2@sanjoseca.gov (408) 535-4902 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$69}{} Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice 2 / 23 / Date(s) \_ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes participant host District 2 Office 2 Number Identify one of the following: B. Name of Individual of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income \_ Other | Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes recognition event Christopher Elementary Home and School 18 Club 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. 2/20/20 Sergio Jimenez Councilmember (month, day, year) Signature of Agency Head or Designee Print Name

# Agency Report of:

5	
Ceremonial Role Events and Ticket/Pass Distributions	A Public Document

1.	Agency Name				San	Date Stamp	California Q02
	City of San José				O 11 (1)	Jose City Clark	Form OUZ
	Division, Department, or Reg	ion (if applicable,	)		20104	100 1 801 6 17	For Official Use Only
	Council District 2				6013 N	OV -4 PM 3: 17	
	Designated Agency Contact (	(Name, Title)				76	
	Kimberly Hernandez					Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	(408) 535-4902	District2@sa	anjoseca	.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick		Yes 🕅	No □ F	ace Value of	Each Ticket/Pass \$ 117	7
			103 🔼				
	Event Description: Sharks v	Provide Ti	tle/ Explana	[ tion	Date(s)	<u>, 2 , 19</u> -	
	Ticket(s)/Pass(es) provided			No⊠ I	f no: <u>San José</u>	Arena Authority	
		5 55 55				Name of Source	
	Was ticket distribution made	at the behest	Yes 🗌	No⊠ I	f yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department o	runit. • Us	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa			Number of Ticket(s)/		e public purpose made pursi	
				Passes			
	:						
							•
				Number			
	B. Name of Indi			of Ticket(s)/		Identify one of the fo	lowing:
	(Luot, 1 III	uly		Passes	0	nonial Role Other	Income
						king "Ceremonial Role" or "Other" desc	
					Cerem	nonial Role Other	Income
					NORTH NAME OF THE PARTY OF THE	king "Ceremonial Role" or "Other" desc	
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	D2 Neighborhood Leaders	Committee	MATERIAL STATE OF STA		recognition e	event	
	D2 Holginsolliood Loddoro	Committee		8	3		
4.	Verification						
	I have read and understand FF	PPC Regulations	s 18944.1	and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	with the requirements.						
	2		Sergio	Jimenez		Councilmember	11-4-19
	Signature of Agency Head of Design	nee	Prin	t Name		Title	(month, day, year)
	Comment:						

Agency Name	nts and Ticket/P			Date Stamp	Public Document  California
City of San José				San Jose City	Form 802
Division, Department, or Reg	gion (if applicable)			7	For Official Use Only
Council District 2	The strength of the Section of the S		=	2019 NOV -4 PM	3: 17
Designated Agency Contact	(Name.Title)			4	9-17
Kimberly Hernandez	(1.12.11.2)			-(0	
Area Code/Phone Number	E-mail			☐ Amendment (Must Pi	ovide Explanation in Part 3.)
(408) 535-4902	District2@sanjosed	a.gov		Date of Original Filing: .	(month, day, year)
Function or Event Info	rmation				
Does the agency have a tic	cket policy? Yes [	⊠ No □ Fa	ace Value of E	Each Ticket/Pass \$	7
Event Description: Sharks	v Jets	Da		1 / 19	
	Provide Title/ Explai		San Iosá	Arena Authority	
Ticket(s)/Pass(es) provided	a by agency? Yes l	□ No⊠ If	no: <u>can sose</u>	Name of Source	t
Was ticket distribution mad	le at the hehest Voc.	¬ No⊠ If	yes:		
of agency official?	le at the beneat Test			Official's Name (Last, First)	
or against similar					
Recipients • Use Section A to identify the age	ency's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
		Passes			
		Passes Number			
B. Name of Ind				Identify one of the f	ollowing:
		Number of Ticket(s)/		Identify one of the formula Role  Other cing "Ceremonial Role" or "Other" de:	Income
		Number of Ticket(s)/	If check	onial Role Other	Income C
	Organization	Number of Ticket(s)/	If check Cerem If check	onial Role  Other  or "Other" des	Income C
(Last, F	Organization nd description)	Number of Ticket(s)/ Passes  Number of Ticket(s)/	If check Cerem If check	onial Role Other on "Other" design "Ceremonial Role Other" design "Ceremonial Role" or "Other" design "Ceremonial Role" or "Ceremonial Rol	Income Cocribe below:
C. Name of Outside	Organization nd description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check	onial Role Other on "Other" design "Ceremonial Role Other" design "Ceremonial Role" or "Other" design "Ceremonial Role" or "Ceremonial Rol	Income Cocribe below:
C. Name of Outside (include address ar Magic Sands Mobile Hom	Organization nd description) ne Residents	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check  Describe the recognition 6	onial Role Other on "Other" design "Ceremonial Role Other onial Role Other onial Role onial Role onial Role on "Other" design "Ceremonial Role" or "Ceremonial	Income Corribe below:  Income Corribe below:  Income Corribe below:
C. Name of Outside (include address ar	Organization nd description) ne Residents	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check  Describe the recognition 6	onial Role Other on "Other" design "Ceremonial Role Other onial Role Other onial Role onial Role onial Role on "Other" design "Ceremonial Role" or "Ceremonial	Income Coribe below:  Income Coribe below:  Income Coribe below:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of San José OUC CF For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 249.50 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Mana Date(s) \_\_9 / 28 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ 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 District 2 Council Office Host of recognition event 6 PRNS Project Hope Program City staff recognition for role in neighborhood association 2 formation Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other  $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition event Project Hope/ Roundtable Neighborhood 8 Association

Sergio Jimenez

Sergio Jimenez

Councilmember

9/23/19
Title

Comment:

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

4. Verification

1. Agency Name City of San José Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Area Code/Phone Number (408) 535-4902 District2@sanjoseca.gov  2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 252 Event Description: Sharks v Blues Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: San José Arena Authority Was ticket distribution made at the behest Yes No If yes: of agency official?  3. Recipients  *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit of Ticket(s)/Passes  B. Name of Individual (Last, First)    Name of Individual (Last, First)		gency Report of: eremonial Role Even	ts and Ticket/P	Pass Distr	ibutions	RECEIVE <b>A P</b> L	ıblic Document
Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, 7786) Kimberly Hernandez Area Code/Phone Number (408) 535-4902 District 2@sanjoseca.gov Date of Original Filing:	_					Date Stamp II V	California O O O
Division, Department, or Region (if applicable)   Council District 2   District 4 Speed Contact (Name, Title)		- ·					Form OUZ
Designated Agency Contact (Name, Title)		•	ion (if applicable)			2019 MAY 10 PM 45	For Official Use Only
Designated Agency Contact (Name, Title)   Kimberly Hernandez   Area Code/Phore Number (408) 535-4902   District2@sanjoseca.gov   Date of Original Fillings: (month, day, year)		Council District 2					,
Amendment (Most Provide Explanation in Part 3.)   Date of Original Filling:			(Name, Title)	<del> </del>		-	
Area Code(Phone Number (408) 535-4902			,				
Date of Original Filling:			E-mail			Amendment (Must Provide	e Explanation in Part 3.)
Does the agency have a ticket policy? Yes No Date (s) 5 13 19				ca.gov		Date of Original Filing:	month, day, year)
Event Description: Sharks v Blues  Provide Titler Explanation Ticket(s)/Pass(es) provided by agency? Yes   No   If no: San José Arena Authority  Name of Source  Was ticket distribution made at the behest Yes   No   If no: San José Arena Authority  Name of Source  Was ticket distribution made at the behest Yes   No   If no: San José Arena Authority  Name of Source  Was ticket distribution made at the behest Yes   No   If no: San José Arena Authority  Name of Source  If yes:	2.	Function or Event Infor	mation			0.50	
Ticket(s)/Pass(es) provided by agency?   Yes   No   If no: San José Arena Authority   Name of Source		Does the agency have a tick	ket policy? Yes [	⊠ No 🗆 🛚	ace Value of	Each Ticket/Pass \$ 252	
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San José Arena Authority  Was ticket distribution made at the behest Yes  No  If yes: Official's Name of Source  If yes: Official's Name (Lest, First)  3. Recipients  *Use Section It to identify the agency's department or unit. *Use Section It to identify an individual. *Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit  Office  Passes  District 2 Council Office		Event Description: Sharks v	Blues	notion [	Date(s)5	<u>, 13 , 19</u>	
Mast ticket distribution made at the behest 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		Ticket(s)/Pass(es) provided	•		f no: <u>San Jos</u>		
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.  A. Name of Agency, Department or Unit  District 2 Council Office  1 Host of recognition event  B. Name of Individual  (Last, First)    Number of Ticket(s)     Passes     Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial Role   Other   Income if cheesing *Ceremonial Role* or *Other* describe below:    Ceremonial				ſ	£		
**Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  District 2 Council Office  1 Host of recognition event    Number of Ticket(s) Passes			e at the behest Yes [	□ No⊠ '	i yes:	Official's Name (Last, First)	
A. Name of Agency, Department or Unit   Passes   Describe the public purpose made pursuant to the agency's policy   Passes   Host of recognition event    B. Name of Individual (Last, First)   Identify one of the following:	3.		cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify an	outside organization.
B. Name of Individual (Last, First)    Number of Ticket(s)   Passes		A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe th	e public purpose made pursuant	t to the agency's policy
B. Name of Individual (Last, First)    Of Ticket(s)   Passes		District 2 Council Office		1	Host of reco	gnition event	
C. Name of Outside Organization (include address and description)  Santa Clara County Public Defenders Office - Investigators unit  Number of Ticket(s)/ Passes  Fecognition  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Sergio Jimenez  Sergio Jimenez  Ceremonial Role Other Income		<b>₩</b> :		of Ticket(s)/		Identify one of the follow	ing:
C. Name of Outside Organization (include address and description)  Santa Clara County Public Defenders Office - Investigators unit  Number of Ticket(s)/ Passes  Passes  recognition  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Sergio Jimenez  Sergio Jimenez  Councilmember  Title  (month, day, year)							Income Delow:
C. Name of Outside Organization (include address and description)  Santa Clara County Public Defenders Office - Investigators unit  Nerification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Sergio Jimenez  Sergio Jimenez  Councilmember  5/10/19  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)					I .		Income I
Investigators unit  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Sergio Jimenez  Councilmember  5/10/19  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)				of Ticket(s)/	Describe th	e public purpose made pursuant	to the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Sergio Jimenez  Councilmember  5/10/19  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)			Defenders Office -	7	recognition		
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Sergio Jimenez  Councilmember  5/10/19  Signature of Agency Head or Designee  Print Name  Title  (month, day, year)	-						
Sergio Jimenez Councilmember 5/10/19 Signature of Agency Head or Pesignee Print Name Title (month, day, year)		I have read and understand FPF	PC Regulations 18944.	1 and 18942. i	have verified t	hat the distribution set forth a	bove, is in accordance
Signature of Agency Head or Designee Print Name Title (month, day, year)		with the requirements.	Seraio	o Jimenez		Councilmember	5/10/19

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dist	ributions	RECEIVED	A Puk	olic Document					
	Agency Name			- 54h .	USO CDate Stamp		116					
	City of San José			2010	2		Form 802					
	Division, Department, or Reg	ion (if applicable)		<del>WIYFE</del>	8 -8 PM 2. 1		For Official Use Only					
	Council District 2				0. 18	)						
	Designated Agency Contact	(Name,Title)			†							
	Kimberly Hernandez											
	Area Code/Phone Number	E-mail			Amendment (1	/lust Provide E	xplanation in Part 3.)					
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Fi	ling:	nth, day, year)					
2.	Function or Event Information											
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass	\$ -79						
	Event Description: Gabriel	'Fluffy" Iglesias  Provide Title/ Expla		Date(s)2	<u>/ 17 / 19</u>							
					Arena Authority  Name of Source							
	Was ticket distribution made	at the behest Vesi		If yes:								
	of agency official?	163	_ 100 🖾	•	Official's Name (Last,	=irst)						
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to	identify an o	utside organization.					
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose mad	∍ pursuant to	the agency's policy					
	District 2 Council Office		2	Host of reco	gnition event							
	San Jose Police Departme	n Jose Police Department			ice Department		San Jose Police Department		recognition		72	
	B. Name of India (Last, First		Number of Ticket(s)/ Passes		Identify one of	the following	<b>):</b>					
				1	onial Role  Oth ing "Ceremonial Role" or "Oth	er   er" describe belo	Income Income					
			,		onial Role  Oth	er   describe belo	Income					
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			the agency's policy					
	Puerto Rican Civic Club		10	recognition								
4.	Verification					-						
	I have read and understand FPI with the requirements/	PC Regulations 18944.	1 and 18942.	l have verified tl	hat the distribution s	et forth abo	ove, is in accordance					
	5//_	Sergio	Jimenez		Councilmember	,	2/8/19					
•	Signature of Agency Head or Designe	Pri	nt Name		Title		(month, day, year)					
	Comment:					·						

Ceremonial Role Events and Ticket/Pass Distributions ECEIVER **A Public Document** 1. Agency Name California City Date Stamp Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 115 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Sharks vs. Penguins Date(s) \_\_1 \_\_/\_\_15\_\_/ Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes District 2 Council Office Host of recognition event 1 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes South Bay Tenants Union recognition 7 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Jimenez Councilmember 1/15/19 Print Name Title (month, day, year) Signature of Agency Head or Designee

**Agency Report of:** 

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	RECEIVED A PI	ublic Document
	Agency Name				<u> -, , , , , , , , , , , , , , , , , , ,</u>	
	City of San José				OTCA	California 802
	Division, Department, or Reg	ion (if applicable)		2	1018 OCT 15 PM 2: 41	For Official Use Only
	Council District 2	, , ,				
	Designated Agency Contact	(Name, Title)	· · · · · · · · · · · · · · · · · · ·		-	
	Kimberly Hernandez	( ,				
	Area Code/Phone Number	IE-mail			Amendment (Must Provid	le Explanation in Part 3.)
	(408) 535-4902	District2@sanjose	ca.gov		Date of Original Filing:	(month, day, year)
<del>2</del> .	Function or Event Infor	mation			10.00	1 4 TO 0 C 1000
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 16@	\$179, 8@\$229
	Event Description: Marco A	ntonio Solis concert  Provide Title/ Expla			<u>1318</u>	
					Á Arena Authority  Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [	□ No⊠ <sup>f</sup>	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify a:	n outside organization.
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	it to the agency's policy
	District 2 Office		2	Host of reco	gnition event	
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the follow	ving:	
	Jorge Garcia Celina Carrasco		2 2	If check	nonial Role  Other    dring "Ceremonial Role" or "Other" describe  staff - recognition	Income D
					nonial Role Other describe	Income Delow:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
	Havens Neighborhood Ass	ociation	16	recognition		
	Project Hope		2	recognition		
  .	Verification		<del></del>	<u> </u>		
		have read and understand FPPC Regulations 18944.			hat the distribution set forth a	above, is in accordance
		Seraio	o Jimenez		Councilmember	10/15/18
	Signature of Agency Head of Designe		int Name		Title	(month, day, year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California San Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 73.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Old School Funk Fest concert Date(s) 9 / 15 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition Shop With A Cop Foundation 8 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. 9/6/18 Councilmember Sergio Jimenez Print Name (month, day, year)

Agency Report of:

C	eremonial Role Even	its and Ticket/F	Pass Distr	ributions	RECEIVED A P	Public Document
1.	Agency Name				San Joses CTP, Cler	California 802
	City of San José				010	Form OUZ
	Division, Department, or Reg	ion (if applicable)		2	018 SEP -6 PM 3: 1	For Official Use Only
	Council District 2				0 LM 2:	
	Designated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·	1	
	Kimberly Hernandez				Amendment (Must Pre)	ido Evplanation in Bort 2 \
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)	
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ I	Face Value of	Each Ticket/Pass \$ 149	
	Event Description: Camila S	Sin Banderas concer	<u>!</u>			
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: San Jos				é Arena Authority  Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [	□ No⊠ <sup>I</sup>	If yes:	Official's Name (Last, First)	
<del></del>	Recipients					į
J.	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy		
	District 2 Office		2	Host of reco	gnition event	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the follo	wing:
					nonial Role Other Other Other Ceremonial Role or "Other" describ	Income Income
					nonial Role Other describ	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p		
	Serenade Neighborhood Association		22	recognition		
	Verification I have read and understand FPI	PC Regulations 18944.	1 and 18942.	l have verified ti	hat the distribution set forth	above, is in accordance
	with the requirements	Corain	limenez		Councilmember	9/6/18
	Signature of Agericy, Head or Designe		o Jimenez nt Name		Title	(month, day, year)

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVEL A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Da-Bangg concert 30 Date(s) \_ Provide Title/Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other  $\square$ Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes recognition - Indian Flag Raising partners Federation of Indo-Americans of Northern 24 California 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Jimenez Councilmember 6/6/18 Signature of Agency Head of Designee Print Name (month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 369 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Andrea Bocelli Date(s) 6 / 15 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role X Other  $\square$ 1 Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below: Patty Jimenez (wife) 1 Host of recognition event Ceremonial Role Other Income [ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes recognition Los Paseos Neighborhood Association 14 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. Councilmember 6/7/18 Sergio Jimenez Print Name Title (month, day, year)

Agency Report of:

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	procivate A	Public Document
	Agency Name			San		California OOO
	City of San José		•		DICH	Form OU2
	Division, Department, or Reg	ion (if applicable)	*** · · · · · · · · · · · · · · · · · ·	2019	PR IN PM 2:38	For Official Use Only
	Council District 2			LUIUR	11110 117 = 00	
	Designated Agency Contact	Name, Title)				'
	Kimberly Hernandez					
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	(408) 535-4902	district2@sanjosed	a.gov		Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor	mation				20
	Does the agency have a tick	cet policy? Yes [	⊠ No 🗆 📑	ace Value of l	Each Ticket/Pass \$ <u>16</u>	<del></del>
	Event Description: Gloria Tr	evi Vs. Alejandra Gu Provide Title/ Expla	ızman I	Date(s) <u>4</u>		
	Ticket(s)/Pass(es) provided	•		f no: <u>Arena A</u> ı	uthority Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [	□ No⊠ <sup> </sup>	f yes:	Official's Name (Last, First)	11-11-11-11-11-11-11-11-11-11-11-11-11-
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made purs	
	Council District 2		4	Host particip	ants	
	B. Name of India	그 아니다. 하는 마음이 얼마나 하나 아니는 것이 모양하는 것이 없다.	Number of Ticket(s)/		Identify one of the fo	illowing:
	(Last, Firs	<u>U</u>	Passes	Ceremo	onial Role  Other	Income [
				If checki	ng "Ceremonial Role" or "Other" desc	cribe below:
				1	onial Role  Other  on "Other  on "Other" descriptions of "Other" descriptions on "Other "Other" descriptions on "Other "Other" descriptions on "Other "Other" descriptions on "Other "Other" descripti	Income C
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	Walnut Mobile Home Resid	ents Group	16	Recognition		
	District 2 Volunteers		4	Recognition		
	Verification			I		
	I have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942. i	I have verified th	nat the distribution set for	th above, is in accordance
(.	Ser/n/		Jimenez		Councilmember	
•	Signature of Agéncy Head or Designe  Comment:	e Pri	nt Name		Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 170 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Stars 18 Date(s) \_ Provide Title/ Explanation If no: San José Arena Authority 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 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: 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 of Ticket(s)/ (include address and description) Passes South Bay Labor Council recognition event 8 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Jimenez Councilmember 3/2/18 Print Name (month, day, year)

Agency Report of:

	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Dist	ributions	norghill A	Public Document
	Agency Name				Jose Date Stamper K.  MAR - 6 AM 11: 26	California OOO
	City of San José			Sar	1000	Form 802
	Division, Department, or Reg	gion (if applicable)			0 C BM 11: 26	For Official Use Only
	Council District 2			2018	NUK-D HILL -	(6
	Designated Agency Contact	(Name, Title)			1	
	Kimberly Hernandez					
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	(408) 535-4902	District2@sanjosed	ca.gov		Date of Original Filing: -	(month, day, year)
2.	Function or Event Information					
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 17	<sup>'0</sup>
	Event Description: Sharks	vs. Canucks		Date(s) 2		T = T
	Event Description.	Provide Title/ Expla	nation	The second secon		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵	If no: San José	Arena Authority	
				lf	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [	□ No⊠	If yes:	Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit.	Use Section B to	o identify an individ	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Dep.	eader to drive de religioù	Number of Ticket(s)/ Passes	TELEVISION PROPERTY	e public purpose made purs	LEVEL BOOK THE THE THE THE THE
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
		÷		1990 190700	onial Role Other Other descripting "Ceremonial Role" or "Other" descriptions	
	39			(3) S 3	onial Role Other ing "Ceremonial Role" or "Other" desc	Income Cribe below:
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Hayes Neighborhood Asso	ociation	8	recognition e	vent	9 5
	Verification			<i>P</i>	50 NASCO 40 MARKS SUM 2009	10 15 1040 AV
	I have read and understand FP with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified th	nat the distribution set for	rth above, is in accordance
	Oe/1 (		o Jimenez	<u> </u>	Councilmember	3/2/18
	Signature of Agency Head or Design	Pr.	int Name	5	Title	(month, day, year)

	gency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ibutions	perfiven Al	Public Document
	Agency Name City of San José			Sar	NET FIRE	California 802
	Division, Department, or Reg	ion (if applicable)		2017	SEP 18 PM 2:52	For Official Use Only
	Council District 2  Designated Agency Contact	(Name Title)				
	Kimberly Hernandez	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	4085354902	district2@sanjosec	a.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [	⊠ No 🗆 🗆	Face Value of I	Each Ticket/Pass \$ _ <del></del>	50
	Event Description: Pepe Ag	uilar concert  Provide Title/ Expla		Date(s)9	, 9 , 17	
	Ticket(s)/Pass(es) provided	•		lf no: <u>San Jose</u>	Arena Authority	
	,, , , ,			If yes: <u>Jimenez</u>	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [	ĭ No□ ¹	r yes: difficilez	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy'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		Number of Ticket(s)/ Passes		e public purpose made pursu	
	Councilmember Sergio Jimenez, Council Vanessa Sandoval, Chief of Staff, Distric Maribel Villarreal, Council Policy and Leg	t 2 office	1 1 1	Host of recognition of Host of recognition of Host of recognition of Host of recognition of Host of Host of Recognition of	event	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				1	onial Role Other Other Office or "Other" descrip	Income Libe below:
	,			1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p		
	Edenvale Great Oaks Plan Impler Great Oaks Neighborhood Associ		10 3	Recognition eve Recognition eve		
	Verification I have read and understand FPI	PC Regulations 18044	1 and 180/12	I have verified #	nat the distribution set fort	h above is in accordance
	with the requirements.	-		i navo vermeu u.		9/10/10
•	Signature of Agency Head of Designe		o Jimenez int Name		Councilmember Title	(month, day, year)
	Comment:					

8) 535-4902  nction or Event Informers the agency have a tickent Description:  Marvel Undert(s)/Pass(es) provided the sticket distribution made agency official?	on (if applicable)  Name, Title)  E-mail  District2@sanjosed  mation  et policy? Yes [  niverse Live!  Provide Title/ Explain  by agency? Yes [	ca.gov ⊠ No	Face Value of Date(s)8	144 3 24 1 2 Eq. (1)	(month, day, year)	
of San José sion, Department, or Regi- uncil Districy 2 ignated Agency Contact (I berly Hernandez a Code/Phone Number 8) 535-4902 action or Event Inform as the agency have a tick at Description: Marvel United (S)/Pass(es) provided to a ticket distribution made agency official?	Name, Title)  E-mail  District2@sanjosed  mation  et policy? Yes [  niverse Live!  Provide Title/ Explain  by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Face Value of Date(s) <u>8</u> f no: <u>San J</u> osé	AUG 22 PM 1: 40  Compared to the provided part of Original Filing:  Each Ticket/Pass \$ \$115  19 17  Arena Authority	Form For OUZ For Official Use Only  de Explanation in Part 3.)  (month, day, year)	
ignated Agency Contact (Index Index	Name, Title)  E-mail  District2@sanjosed  mation  et policy? Yes [  niverse Live!  Provide Title/ Explain  by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Face Value of Date(s) <u>8</u> f no: <u>San J</u> osé	Amendment (Must Provided Date of Original Filing:  Each Ticket/Pass \$ \$115  19 17  Arena Authority	de Explanation in Part 3.) (month, day, year)	
ignated Agency Contact (Inberly Hernandez a Code/Phone Number 8) 535-4902 anction or Event Informates the agency have a tick ant Description:  Marvel United (S)/Pass(es) provided the sticket distribution made agency official?	E-mail  District2@sanjosed  mation  et policy? Yes [  niverse Live!  Provide Title/ Explain  by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Face Value of Date(s) <u>8</u> f no: <u>San J</u> osé	Amendment (Must Provided Date of Original Filing:  Each Ticket/Pass \$ \$115  19 17  Arena Authority	(month, day, year)	
a Code/Phone Number 8) 535-4902  nction or Event Inform es the agency have a tick nt Description: Marvel United (s)/Pass(es) provided to sticket distribution made agency official?	E-mail  District2@sanjosed  mation  et policy? Yes [  niverse Live!  Provide Title/ Explain  by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Date of Original Filing:  Each Ticket/Pass \$ \$115  19	(month, day, year)	
a Code/Phone Number 8) 535-4902  nction or Event Inform es the agency have a tick nt Description: Marvel United (s)/Pass(es) provided to sticket distribution made agency official?	District2@sanjosed  mation et policy? Yes [ niverse Live!  Provide Title/ Expla. by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Date of Original Filing:  Each Ticket/Pass \$ \$115  19	(month, day, year)	
8) 535-4902  nction or Event Informers the agency have a tickent Description:  Marvel United (s)/Pass(es) provided the sticket distribution made agency official?	District2@sanjosed  mation et policy? Yes [ niverse Live!  Provide Title/ Expla. by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Date of Original Filing:  Each Ticket/Pass \$ \$115  19	(month, day, year)	
nction or Event Inform s the agency have a tick nt Description: Marvel Ut set(s)/Pass(es) provided to s ticket distribution made agency official?	mation et policy? Yes [ niverse Live!  Provide Title/ Expla. by agency? Yes [	⊠ No ☐ F C nation ☐ No ⊠ It	Date(s) <u>8</u> f no: <u>San José</u>	Each Ticket/Pass \$ \$115 19 1 17		
es the agency have a tick nt Description: Marvel Ulate (s)/Pass(es) provided to ticket distribution made agency official?	et policy? Yes [ niverse Live!  Provide Title/ Expla. by agency? Yes [	nation ☐ No ☑ ☐	Date(s) <u>8</u> f no: <u>San José</u>	/ <u>19</u> / 17 é Arena Authority	and \$50	
nt Description: Marvel Untertext (s)/Pass(es) provided to ticket distribution made agency official?	niverse Live!  Provide Title/ Explain  by agency? Yes [	nation ☐ No ☑ ☐	Date(s) <u>8</u> f no: <u>San José</u>	/ <u>19</u> / 17 é Arena Authority		
et(s)/Pass(es) provided be ticket distribution made agency official?	Provide Title/ Explain by agency? Yes [	nation □ No ⊠ I	f no: <u>San José</u>	é Arena Authority		
s ticket distribution made agency official?	by agency? Yes [	□ No⊠ II				
agency official?	at the behest Yes [	□ No⊠ <sup>li</sup>	f yes:	Name of Source		
agency official?	at the behest Yes [		r yes:			
ecipients				Official's Name (Last, First)		
se Section A to identify the agenc	ey's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to identify a	ın outside organization.	
Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuar	nt to the agency's policy	
					-	
		Number of Ticket(s)/ Passes		Identify one of the follow	wing:	
	i		i		Income	
					Income	
		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuan	nt to the agency's policy	
Somos Mayfair			recognition event			
fication						
	PC Regulations 18944.	1 and 18942. I	l have verified th	hat the distribution set forth a	above, is in accordance	
Seran !-		Jimenez		Councilmember	8/19/17	
	Name of Agency, Departments of Indiversity of Indiv	Name of Individual (Last, First)  Name of Outside Organization (include address and description)  mos Mayfair  ification the read and understand FPPC Regulations 18944. the requirements.  Sergic	Name of Outside Organization (include address and description)  Name of Mayfair  Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  24	Respection A to identify the agency's department or unit. Use Section B to identify an individual Number of Ticket(s)/ Passes  Name of Agency, Department or Unit  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Cerem // Check  Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Cerem // Check  Number of Ticket(s)/ Passes  Cerem // Check  Number of Ticket(s)/ Passes  Tecognition enderstand FPPC Regulations 18944.1 and 18942. I have verified to the requirements.  Sergio Jimenez	Name of Individual (Last, First)  Name of Outside Organization (include address and description)  Name of Outside Organization (include address and description)  Name of Mayfair  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Ceremonial Role Other If checking "Ceremonial Role" or "Other" described if checking "Ceremonial Role" or "Other" described if checking "Ceremonial Role" or "Other" described in the checking "Ceremonial Role" or	

C	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	KECEIVED A Pu	blic Document
1.	Agency Name				Date Stamp Ull (	California 802
	City of San José					
	Division, Department, or Reg	ion (if applicable)	······································	- 2	117 JUL 20 AM 11: 25	For Official Use Only
	Council Districy 2				DTCIN	
	Designated Agency Contact	(Name, Title)				
	Kimberly Hernandez					
	Area Code/Phone Number	E-mail	<del></del>		Amendment (Must Provide	
	(408) 535-4902	District2@sanjose	ca dov		Date of Original Filing:	and the state of t
_					<u>(m</u>	nonin, day, year)
2.	Function or Event Infor				E (25)	
	Does the agency have a tick				Each Ticket/Pass \$ 219	
	Event Description: G-Drago	n concert		Date(s)		
	Ticket(s)/Pass(es) provided	Provide Title/Expla		ır no. San José	é Arena Authority	
	ricket(s)/rass(es) provided	by agency: Yes	□ No 🖾	11 110.	Name of Source	
	Was ticket distribution made	at the behest Yes		If yes:	Official's Name (Last, First)	
	of agency official?				Official's Ivame (Last, First)	
	Desiriosta					
3.	Recipients • Use Section A to identify the agen	cv's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify an	outside organization.
		oy o department of unit	Number			
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy
			1 43363			
	B. Name of Indiv	/idual	Number		Identify one of the followi	nai
	(Last, Firs		of Ticket(s)/ Passes		identity one of the following	ng.
				Cerem	nonial Role Other	Income
				If check	ring "Ceremonial Role" or "Other" describe be	elow:
				J.	onial Role Other	Income
				If check	ing "Ceremoníal Role" or "Other" describe be	elow:
						<u> </u>
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made pursuant	to the agency's policy
	5 13 VB - 149 C 11 C 149	States of States	Passes	•••		
	Asian Americans for Comm	unity involvement	10	recognition e	vent	
	A = 1 A		recognition e	wont		
	Asian Law Alliance		6	Tecognition e	VOIII	
l.	Verification		<u> </u>			
	I have read and understand FPF	PC Regulations 18944.	.1 and 18942.	I have verified th	hat the distribution set forth at	oove, is in accordance
	with the requirements.	<u> </u>				,
	Sergio Jimer				Councilmember	7/19/2017
1	Signature of Agency Head or Yesignee Print Name				Title	(month, day, year)
	Commont:					
	Comment:					

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document San, Jose Cibaté stamp 1. Agency Name California **Form** City of San José For Official Use Only Division, Department, or Region (if applicable) Council Districy 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (408) 535-4902 District2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Predators Date(s) 3 / 11 / Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role X Other 🗌 Income Sergio Jimenez If checking "Ceremonial Role" or "Other" describe below: 1 Host of recognition event 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 of Ticket(s)/ (include address and description) Passes recognition event Hellyer/ Christopher Neighborhood 7 Association

### 4. Verification

1	have read	d and unders	stand FPPC	Regulations	18944.1 an	d 18942.	l have	verified that	the di	stribution s	et forth i	above, i	is in acc	ordance
Ŋ	vith the re	quirements/.												

Dera /	Sergio Jimenez	Councilmember	3/8/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dist	ributions	ocornes Al	Public Document	
_	Agency Name			Sa	12 (m) 3m (V) (m)	California Q02	
	City of San José			~ -	De Do	Form OU4	
	Division, Department, or Reg	ion (if applicable)		2017	MAR -9 AMII: 13	For Official Use Only	
	Council Districy 2			201:1	HIAN 2 KILLI ES		
	Designated Agency Contact	(Name, Title)					
	Kimberly Hernandez				Amandment (Must Bro	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Mast Pro	vide Explanation in Fant 3.)	
	(408) 535-4902	District2@sanjose	ca.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			1.40		
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 149	)	
	Event Description: Sharks v	rs. Capitals  Provide Title/Expla	nation	Date(s)3	9 / 17		
	Ticket(s)/Pass(es) provided		lf no: <u>San José</u>	Arena Authority  Name of Source			
	Was ticket distribution made	e at the behest Yes	□No⊠	If yes:	Official's Name (Last, First)		
	of agency official?						
3.	• Use Section A to identify the agen  A. Name of Agency, Depart		Use Section B to  Number  of Ticket(s)/ Passes		ual. • Use Section C to identify		
	B. Name of Indi	vidual	Number		Identify one of the foll	owled	
	(Last, Firs		of Ticket(s)/ Passes				
	Sergio Jimenez				onial Role Other ing "Ceremonial Role" or "Other" descri	Income ibe below:	
				1	onial Role  Other  on "Other" descri	Income De below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's policy		
	Oak Grove Neighborhood	Association	6	recognition e	vent		
	Verification						
	Verification I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified th	nat the distribution set forti	h above, is in accordance	
•	Pergial T		o Jimenez		Councilmember	3/8/17	
tonesterio	Signature of Agency Head & Designe	ee Pr	int Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document 1. Agency Name JOS Date Stamp 011 California City of San José For Official Use Only MOV 30 PM 3: 43 Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 222 and 86 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Sharks vs. Canadiens Date(s) \_\_12\_\_/ Provide Title/Explanation If no: Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other  $\square$ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 8 Recognition event SCC Office of Women's Policy Recognition event 6 Working Partnerships 4 Recognition event Canadian Consulate 6 Recognition event Hayes Neighborhood Association 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. Ash Kalra Councilmember 11/30/16 Print Name (month, day, year) Signature of Agency Head or Designee

Comment: \_\_

Ceremonial Role Events and Ticket/Pass Distributions A Public Document an Jopate Stamp 1. Agency Name California City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Devils Date(s) \_\_11 21 Provide Title/ Explanation If no: San José Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** San José Fire Department Recognition event 7 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 Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ash Kalra Councilmember 11/21/16 Print Name (month, day, year) Signature of Agency Head or Designee

**Agency Report of:** 

Comment: \_

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	RECEIVED	ΑP	ublic Document	
	Agency Name			12 ( ) 12 ( )	Date Stamp		California OOO	
	City of San José			0014	ಪ್ನು ಪ್ರೂ ರಾಜ್ಯ		Form OUZ	
	Division, Department, or Reg	ion (if applicable)		<del></del>	OCT-4 PM 3	3: 18	For Official Use Only	
	District 2 Council Office							
	Designated Agency Contact	(Name, Title)						
	Kimberly Hernandez				Amondment (	Must Provi	de Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (	viasi i iovi	de Explanation in Fait 3.)	
	(408) 535-4902	district2@sanjosed	ca.gov		Date of Original Fi	ling:	(month, day, year)	
2.	Function or Event Infor	mation				190		
	Does the agency have a tick	cet policy? Yes	⊠ No 🗆 🗆	Face Value of	Each Ticket/Pass \$ 189			
	Event Description: Marco S	olis concert  Provide Title/ Expla	unofice	Date(s) <u>10</u>	<u>, 1 , 16</u>			
	Ticket(s)/Pass(es) provided			f no: <u>San José</u>	Arena Authority			
	187 C. L. C. P. L. P. C			fyee	Name of Source			
	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠ ¹	f yes:	Official's Name (Last,	First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to	identify a	an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursua	nt to the agency's policy	
	B. Name of Indi (Last, Firs	Number of Ticket(s)/ Passes		Identify one of	wing:			
					onial Role Oth ing "Ceremonial Role" or "Oth	ner   ner" describe	Income [	
				f	Ceremonial Role Other In the Community of the Community o			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuar	nt to the agency's policy	
	Edenvale Great Oaks Impleme	ntation Plan Coalition	9	recognition e	vent			
	·Sacred Heart Community Se	ervices	- 8 -	recognition e	vent			
	Services, Immigrant Rights & Ed	ducation Network	7	recognition event				
١.	Verification							
	I have read and understand FPI with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified th	nat the distribution s	et forth	above, is in accordance	
	de 1c	As	h Kalra		Councilmember		9/30/16	
	Signature of Agency Head or Designe		int Name		Title		(month, day, year)	
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name San Jose City Gle **Form** City of San José For Official Use Only SH OTC Division, Department, or Region (if applicable) 2016 JUN 10 PM 2: Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 368 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Andrea Bocelli Date(s) 06 / 03 / Provide Title/ Explanation If no: San Jose Arena Authority 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** recognition event Italian American Heritage Foundation 8 recognition event Sabor del Valle 8 4. Verification

Ash Kalra Councilmember 6/10/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name California Jose City Clerk Form City of San José For Official Use Only Division, Department, or Region (if applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 222/ 113 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sharks vs. Canadiens Date(s) \_\_02\_\_/ 29 / 16 Provide Title/ Explanation If no: San Jose Arena Authority 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other  $\Box$ 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** Community Seva 3113 Pinot Grigio Pl., San José, CA 95135 Vietnamese Voluntary Foundation (VIVo) 2296 Quimby Road. San Jose, CA 95122 Friends of Hue P.O. Box 1823, San Jose, CA 95109 recognition event Sabor del Valle 3282 Cuesta Dr., San Jose, CA 95148 Office of Women's Policy - 70 W. Hedding, San Jose, CA 95110 recognition event Stand Up for Kids 25 E. Hedding St. San Jose, CA 95112 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

**A Public Document** 

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1.	Agency Name			Charles a serve	M.M. Date Standp	California 802		
	City of San José 🗠			2015 AUG	24 AM II: 59	Form OUZ		
	Division, Department, or Regi	on (If Applicable	'e)			For Official Use Only		
	Council District 2							
	Designated Agency Contact (	Name, Title)						
	Kimberly Hernandez, Execu		t					
	Area Code/Phone Number	E-mail		-	☐ Amendment (Must pr	rovide explanation in Part 3.)		
	(408) 535-4902		anjoseca.gov	v .	Date of Original Filing: _	(Month, Day, Year)		
2	Function or Event Inform				Ī	womm, Day, Tear)		
	Does the agency have a ticket		Yes <b>⊠</b> No	☐ Face Value o	f Each Ticket/Pass \$	82		
	<del>-</del> •	, · · · · · · · · · · · · · · · · · · ·	INO KAI INO	· I				
	Event Description Circus	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by			If no. San Jo	se Arena Authority	<u> </u>		
	Hover(a)H assies) brovided by	, agency!	Yes 🔲 No		Name of Sou	irce		
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Kalra,	Ash	and the second s		
	of agency official?	-			Official's Name (L	ast, First)		
3.	Recipients							
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant (	to the agency's policy		
		14	Pass(es)					
				1				
			Number of					
	Name of Individual	l .	Ticket(s)/ Pass(es)	Identify one of the following:				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	, 433(63)	Ceremonial Role	Other	Income 🔲		
				<u> </u>	al Role" or "Other" describe below:			
			<b></b>			<del></del>		
				Ceremonial Role  If checking "Ceremonial	Other   All Role" or "Other" describe below:	Income		
				, snoowing Celemonia	Elijo, dudoribe belutt.			
	C. Name of Outside Organiz	zation	Number of					
,	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o me agency's policy		
-	Asian Americans for	·		recognition event	· · · · · · · · · · · · · · · · · · ·			
	Community Involvement		24					
•								
,	Verification							
	VERITICATION have read and understand FPPC Regula	tions 18944.1 and	! 18942. I have ve	rifled that the distribution set for	th above, is in accordance with	the requirements.		
	A.1 11		Ash Kal		Councilmember	8/21/15		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
						•		
(	Comment:							

Ceremonial Role Events and Tid  1. Agency Name		Secret Code	Date Stamp	California O 0 2
City of San José		<b>9</b> 640	· ·	Eorm (•) 1/4
Division, Department, or Region (If Applicable	e)	A Comment	AUG -5 AM 10: 29	For Official Use Only
. , , , , , . , , , , , , , , , , , , ,				
Council District 2  Designated Agency Contact (Name, Title)				
	4			
Kimberly Hernandez, Executive Assistan  Area Code/Phone Number   E-mail	L		Amendment (Must pr	ovide explanation in Part 3.)
(408) 535-4902	anjoseca.go	<b>v</b> .	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	149
Event Description Comedy with Kapil		Date(s)8	, 1 , 15	1 1
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: San Jo	se Arena Authority	rce
Was ticket distribution made at the behest	No ☐ Yes	If yes: Kalra,		•
of agency official?	140 🔲 162	il yes	Official's Name (La	ast, First)
. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant (	o the agency's policy
B. Name of Individual	Ticket(s)/ Pass(es)	Describe the pub		
	Ticket(s)/ Pass(es)	Ceremonial Role [	Identify one of the followin	
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonial Ceremonial Role [	Identify one of the followin	g:
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role I	Identify one of the followin  Other  In Role" or "Other" describe below:	ig: Income
B. Name of Individual (Last, First)  C. Name of Outside Organization	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role I	Identify one of the followin  Other  In Role" or "Other" describe below:  Other  In Role" or "Other" describe below:	ig: 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 "Ceremonial Role [ If checking "	Identify one of the followin  Other  In Role" or "Other" describe below:  Other  In Role" or "Other" describe below:	ig: Income
B. Name of Individual (Last, First)  C. Name of Outside Organization (include address and description)  India Community Center  South Asian Behavioral Health and	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role [ If checking "Ceremonial  Ceremonial Role [ If checking "Ceremonia  Describe the publication event	Identify one of the followin  Other  In Role" or "Other" describe below:  Other  In Role" or "Other" describe below:	ig:   Income   _

С	eremonial Role Events and Tic	ket/Pass	Distributions	RECEIVED San Jose City Clerk	A Public Documen		
1.	Agency Name			Date Stamp	California Q 0 9		
	City of San José		7	115 JUN 18 PM 2:2	Form 002		
	Division, Department, or Region (If Applicable	)	<u> </u>		For Official Use Only		
	Council District 2						
	Designated Agency Contact (Name, Title)						
	Kimberly Hernandez, Executive Assistant						
	Area Code/Phone Number   E-mail			Amendment (Must provi	de explanation in Part 3.)		
	(408) 535-4902	nioseca.gov		Date of Original Filing:	(Month, Day, Year)		
<u> </u>	Function or Event Information	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(Month, Day, Year)		
٠,		Yes 🛛 No	□ Face Value o	of Each Ticket/Pass \$	160		
	Managanant	tes 🔼 Not					
	Event Description Mana concert  Provide Title/Expla	nation	Date(s)				
	·		San Jo	ose Arena Authority			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🏻	If no:	Name of Source	)		
	Was ticket distribution made at the behest	No ☐ Yes [	☑ If yes: Kalra,	, Ash			
	of agency official?	140 [ 100]	n yes	Official's Name (Last	, First)		
3.	Recipients						
	Use Section A to identify the agency's department or u	nit. • Use Sect	tion B to identify an individu	al. • Use Section C to identify	an outside organization.		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy		
	Great Oaks Neighborhood Association	6	recognition event				
	Latina Coalition of Silicon Valley	2	recognition event recognition event recognition event				
	Services, Immigrant Rights, and Education Network	3					
	Office of the Mexican Consul General in San Jose	4					
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
			•	Other all Role" or "Other" describe below:	Income		
			Ceremonial Role	Other al Role" or "Other" describe below:	Income		
,	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to t	he agency's policy		
-							
	Verification have read and understand FPPC Regulations 18944.1 and 1	8942. I have veri	fied that the distribution set fo	rth above, is in accordance with the	requirements.		
	a 1 10	Ash Kalr		Councilmember	6/18/15		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** City of San José AM 10: 36 For Official Use Only Division, Department, or Region (If Applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -(408) 535-4902 district2@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 160 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Sharks v. Anaheim Ducks lf no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Was ticket distribution made at the behest No **☒** Yes ☐ If yes: . of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other  $\square$ Income ... If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Stand Up for Kids 25 E Hedding St., San Jose, CA a501(c)(3) non profit, serves San Jose and the region by providing life-saving and outreach services to homeless, street kids and at-risk youth. recognition event 5 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Signature of Agency Head or Designee

Agency Report of:

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp PM 2: 35 **Form** 2014 OCT 24 City of San José For Official Use Only Division, Department, or Region (If Applicable) Council District 2 Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4902 district2@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description Disney on Ice Provide Title/Explanation San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source If yes: Kalra, Ash 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) Recognition event SOMOS Mayfair, Community Partner 8 Number of Name of Individual В. Ticket(s)/ Identify one of the following: Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Other  $\square$ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 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. Ash Kaira Councilmember 10/17/14 Print Name (Month, Day, Year) Comment: \_ FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clerk

A Public Document

						711 00010 20001110111
1.	Agency Name			nati mas	Date Stamp	California 802
	City of San José			Secretary of the secret	54 by 5:32	Form For Official Use Only
	Division, Department, or Regi	on (if Applicable	<del>)</del>		C UXU	Poi Official Ose Offiy
	Council District 2				O Q	
	Designated Agency Contact (/	Vame, Title)				
	Kimberly Hernandez, Execut	tive Assistant	· •			
		E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(408) 535-4902	district2@sa	njoseca.gov	v	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	82
	Event Description Disney on	lce		Date(s) 10	<u>, 18 , 14 </u>	1 1
	Event Description	Provide Title/Expi	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No	If no: San	Jose Arena Authority	
					Name of Sour	ce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Kalra	, ASΠ Official's Name (La	st. First)
_	-	<del></del>			(==	
3.	Recipients  • Use Section A to identify the agency	's denartment or	unit • Use Se	ction B to identify an individu	al • Use Section C to identify	v an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)	To sa pragrama di managra	ic purpose made pursuant to	
	ERCA, EGOPIC, GONA neig	ghborhood	24	Recognition event		
	D. Nome of Individual		Number of			
	Name of Individual	<u> </u>	Ticket(s)/ Pass(es)		Identify one of the following	
				Ceremonial Role [ If checking "Ceremonia	Other In the solution of the s	Income
				Ceremonial Role [	Other I large of "Other" describe below:	Income 🔲
•	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
•						
	Verification have read and understand FPPC Regula	tions 18944 1 and	18942   have ve	erified that the distribution set for	th above, is in accordance with the	he requirements.
,	A. V.		Ash Kal		Councilmember	10/17/14
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment					

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

RECEIVED
San Jose Cit A Public Document

1.	Agency Name City of San José Division, Department, or Regi	on (If Applicable	3)		Date Stamp 2014 JUN −2	California 802 For Official Use Only	
	Council District 2  Designated Agency Contact (				À		
	Kimberly Hernandez, Execu	tive Assistant			☐ Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number (408) 535-4902	E-mail district2@sa	injoseca.gov		Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Information Does the agency have a ticken Event Description Indian cult	t policy? ural concert	of Each Ticket/Pass \$ 				
	Ticket(s)/Pass(es) provided b	y agency?		no: San José Arena Authority  Name of Source			
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes[	If yes:	Official's Name (L	ast, First)	
3.	Recipients  • Use Section A to identify the agence  A. Name of Agency, Department	unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. ● Use Section C to ident			
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi  Other  initial Role" or "Other" describe below:	ng: Income □	
		,		Ceremonial Role If checking "Ceremon	Other in the control of the control	Income 🔲	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
	City Sponsored Indian Flag Partners	Raising	24	Recognition event			
4.	Verification I have read and understand FPPC Regulation Signature of Agency Head or Designed Comment:	-	d 18942. I have ve		forth above, is in accordance wit Title	h the requirements. (Month, Dəy, Yesr)	

Ceremonial Role Events and Ticket/Pass Distributions Jose City Clark A Public Document California 1. Agency Name Form 2014 FEB 18 PH 12: 34 City of San José For Official Use Only Division, Department, or Region (If Applicable) Council District 2, Office of Ash Kalra Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Orlginal Filing: . district2@sanjoseca.gov (408) 535-4902 (Month, Day, Year) 2. Function or Event Information 82 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description Disney on Ice 21 Provide Title/Explanation If no: Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source Was ticket distribution made at the behest No ☑ Yes ☐ If yes: \_ of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Ceremonial; Host of recognition event City of San José, District 2 Council office 2 Steven Aponte Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Income Other  $\square$ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Recognition event Silverleaf Neighborhood Association 14 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. 2/18/14 Councilmember Ash Kalra (Month, Day, Year) Print Name Signature of Agency Head or Designee

Agency Report of:

Comment: \_

_	cy Report of: nonial Role Event	s and Tic	:ket/Pass I	Distributions	RECEIVED	A Public Documen			
l. Ageı	ncy Name				Date Stamp	California QA9			
City	of San José				2014 JAN 31 PM 2:	TOTAL.			
Divisi	on, Department, or Regi	on (If Applicabl	e)		401.1 Oma or 1	For Official Use Only			
Coun	ncil District 2		•	•					
Desig	nated Agency Contact (/	Name, Title)							
Kimb	erly Hernandez, Execut	ive Assistan	t		Amendment (Must prov	vide explanation in Part 3 )			
Area	Code/Phone Number	E-mail			] <b>-</b>	,			
(408)	535-4902	district2@s	anjoseca.gov		Date of Original Filing:	(Month, Day, Year)			
	ction or Event Inforr		,			82.00/192.00			
	the agency have a ticket		Yes 🗵 No 🗀	] Face Value	of Each Ticket/Pass \$	02.007102.00			
Event	Description Sharks vs.	Flames/ hoo	key game	Date(s)	1 , 20 , 14				
		Provide Title/Exp	olanation	. San J	losé Arena Authority				
Ticket	t(s)/Pass(es) provided by	agency?	Yes ☐ No 🛭	If no: Odir o	Name of Source	ie.			
	icket distribution made a gency official?	t the behest	No ⊠ Yes [	If yes:	Official's Name (Las	st, First)			
	Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
A.	Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant to				
<u>В.</u>	Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	3:			
			1 000(00)	Ceremonial Role If checking "Ceremo	Other Doniel Role" or "Other" describe below:	Incom <i>e</i>			
				Ceremonial Role If checking "Ceremo	Other Doniel Role" or "Other" describe below:	Income [			
C.	Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant to	o the agency's policy			
	adian Flag Raising Part ict 2 supporters	ners/	23	Recognition event					
	fication								
I have r	read and understand FPPC Regul	ations 18944.1 ai	nd 18942. I have ver Ash Kalı		forth above, is in accordance with Councilmember	1/30/14			
	Signature of Agency Head or Designee		Print Nəme		Title	(Month, Day, Year)			