Agency Report of: **RECEIVEDA Public Document** Ceremonial Role Events and Ticket/Pass Distributions San das grambly Ule California 1. Agency Name City of San Jose 1821 NOV 12 PM 3: 33 For Official Use Only Division, Department, or Region (if applicable) Mayor's Office Designated Agency Contact (Name, Title) Rhonda Hadnot, Chief Operation Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408.535.4800 rhonda.hadnot@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Alejandro Fernandez Concert Date(s) _____/ 15 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source If yes: Liccardo, Sam Was ticket distribution made at the behest Yes No I 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 A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 16 See attached list Santa Clara County Vaccination Raffle Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification Lhave 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: This was a joint collaboration between City/County as an incentive for residents to get the COVID-19 vaccine.

Rhonda Hadnot

Print Name

11/3/21

COO-Mayor's Office

Alejandro Fernandez Concert October 15, 2021 Attendees

Last Name	First Name	Quantity of Tickets
Diaz	Hilda	2
Hernandez	Antonia	2
Gaspar	Rocio	2
Thangavelu	Jeganath	2
Beltran	Guadalupe	2
Sanchez	Pedro	2
Ramos	Joanna	1
Fonseca	Indira	1
Garner	Clay	1
Hadnot	Rhonda	1

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) Office of Mayor Sam Liccardo Designated Agency Contact (Name, Title) Khanh Russo, Sr. Policy Advisor Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408.535.4800 theofficeofmayorsamliccardo@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 295.00 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Paul McCartney Concert Date(s) ____/ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Please see attached list. Income San Jose Promise Donor + Partner Recognition Ceremonial Role Other \square 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** 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

Signature of Agency Head or Designee Print Name COO-Mayors Office 7/15/19

Comment:

with the requirements.

Date	Event	Name	Company	No. of tickets
7.10.19	Paul McCartney Concert	Sam Liccardo (wife, Garcia-Kohl, Jessica)	City of San Jose	2
7.10.19	Paul McCartney Concert	Khanh Russo	City of San Jose	2
7.10.19	Paul McCartney Concert	Steve Milligan	Western Digital	2
7.10.19	Paul McCartney Concert	Andy Ball	Rad Urban	2
7.10.19	Paul McCartney Concert	Gina Dalma	Silicon Valley Community Foundation	2
7.10.19	Paul McCartney Concert	Kr Sridhar	Bloom Energy	3

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions	RECEIVED A	Public Document
1. Agency Name	TOBE	Sal		California 802
Division, Department, or Region (if applicable) DHU H Mayor Sam	Lica	ard6	HAY 15 PM 3: 44	For Official Use Only
Designated Agency Contact (Name, Title) Khanh Rugh Police Area Code/Phone Number E-mail	1 Ana	lyst		ovide Explanation in Part 3.)
	60@ San	oseca igo	Date of Original Filing: _	(month, day, year)
2. Function or Event Information	_			17/2° and 25200
Does the agency have a ticket policy? Yes [Event Description: Sharks V3. Blue Provide Title/ Explan Ticket(s)/Pass(es) provided by agency? Yes [Diation	ate(s) 5 no: 54	Each Ticket/Pass \$, 19 , 19 1	authority
Was ticket distribution made at the behest Yes [of agency official?	J No □ If	yes:	Name of Source Official's Name (Last, First)	J
3. Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	entify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
Sam Liceardo	© Millionations	Cerem If check	onial Role Other Ding "Ceremonial Role" or "Other" described in the Role" or "Other" described in the Role" or "Other" described in the Role of the Ro	ribe below:
Tak Odama	Фонения		onial Role D Other Ding "Ceremonial Role" or "Other" described Security	Income Cibe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
San Jose Promise	22	R	ecognition	
4. Verification I have read and understand FPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee Signature of Agency Head or Designee	1 and 18942. I I	have verified th	hat the distribution set fort 1 CY Anglyst Title	th above, is in accordance 5/15/19 (month, day, year)

1.	Agency Name			S	an Joset-Citym-Clerk	California Q02
	City of San Jose				oren	Form OUZ
	Division, Department, or Reg	ion (if applicable)		201	8 AUG 29 AM 11: 25	For Official Use Only
	Mayor's Office			201	UNUO EJ MITTI- EG	
	Designated Agency Contact	(Name, Title)				
	Christopher Ratana - Policy	^r Analyst			Amendment (Must Provid	do Evalenction in Bort 3 \
	Area Code/Phone Number	E-mail			`	•
	408-535-4829	christopher.ratana(@sanjoseca.	gov	Date of Original Filing: 08/	(27/2018 (month, day, year)
2.	Function or Event Infor	mation			\$100	00
	Does the agency have a tic	ket policy? Yes [⊠ No 🗆 🛚	Face Value of	Each Ticket/Pass \$ \$102	.00
	Event Description: Monster	Jam -		Date(s)09	, 01 <u>, 18</u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		f no:		
	ricket(s)/Fass(es) provided	by agency: Yes		f no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	No I	f yes: <u>Ratana,</u>	Christopher Official's Name (Last, First)	
	of agency official?				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	n outside organization.
			Number			
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursuar	it to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, Fir	50	Passes	<u> </u>		
					onial Role Other Other or "Other" describe	Income L
				Cerem	onial Role Other	Income [
					ing "Ceremonial Role" or "Other" describe	
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made pursuan	t to the agency's policy
			Passes	T		
	Trash Punx - TheTrashPur http://www.thetrashpunx.or		24		volunteers for hundreds ng up trash and blight fror	
	Tittp://www.trietrashpurix.or	g/		John March	ig up tracif and bright from	Trour Oity.
 I	Verification		l	L		
٠.	l have read and understand FP	DC Pogulations 18044	1 and 180/12	l have verified th	ast the distribution set forth :	ahova is in accordance
	with the requirements.	r C Negulations 10944.	1 and 10942.	i nave vermed ti		,
	KIL -	()./	S_{-}	Ω	pty Chief of Ital	P 00/17/8
0	Signature of Agency Head or Designation	ee Pri	int Name		Title	(month, day, year)
	Comment:					



gency Name / of San Jose		
Recipients	Use Section B to	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income
		Ceremonial Role Other 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:
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

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** For Official Use Only Division, Department, or Region (if applic Designated Agené Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year) Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Event Description: Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If 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 Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔀 Ceremonial Role Income If checking "Ceremonial Role" or "Other" lease see attached less Other Ceremonial Role 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 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Signature of Agency Head or Designee

Agency Report of:

Comment: _

Event	Date	Name of Individual (<i>Last, First</i>)	# of Tickets
U2 concert	5/8/2018	Liccardo, Sam (wife, Garcia-Kohl, Jessica)	2
U2 concert	5/8/2018	Trujillo, Ted (Mayor's security detail)	1
U2 concert	5/8/2018	Russo, Khanh Mayor's Sr. Policy Aide)	1
U2 concert	5/8/2018	Holguin, Ingrid (Mayor's Policy Advisor)	1
U2 concert	5/8/2018	Rademann, Jeff (Wells Fargo)	2
U2 concert	5/8/2018	Gonzalez, Raquel (Bank of America)	1
U2 concert	5/8/2018	Mahood, Matt (The Silicon Valley Organization)	1
U2 concert	5/8/2018	Cat Uong (The Silicon Valley Organization)	1
U2 concert	5/8/2018	Dalma, Gina (Silicon Valley Community Foundation)	1
U2 concert	5/8/2018	Melchor, Monique (+guest, Work2Future)	2
U2 concert	5/8/2018	Krell, Rebeka (City of San Francisco)	1

Agency Report of: Ceremonial Role Events and Ticket/F	^o ass Distri	ributions Process A Public Document
1. Agency Name	5C	Date Stamp Clor California Form 802
Division, Department, or Region (if applicable) Office of Mayor 54 Designated Agency Contact (Name, Title)	um Lice	Cavado 2018 JAN -3 PH 1: 15
Area Code/Phone Number E-mail	avy to 1	Amendment (Must Provide Explanation in Part 3.)
408 535-3899 Shelley. Ops.	N@ San	Date of Original Filing:
2. Function or Event Information	J	# 1.1.00
Does the agency have a ticket policy? Yes	⊠ No□ F	Face Value of Each Ticket/Pass \$ 🚾 📆 '
Event Description: US Figure Skatin	/ D	Date(s) 1 3 18
Ticket(s)/Pass(es) provided by agency? Yes		If no: 5. Sports Authority Name of Source
Was ticket distribution made at the behest Yes of agency official?	□ No 🌠 If	f yes:Official's Name (Last, First)
3. Recipients • Use Section A to identify the agency's department or unit.	· Use Section B to i	identify an 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
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
Mayor Sam Liccardo Ted Truillo (securiy) Lessica Garcia - Konl	3	Ceremonial Role Other Income I
(wife)		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
	1	
	.1 and 18942. I	I have verified that the distribution set forth above, is in accordance
Signature of Agency Head or Designee	Lillard rint Name	to Mayor 1/3/18 Tile (month, day, year)
Comment:		

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions	RECEIVED A	Public Document
1. Agency Name			San Date Stamp, Cle	California Form 802
Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)	n Lica	ardo 2	NITOCT 12 AMII:	For Official Use Only
Area Code/Phone Number E-mail,	ty (o)	<u> </u>	Amendment (Must Pro	ovide Explanation in Part 3.)
(484) 535-4825 dylan. simon	@ Sanjise	eca.gov	Date of Original Filing: _	(month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Event Description: Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes of agency official?	nation D	ace Value of ate(s) LV sate(s) Sa	Each Ticket/Pass \$	25 \$ 86
3. Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
Christmas in the Rate	24	Reci	ggnition	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
·			onial Role Other Ing "Ceremonial Role" or "Other" desc	Income In
			onial Role Other Onial Role Other Other Other Other	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
4. Verification I have read and understand FPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee Comment:	1 and 18942. I		nat the distribution set for	th above, is in accordance (month, day, year)

	jency Report of: eremonial Role Events and Ticket/F	Pass Distri	butions	RECEIVED	A Public Document
	Agency Name San Division, Department, or Region (if applicable)	Jose	San .	OTCM	California 802 Form For Official Use Only
	Designated Agency Contact (Name, Title)	n Licuro	1 2017 00	1 12 AM 11:44	}
	Area Code/Phone Number E-mail, 409) 535-4825 dylun. Simo	(o) San	joseca.gov	☐ Amendment (Mu	ng:(month, day, year)
2.	Function or Event Information		,		7 2 1 1 1 1 1 1
	Does the agency have a ticket policy? Yes	Ø No Ø Fa	ace Value of	Each Ticket/Pass \$	625 33186
	Event Description: Sharks VS F	mation	ate(s)	1 4,2017	A Harak
	Ticket(s)/Pass(es) provided by agency? Yes	No 🖾 / If	no:	Name of Source	119 HV) hor rry
	Was ticket distribution made at the behest Yes [of agency official?	□ No 🗗 lf	yes:	Official's Name (Last, Fir	st)
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to ic	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 th	e public purpose made į	pursuant to the agency's policy
	San Jose Conservation (or	pr 4	Reco	gnition	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of th	ne following:
				onial Role	
				onial Role Other ing "Ceremonial Role" or "Other	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy
1	Verification have read and understand FPPC Regulations 18944. with the requirements.	.1 and 18942. I	have verified ti	hat the distribution set	t forth above, is in accordance
_	Significant Association of Associati	iccurdo		Nayor	free-the day years
,	Signature of Agency Head or Designee Pri	in Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	ibutions	RECEIVED	A Public	: Document
1. Agency Name Office of Mayor Sam Division, Department, or Region (if applicable)	Liccard	2017 AU	Bate Stamp 621 PM 2:2	Fo For	ornia 802 rm 802 Official Use Only
Designated Agency Contact (Name, Title) Ox Con Simon - Deputy Contact (Name, Title) Area Code/Phone Number E-mail (408) \$35-4825 Ay M. Simil	hief of Son	taff viseca.ga/		Must Provide Expla	nation in Part 3.) day, year)
Event Description: Mayel Universe L	nation If	ace Value of I Date(s) no: yes:	Each Ticket/Pass 1 2017 Tosc Acros Name of Source Official's Name (Last,	Authoria	\$ 50 -/-
3. Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to	identify an outsic	le organization.
A. Name of Agency, Department or Unit MUCINEY Neighborhood Agn	of Ticket(s)/ Passes	Describe the	public purpose mad	e pursuant to the	agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Ceremi	Identify one of	the following:	Income _
		Ceremo	onial Role Oth	ner 🔲	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuant to the	agency's policy
4. Verification I have read and understand FPPC Regulations 18944.	.1 and 18942. I	have verified th	eat the distribution s	set forth above,	is in accordance
with the requirements.	Simon int Name	Dej	outy Chief	of Stall	(month, day, year)
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions A Public Document KE Conste Stamp 1. Agency Name California Jose City Clerk Form For Official Use Only Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☐ No 🔯 Event Description: Date(s) Ticket(s)/Pass(es) provided by agency? Yes □ No 🔯 If 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 Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes DecogNition Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Other 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 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. Liccardo Signature of Agency Head or Designee

Agency Report of:

Comment

Ceremonial Role Events and Ticket/Pass Distributions RECEIVERA Public Document 1. Agency Name ੋਜੋ Date Stamp California City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2016 OCT 12 PM 1: Office of Mayor Sam Liccardo Designated Agency Contact (Name, Title) **Dylan Simon** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 408-535-4800 dylan.simon@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$222, \$86 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: SHARKS VS. KINGS Date(s) __10 _/ 12 / Provide Title/Explanation If no: San Jose 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)/ Passes San Jose Support Services for Veteran Recognition 24 Families (SSVF) Agencies Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below. Other 🔲 Ceremonial Role 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. Sam Liccardo Mayor Print Name of Agency Head or Designee

Agency Report of:

Ceremonial Role Events and Ticket/	<u>Pass Distri</u>	butions	RECEIVEDA Public Document
1. Agency Name	71		Date Stamp / C/o California 202
Division Department or Region (franchische)	USC		OIS AUG 25 PM 3: 47 For Official Use Only
Division, Department, or Region (if applicable) Office of Mayor Sam	CP of /		
Designated Agency Contact (Name, Title)			
Dulan Simon, Policy	Amalyst		Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			
409 535 4825 Han. simon (@ Sanjuse	ca. gov	Date of Original Filing:(month, day, year)
2. Function or Event Information	,		57 and \$ 30
Does the agency have a ticket policy?	· — · · · · —	ace Value of	Each Ticket/Pass \$
		ate(s)	127,16
Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Yes		no: <u>\$67</u>	Name of Source
Was ticket distribution made at the behest Yes	s□ No 🗹 If	yes:	Official's Name (Last, First)
of agency official?	,		Oniciai S Name (Last, Filst)
3. Recipients			MANA CONTRACTOR OF THE PROPERTY OF THE PROPERT
• Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individ	ual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy
McKinley Bonita Neighborh	a) 24	Recogi	nition of service
Assn.			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:
Lerne Dariv			onial Role Other Income Income Ing "Ceremonial Role" or "Other" describe below:
			onial Role Other Income ing "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
Verification I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942. I	have verified tl	nat the distribution set forth above, is in accordance
·			
Signature of Agency Head or Designee	Print Name		Title (month, day, year)

Agency Report of:

	gency Report of: eremonial Role Events and Ticket/F	Pass Distri	butions	RECEIVED	A Pul	blic Document
1.	Agency Name CITY OF SALU DO Division, Department, or Region (if applicable) OFFICE OF MAYOR SALM Designated Agency Contact (Name, Title)	LICLAID	2016 <i>200</i>	US Date Stamp UT OTC JUN-6 PM 4		Form 802 For Official Use Only
	DYLAW SIMON, POLICY S Area Code/Phone Number E-mail 408 555 4825 Pylan. Si			☐ Amendment (A	lina:	Explanation in Part 3.)
2.	Event Description: SHARES STANLEY CO	ピータルサ D. If	ate(s)	Each Ticket/Pass 1 6 16 1 05E ARI Name of Source Official's Name (Last, 1)	 SNA A	
3.	Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit	Use Section B to ic Number of Ticket(s)/ Passes			•	outside organization. to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of	the following	ng:
	LICCARDO, SAM	l	If check	onial Role Oth	ner X her" describe be	Income I
	SANCHEZ, BRANDOW	1		emonial Role Dother Incomposition of the Incomposit		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made	e pursuant t	to the agency's policy
	DESTINATION: HOME	16/14 22	Recogn	ition		
4.		2.1 and 18942. I		hat the distribution s Mayon Title	set forth ab	pove, is in accordance OCOLO (month, day, year)

1. A		สออ ปเอเเา	butions	RECEIVED	Public Document
	Agency Name TV OF SAN JOS Vivision, Department, or Region (if applicable) OFFICE OF MAYOR SAN Designated Agency Contact (Name, Title) Oylan Simon, Policy Ama	E 1944 Yst	2016 MF ULPO	Date Stamp Y -5 PM 3: 100 SP OTC	Form 802 For Official Use Only
ξ.	rea Code/Phone Number E-mail 98) 535-4800 Aylan. Sino.	w Sanj	oseca.sev	Date of Original Filing: _	(month, day, year)
E T	Function or Event Information Does the agency have a ticket policy? Event Description: Provide Title/ Explain Ficket(s)/Pass(es) provided by agency? Yes [Vas ticket distribution made at the behest Yes [of agency official?	D nation No ሺ If		Each Ticket/Pass \$	148.00 hority
	Recipients • Use Section A to identify the agency's department or unit. • Name of Agency, Department or Unit	Use Section B to ic Number of Ticket(s)/ Passes	and the		ify an outside organization.
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
•				onial Role Other ing "Ceremonial Role" or "Other" desi	
_				onial Role Other Onial Role Other Other Other Other	Income Cribe below:
!	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
_	American Cancer Soid	. 24	lecog	iniLan	
\It	erification nave read and understand FPPC Regulations 18944. ith the regularements. Signature of Agency Head or Designee Pri	1 and 18942. I		nat the distribution set for Mayo(Title	rth above, is in accordance

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document 1. Agency Name OSO Date Stamp California **Form** CITY OF SAN JOSE 2015 00 T 14 AM 10: 44 For Official Use Only Division, Department, or Region (If Applicable) OFFICE OF Mayor Sam Liccordo Designated Agency Contact (Name, Title) Maggie Le . Assistant Chief of STAFF ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail margaret. Le @ sanjose ca. gov Date of Original Filing: . (406) 535. 4800 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 212. (9) Does the agency have a ticket policy? Yes ⊠ No □ Event Description SHarks Vs. Anateim Ducks Date(s) ____ , 10 , 2015 If no: san Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes I No 区 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) Number of В. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Income Ceremonial Role Other 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 Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) recognition DOWNTOWN STREETS TEAM 24 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.

(Month, Day, Year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEIVED 1. Agency Name ○Date Stamp() _ _ California Form 920 TOS TO YTIC 2015 OCT 14 AM 10: 44 For Official Use Only Division, Department, or Region (If Applicable) OFFICE OF MOYOT SOM LICCORDU **Designated Agency Contact** (Name, Title) Maggie Le, ASSISTANT CHIEF OF STAFF Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail margaret. Le@sanjuseca.gov (408) 535.480D Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 502 = Does the agency have a ticket policy? Yes ☑ No ☐ Date(s) ___ Event Description GOLDEN STATE WORTHORS GAME 2015 Provide Title/Explanation If no: <u>san</u> Jose Arena Autitorit Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest No ☐ Yes ☐ If yes: . of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other \square If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) SHOP WITH A COP 16 re cognition 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. sam Liccardo Mayor Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions	RECEIVED San Jose City Cle	『A Public Document
1. Agency Name CITY OF SON JOSE Division, Department, or Region (If Applicable)		2	Date Stamp	California 202
OFFICE OF MAYOF SUM Licco Designated Agency Contact (Name, Title)				
Maggie Le, Assistant Citief (Ave) 535-4600 Margaret.	····		Date of Original Filing:	·
2. Function or Event Information Does the agency have a ticket policy? Event Description Saber cars vs. Ariza Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes ☑ No Dna Rat† anation Yes ☐ No No ☐ Yes	Date(s) O	of Each Ticket/Pass \$ 8 1 , 31 , 15 TOSE Arena Autht Name of Sour	Or i TY
3. Recipients • Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ial. • Use Section C to identif	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin Other A Role" or "Other" describe below:	g:
		Ceremonial Role If checking "Ceremoni	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 pub	lic purpose made pursuant to	o the agency's policy
Dumpster bay volunteers	24	recognition		

bumpster bay volunteer	3 24	recognition	
4. Verification I have read and understand EPPC Regulations 18	1944.1 and 18942. I have v	rerified that the distribution set forth above, is in accordant MOUNT	nce with the requirements.
Signature of Agency Head or Designee	Print Nai		(Month, Day, Year)
Comment		FPPC Toll-Free Helpl	FPPC Form 802 (4/12) line: 866/ASK-FPPC (866/275-7772)

Ag Ce	ency Report of: remonial Role Event	ts and Ticl	cet/Pass	Distributions _{§ំ}	RECEIVED an Jose City Clea	A Public Document
	Agency Name		Salah dan		Date Stamp	California Q 1
	City of San Jose			2013	JAM 31 PM 2:	0 Form
Ī	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Office of Mayor Chuck Reed	1				
	Designated Agency Contact (
	Sara Wright, Agenda Servic	es Manager				
	Area Code/Phone Number	E-mail			hammed ,	provide explenation in Part 3.)
	408-535-4800	mayoremail@	esanjoseca	.gov	Date of Original Filing	: (Month, Day, Year)
2.	Function or Event Inforr	nation				
ı	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$.	Suite:\$192,SRO:\$95
ı	Event Description Sharks Ho	ckey/Econ De	vo Outreac	h Date(s)01		
•	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No		Name of S	Cource
١	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Reed,	Chuck Officiel's Name	(Last, First)
	Recipients • Use Section A to identify the agency	r's department or u	ınit. • Use Se	ction B to identify an individu	al. ◆ Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursual	nt to the agency's policy
	Please see attached sheet		25			
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	A	11		Ceremonial Role [Other A	Income
•	ent und the engage over the con-				Other al Role" or "Other" describe below	. Income
- Alter	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursua	nt to the agency's policy
	1	11				
,						
	Verification I have read and understand FPPC Regulation Clouds Regulation Signature of Agency Head or Designee		18942. I heve vo HUCK R Print Nan	EED _	orth above, is in accordance w	with the requirements. 30 13 (Month, Day, Year)
	Comment:	·				

Business Appreciation Event, 1/24/13

A. Name of Agency, Department, or Unit	# of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of Mayor Chuck Reed	1	Economic development outreach (Council Policy Manual 9-11)
Police Department	1	Economic development outreach (Council Policy Manual 9-11)
Office of Economic Development	3	Economic development outreach (Council Policy Manual 9-11)
Planning, Building, and Code Enforcement	2	Economic development outreach (Council Policy Manual 9-11)
Information Technology	1	Economic development outreach (Council Policy Manual 9-11)
B. Name of Individual (Last, First)	# of Ticket(s)/ Pass(es)	Identify one of the following:
Reed, Chuck	2	Other (Elected Official; Mayor, City of San José)
C. Name of Outside Organization (include address and description)	# of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
County of Santa Clara (Asset and Economic Development), 70 West Hedding Street, East Wing, 7th Floor, San Jose, CA 95110	1	Economic development outreach (Council Policy Manual 9-11)
State of California (Business Development), 1400 10th Street, 2nd Floor, Sacramento, CA 95814	1	Economic development outreach (Council Policy Manual 9-11)
Samsung, 75 West Plumeria Drive, San Jose, CA 95134 (Information Systems America (SISA) R&D Center)	13	Economic development outreach (Council Policy Manual 9-11)

gency Report of: eremonial Role Events and Ticl	ket/Pass	Distribution s ଣ	RECEIVED Jose City Clerk	A Public Document
Agency Name			Date Stamp	California 802
Division, Department, or Region (If Applicable,		2014	EB-6 PH 4:07	For Official Use Only
)			,
MAYOR'S OFFICE Designated Agency Contact (Name, Title)				
JEREMY M. GOLDBERG DEP. CA Area Code/Phone Number E-mail	TIEFOF STAP	Y - C-IVIC-INNOVAR	Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Number E-mail	100	MARARA DON	Date of Original Filing: _	
18-535-4800 Mayerem	ieu i Osai	moseca.gov		(Month, Day, Year)
	Yes No [7 Face Value o	f Each Ticket/Pass \$	192.00
Event Description SINCON VANUA TARRI Provide Title/Explanation of the Control of	M PARTNEY		1,27,2014	
Ticket(s)/Pass(es) provided by agency?	Yes No [☐ If no:		
Was ticket distribution made at the behest of agency official?	No ☐ Yes]	0	Name of Soul PEO CHUCL Official's Name (Le	<u> </u>
Recipients • Use Section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency and Identify the agency at Identify the agency at Identify the Identification A Ident	ınit. • Use Sec	tion B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ilc purpose made pursuant t	o the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
REPO CHUCK	1	Ceremonial Role		Income 🗌
REED CHUCK (CIMORSAN JOSÉ,		If checking "Ceremoni	al Role" or "Other" describe below: V FOR PINER I	
MITHUR'S OPENCE)		IN CITY	- RELATED PA	NVOLVEMEN LUEZIS/PRIGRAM
MAYUN'S OPENCE)		Ceremonial Role	- RELATED PA	NVOLVEMENT LUCTS/PRICPAM
TRUSILLO, TED	/	Ceremonial Role	Other Scale Delow:	Income
TRUSILLO, TED	/	Ceremonial Role	Other X al Role" or "Other" describe below: Kon pintii	invovat
Mityun's OPENCE)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial NECOCNI DEN NV CLM- MC	Other X al Role" or "Other" describe below: Kon pintii	income I
TRUSILLO, TED (CITY UT SAN SUSE, MAYON'S CAMCE) C. Name of Outside Organization	Ticket(s)/	Ceremonial Role If checking "Ceremonial NECOCNI DEN NV CLM- MC	Other A Other describe below: Fon pineri THE YUNKT	INCOME INCOME INCOME INCOME
TRUSILLO, TED (CITY UT SAN SUSE, MAYON'S CHACE) C. Name of Outside Organization	Ticket(s)/	Ceremonial Role If checking "Ceremonial NECOCNI DEN NV CLM- MC	Other A Other describe below: Fon pineri THE YUNKT	INCOME Income I
TRUSILLO, TED (CITY OF SAW SUSE, MAYON'S OFFICE) C. Name of Outside Organization (include address and description) Verification	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni NELOCAL DAN INCLES COLORS Describe the pub	Other A Other describe below: FOR PINCET ATO PINCET Con purpose made pursuant of	Income In
TRUSILLO, TED (CITY OF SAN SUSE, MAYON'S OFFICE) C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial NELOGNINEN INCLENT - ME Describe the pub	Other A Other describe below: FOR PINCET ATO PINCET Con purpose made pursuant of	income Income I



Recipients Use Section A to Identify the agency's department	nt or unit. • Use Secti	on 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:
GOLDBERG, JENEMY (CITY OF SAN JUSÉ, MAYON Y OFFICE)	/	Ceremonial Role Other Income I Income I I Checking "Ceremonial Role" or "Other" describe below: NET OCN: TW FOR DINESTINGUES INCOME. NO CITY NEWTO PROSESSING
SMIKADA, ED (CIMULSANJOSÉ OPVICE OF CIMMANAGER)	/	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: NETO CONI NON FON DINATE / NUMBER / FNO COALS. NO CITY - NEZAMEN PRINTERS / FNO COALS.
NAVESH, KIM (CIMUX SANSUSÉ OMITOR ELONOMIC DEV)	/	Ceremonial Role Other Income Income Inchecking "Ceremonial Role" or "Other" describe below: NETOGAL 'n al FOR DINETT INVOLVAT INCLTH- NELATED PROSERS/FRECAM
SAMMETA, VATAY (CITY OF SANJOSÉ OPPICE OF IT)	/	Ceremonial Role Other Income Income I Inches Geremonial Role" or "Other" describe below: NECUGN 1 1765/ FON PINTES INVOLVENTY INCOM - NELAGED PROJECTS PROCENTAL
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
·		

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CIM OK SAN JUSE-OKHUZ ency Name		
Recipients • Use Section A to identify the agency's department of	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:
OMUNDS-MARTS, JULIE IN UK SAN SUSE) PRNS	/	Ceremonial Role Other M Income Income If thecking "Ceremonial Role" or "Other" describe below: NECO ENI NON FOR PINES INVOLVES INCITY NEWTON PROJECTS PROCEDANS
(SVLG-)	/	Ceremonial Role Other Income Income Inchecking "Ceremonial Role" or "Other" describe below: NECCONITION FUNDINET INVOLUTION FOR DINETT PROGRAMS
BEYEN, CASEY (SVLG)	/	Ceremonial Role Other Income Income Income Income Income Income Inchecking "Ceremonial Role" or "Other" describe below: NECO CON FOR BINES INVOLVES IN CON NEXATO PROSERS / PROCESS
MENDANCA, LENNY (MCKINSET; CO)	1	Ceremonial Role Other K Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	,	

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CITY OF SAN JOSE - OFFICE OF THE MAYOU 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: MASSRY, ALEX Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: (MCKINSTY'3 Co) RECOGNIDON FOR PINEET IN CIM- NEXTORS PROJECT INGRAM, MRINAVINI Ceremonial Role Other X (cisco) RECOCULTED for DIRECT INVALUE INCHA- NEUTED MUFILS LIPSCOMB, MARK (SMYKEN) Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: for pinery juvount RECOGNIPON INCIM- RELATED PIERCE, ANDY Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: AFTOCNINON FOR BINEG INVOLUT (SRYKER) IN CITY - NELLTER PRISERS / PRUGALA 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)

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Sin albahasan	

City of SAN SOSE - DAGGE OF ME MAYOR A Public Document 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 Nama of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Identify one of the following: Ticket(s)/ Pass(es) GUIO, LAURA Other A Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: NECOGO IN FOR DINER INVERNET IN VERNET IN CIM- NECOSON POR POLITER INVERNATION OF THE PROCESSION OF TH (BM) GVIO, MICHAEL Other T Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: CIM- NEWED PRINTED PROGRAMS ANDREWS, ANNE Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: RECOEVING FOR PINED INVOLUTION (PWC) Cim-nerview privery/ Procomms VENNENITZ-PIERCE, JULIE Ceremonial Role Other D If checking "Ceremonial Role" or "Other" describe below: (eBay) RECOGNITION FOR BINES INVOLVIS IN CIM NETHON PROJECT /PROGRAM Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

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CITY OF SAN JOSE - OF ency Name		
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		. ,
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
(KNIGHT HUNDSTON)	1	Ceremonial Role Other Income Income I I
HERBENT, GARRETT (DELOINE)	/	Ceremonial Role Other Income Income Income Inchecking "Ceremonial Role" or "Other" describe below: NETOCOUTOUN FOR PINEER / PRAGRA
GUTIERREL, LENNIES (COMCAST)	/	Ceremonial Role Other De Income Income I If checking "Ceremonial Role" or "Other" describe below: NECOCA I DOLL FON PINETA INVULVATION OF CIM-NELATED PROGRA
NUBLE, JONATHAN (MICROSOFT)		Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: NETOCULA SE FINE INVOLVE INCLESS RELATED PROJECTS / PROSY
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
	,	

Reset Page



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



CIM OF JAN JOSE - OFFICE OF ME MAYOR 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. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🔲 Income (SPLVNK) If checking "Ceremonial Role" or "Other" RECOUNTIN pinta PROSERTS/PROCRALS INCITUL Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income [Other 🗌 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income [Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: 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)