	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	А	Public Document
and statements of	Agency Name City of San Jose	an a		En la constanta da c	Date Stamp RECEIVED	California Form 802
	Division, Department, or Reg	ion (if applicable)			5 (4)	For Official Use Only
	Police Department				DEC 2 9 2021	
	Designated Agency Contact	(Name, Title)			City of San Jose	
	Tony Mata, Chief of Police				Office of the City Clerk	
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	(408) 535-8100	webmaster.manage	er@sanjoseca	a.gov	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation	an a	-Bold Adata and a second second second		
	Does the agency have a tick	ket policy? Yes	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$	69
	Event Description: 49rs Foo	tball Game/Team Up	p Prog. D	ate(s)	<u>, 28 , 21</u>	//
	Ticket(s)/Pass(es) provided	Provide Title/ Explan	nation		ners Management Cor Name of Source	mpany, LLC
	Was ticket distribution made of agency official?	at the behest Yes [	🗌 No 📕 🛛 If	yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to id Number of Ticket(s)/		al. Use Section C to identify	
	B Name of Indi	vidual	Passes Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	bliowing:
	Officer Mike William Jr.		1	lf chec	nonial Role Dother Cher king "Ceremonial Role" or "Other" des A local youth together	cribe below:
ж	Officer Annania Marte		1	lf chec	nonial Role difference of the other o	cribe below:
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
Entering	,				-	

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.

AMADYANLOS Jei	nnifer Maguire	City Manager	12/16/21
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_



Print

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

**A Public Document** 

-		is and nekel/i	ass Distri	butions		A Fublic Document
1.	Agency Name				Date Stamp	California 80
	City of San Jose					Form OU
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Police Department					
	Designated Agency Contact (	Name, Title)		-	-	
	Tony Mata, Chief of Police				Amondment (Must	Drawida Eventanatian in Dant 23
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(408) 535-8100	webmaster.manage	er@sanjoseca	a.gov	Date of Original Filing	:(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$ _	69
	Event Description: 49rs Foc		Program	ate(s) <u>10</u>	<u>, 3 , 21</u>	//
	Ticket(s)/Pass(es) provided		🗌 No 🗾 If	no: Forty N	iners Management C	ompany, LLC
					Name of Source	
	Was ticket distribution made	at the behest Yes	🗌 No 📕 🛛 If	yes:	Official's Name (Last, First	4
	of agency official?				Oniciais Name (Last, First,	)
	Use Section A to identify the agen     A. Name of Agency, Depa		Number of Ticket(s)/ Passes			ursuant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the	following:
	Officer Pedro Garcia		1	If check	nonial Role Other king "Ceremonial Role" or "Other" o & local youth togeth	
	Officer Janelle Ikeuchi	2 	1	If check	nonial Role Other king "Ceremonial Role" or "Other" o e & local youth togeth	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	-			-		

## 4. Verification

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

ANADO eren Je	nnifer Maguire	City Manager	10-13-21
Signature of Agency Head Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear		FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

an Jose Police Department ivision, Department, or Regi irport Division esignated Agency Contact (/ ergeant Brett Myers	on (if applicable)			Date StampCEIVE San Jose City C	Form 802
irport Division esignated Agency Contact (/					For Official Use Only
esignated Agency Contact (			,		
				2020 JAN - 8 PM 1	: 1 +
ergeant Brett Myers	Name,Title)			MAILLOS	
and the second				Amendment (Must Provide	Explanation in Part 3.)
rea Code/Phone Number	E-mail				
408) 506-7879	3350@sanjoseca.g	JOV		Date of Original Filing:(m	nonth, day, year)
unction or Event Inform	nation				
oes the agency have a tick	et policy? Yes [	No DF	ace Value of I	Each Ticket/Pass \$ <u>240.00</u>	1
Went Description. San Jose					, ,
vent Description.	Provide Title/ Explai	nation	Jaie(3)/	/	//
icket(s)/Pass(es) provided	by agency? Yes	X No 🗆 🗎	f no:	Name of Ocume	and the second second second
Vaa tiekat diatributian mada	at the behast of		f ves. Chief Ec	lgardo Garcia	
	at the benest Yes	× No□	yes	Official's Name (Last, First)	
or ageney official:					
Martin Contraction of the Contraction		Number of Ticket(s)/ Passes			
San Jose Police Departme	nt	16	Appreciation	fo r dedicated work	
Airport Division					
<b>•</b>		Number of Ticket(s)/ Passes		Identify one of the followi	ng:
					Income
		-			Income [
		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant	to the agency's policy
	oes the agency have a tick vent Description: San Jose cket(s)/Pass(es) provided as ticket distribution made of agency official? Recipients Use Section A to identify the agence A. Name of Agency, Depa San Jose Police Departme Airport Division B. Name of Indiv (Last, Firs	Vent Description: San Jose Sharks Game Provide Title/ Explain cket(s)/Pass(es) provided by agency? Yes [ /as ticket distribution made at the behest Yes [ of agency official? Recipients P Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit San Jose Police Department Airport Division B. Name of Individual (Last, First)	oes the agency have a ticket policy?       Yes ⊠ No □       F         vent Description:       San Jose Sharks Game       I         Provide Title/ Explanation       I         cket(s)/Pass(es) provided by agency?       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution made at the behest       Yes ⊠ No □       II         das ticket distribution       No       II         estection A to identify the agency's department or unit.       Use Section B to it       Number of Ticket(s)/         San Jose Police Department       16       II       III         Airport Division       III       III       IIII         B.       Name of Individual (Last, First)       IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	oees the agency have a ticket policy?       Yes ⊠ No □       Face Value of I         vent Description:       San Jose Sharks Game       Date(s) _01_/         Provide Title/ Explanation       Date(s) _01_/         cket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no:         das ticket distribution made at the behest Yes ⊠ No □       If yes: Chief Eco         das ticket distribution made at the behest Yes ⊠ No □       If yes: Chief Eco         of agency official?       No □       If yes: Chief Eco         Recipients         * Use Section A to identify the agency's department or unit.       • Use Section B to identify an individ         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Passes       Describe the         San Jose Police Department       16       Appreciation       Appreciation         Airport Division	best he agency have a ticket policy? Yes X No K Face Value of Each Ticket/Pass \$ 240.00   vent Description: San Jose Sharks Game Date(s) 01 / 11 / 20   Provide Title/ Explanation Date(s) 01 / 11 / 20   cket(s)/Pass(es) provided by agency? Yes X No K   r/as ticket distribution made at the behest Yes X No K If no:

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

SGT. fird f. Myers	SGT. BRETT MYERS	SERGEANT	12/24/19
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

1.	Agency Name				RECEIVE Stamp	California 802
	City of San Jose			Sai	Jose City Clerk	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Police Department			2019	DEC 23 AM 11:00	
	Designated Agency Contact	(Name, Title)			OTCLG	
	Edgardo Garcia, Chief of Po	olice				vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	408-535-8100	webmaster.manage	er@sanjosec	a.gov	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			<u> </u>	
	Does the agency have a tic	ket policy? Yes	🛛 No 🔟 F	ace Value of	Each Ticket/Pass \$	
	Event Description: First Res	sponders Appreciatio	on Day	Date(s) <u>12</u>	<u>, 15 , 19</u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🖾 🔤	f no: Forty Mi	ners Management Com	pany, LLC
	Was ticket distribution made	e at the behest Ves		f yes:		
	of agency official?	103			Official's Name (Last, First)	
3.	Paginianto					
э.	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Acosta, Javier		2	If chec On-field flag	nonial Role Other Ll king "Ceremonial Role" or "Other" desc presentation during Na onders Appreciation Da	cribe below: ational Anthem as part
	Lao, Leonard		2	If chec On-field flag	nonial Role Other II king "Ceremonial Role" or "Other" desc presentation during Na onders Appreciation Da	ational Anthem as part
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
		4				

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.

·DSyl Signature of Agency Head or Designee

D.SYKES Print Name

CITY MONAGOR Title

12/20/19 (month, day, year)

Comment: \_



## Agency Name

City of San Jose

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
Orozco, Jaime	Passes 2	Ceremonial Role Other Cher Control Income Cheremonial Role Other Control Income Cheremonial Role" or "Other" describe below: On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
Short, Michael	0	Ceremonial Role Other I Income Income Confield flag presentation during National Anthem as part of First Reponders Appreciation Day
Solomon, Maria	2	Ceremonial Role Other I Income Income Other I Income Other I Income Income Income I If checking "Ceremonial Role" or "Other" describe below: On-field flag presentation during National Anthem as part of First Reponders Appreciation Day
		Ceremonial Role Other I 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
·		

-	ency Report of: remonial Role Even	ts and Ticket/F	Pass Distri	butions	А	Public Document
1. A	gency Name				RECEIVEC	California 000
	City of San Jose		E	Sar		Form 802
	ivision, Department, or Reg	ion (if applicable)		5 A.	Dood only orang	For Official Use Only
S	an Jose Police Departmer	t		2020	JAN IO AM NO: 14	
D	esignated Agency Contact	Name,Title)		the Order O	lonce	
C	Chief Edgardo Garcia, Polic	e Chief				rovide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail				
(	408) 535-8100	webmaster.manag	jer@sanjosec	a.gov	Date of Original Filing: .	(month, day, year)
2. F	unction or Event Infor	mation			¢	2 2 4 4 2 4 0
C	loes the agency have a tic	ket policy? Yes	🛛 No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$ <u>\$8</u>	33 & \$240
F	event Description: San Jos	e Sharks Hockey Ga	ame r	$Date(s) = \frac{11}{11}$	<u>, 1 , 19</u>	1 1
		Provide Title/ Expla	anation			//
Т	icket(s)/Pass(es) provided	by agency? Yes	No 🗆 🔤	f no:	Name of Source	
V	Vas ticket distribution made	at the behast was		f yes:		
	of agency official?	e at the benest Yes			Official's Name (Last, First)	
3.	• Use Section A to identify the ager         • A.    Name of Agency, Departments		• Use Section B to Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
	San Jose Police Departm Training & Evaluation Pro		22	Recognition	for public service	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	
					nonial Role Dother king "Ceremonial Role" or "Other" de	
					nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and	rganization d description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant 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.

Print Name

D. SYKES a Signature of Agency Head or Designee

CIT MANAGER

Title

1/7/20 (month, day, year)

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

## San José Sharks vs. Winnipeg Jets <u>November 1, 2019</u> <u>Attendees</u>

1

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

1. Agency Name				n - o Date Stamp	California 000
San Jose Police Departmer	t		Sar	RECENCEStamp Josa City Clark	Form 802
Division, Department, or Reg			Uat	Joaq Ony Oren	For Official Use Only
Family Violence Unit			2019	NOV-8 AMII: OH	
Designated Agency Contact	(Name, Title)			T	
Steve Slack, Sergeant					Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(408)-277-3700	steven.slack@san	joseca.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				_
Does the agency have a tic	ket policy? Yes	No D F	ace Value of	Each Ticket/Pass \$ 4	0
Event Description: Luke Co	mbs concert		ate(s) <sup>11</sup>	<u>, 6 , 19</u>	1 1
Event Description.	Provide Title/ Expl	anation			//
Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🖾 If	no: San Jose	e Arena Authority	and the second second second
Was ticket distribution made	a at the behast . Voo		yes:		
of agency official?	e at the benest yes		J :	Official's Name (Last, First)	
3. Recipients					
• Use Section A to identify the age	ncy's department or unit.		dentify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
SJPD Family Violence Ur	it	20	Recognition	for outstanding work	performance
		Number			
B. Name of Inc (Last, Fi		of Ticket(s)/ Passes		Identify one of the	following:
				nonial Role DOther C	
				nonial Role D Other C	
C. Name of Outside 0 (include address an		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant 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.

11/5/19 (month, day, year STEVE SLACK # 3318 A3313 ERGEANT Jung Title Signature of Agency Head or Designee Print Name

Comment:

Agency Name				Date Stamp	California 000
City of San Jose			San .	KEGENVED	California Form 802
Division, Department, or Region (	if applicable)		vall-,	ose City Clerk	For Official Use Only
San Jose Police Department			2020 JA	NIO ANIMA	
Designated Agency Contact (Name	e,Title)		1020 UA		
Chief Edgardo Garcia, Police Ch	nief			Con Lb	t Provide Explanation in Part 3.)
Area Code/Phone Number E-m	nail				rovide Explanation in Part 3.)
(408) 535-8100 we	bmaster.manage	er@sanjosec	a.gov	Date of Original Filing	g:(month, day, year)
. Function or Event Informat	ion		li Mandrier destander i Fundation		
Does the agency have a ticket p	olicy? Yes 🛛	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$ .	117
Event Description: San Jose Sh	arks Hockey Gar	ne г	Date(s) <u>10</u>	16 / 19	- 1 1
	Provide Title/ Explan	ation	Jaic(3)	/	//
Ticket(s)/Pass(es) provided by a	agency? Yes 🛛	No 🗆 🛙	f no:	Name of Source	
Was ticket distribution made at t	he behest . Voo F		f ves:		
of agency official?	the beneat fest			Official's Name (Last, Firs	st)
. Recipients		and an original provide			
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's d</li> </ul> </li> <li>A. Name of Agency, Department</li> </ul>		Use Section B to Number of Ticket(s)/ Passes			entify an outside organization. oursuant to the agency's policy
Use Section A to identify the agency's d     A. Name of Agency, Departme     B. Name of Individua	nt or Unit	Number of Ticket(s)/			oursuant to the agency's policy
Use Section A to identify the agency's d	nt or Unit	Number of Ticket(s)/ Passes Number	Describe th	e public purpose made p Identify one of th	e following:
Use Section A to identify the agency's d     A. Name of Agency, Departme     B. Name of Individua	nt or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made p	e following:
Use Section A to identify the agency's d     A. Name of Agency, Departme     B. Name of Individua	nt or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made p Identify one of th onial Role Other	e following:
Use Section A to identify the agency's d     A. Name of Agency, Departme     B. Name of Individua	nt or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made p Identify one of th onial Role Other ing "Ceremonial Role" or "Other" ing "Ceremonial Role" or "Other"	e following:

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.

CIT

MANAGER

Title

KES

Print Name

1

• Signature of Agency Head or Designee

Comment:

20

(month, day, year)

17

# Agency Report of: Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name San / Date Stamp Claif ornia 802 Division, Department, or Region (if applicable) 219 AUG 23 PM 12:2 For Official Use Only San Jose Police Department Designated Agency Contact (Name, Title) 219 AUG 23 PM 12:2 For Official Use Only

Chief Edgardo Garcia, Police Chief Area Code/Phone Number | E-mail

## (408) 535-8100 webmaster.manager@sanjoseca.goc 2. Function or Event Information

Function or Event Information	
Does the agency have a ticket policy? Yes X No	□ Face Value of Each Ticket/Pass \$ <u>170.00</u>
Event Description: <u>San Jose Sharks Hockey Game</u>	Date(s) <u>1 / 7 / 19</u> /
Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No	If no:
Was ticket distribution made at the behest Yes I No of agency official?	If yes: Official's Name (Last, First)

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Doxie, Tara	2	Ceremonial Role Other Income Income Recognizing volunteer public service
		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

## 4. Verification

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



Comment:

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

## Agency Report of:

C	eremonial Role Even	ts and Ticket/F	Pass Distri	ibutions	RECEIVET	AF	Public Do	ocument
1.	Agency Name			San	Jos Date Stamp	Bik	Californi	<sup>a</sup> 802
	City of San Jose						Form	
	Division, Department, or Reg	ion (if applicable)		2019	UG 23 PM 12	:28	For Offici	al Use Only
	San Jose Police Departmen	ıt						
	Designated Agency Contact	1						
	Chief Edgardo Garcia, Polic	e Chief			Amendment	(Must Pro	vide Explanation	in Part 3)
	Area Code/Phone Number	E-mail				(11401110)		in r un o.y
	(408) 535-8100	webmaster.manag	er@sanjosec	a.goc	Date of Original F	-iling:	(month, day, y	ear)
2.	Function or Event Infor	mation				470		
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌 🖡	Face Value of	Each Ticket/Pas	s\$	.00	
	Event Description: San Jose	e Sharks Hockey Ga Provide Title/ Expla	ame E	Date(s) <u>11</u>	<u>, 15 , 18</u>	_	/	_/
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌 🛛 I	f no:	Name of Source			
	Was ticket distribution made	at the behest . Vea		f yes:				
	of agency official?	at the beneat yes			Official's Name (Las	t, 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	y an outside org	ganization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose ma	ide pursu	ant to the age	ncy's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one	of the foll	lowing:	
	(Last, Fir	5()	Passes		-			-
	Arana, Erin		1	If check	nonial Role C king "Ceremonial Role" or "G y volunteer public			Income
Ð	Allen, Neal	71	1	If chec	nonial Role C king "Ceremonial Role" or "( volunteer public			Income 🗌
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose ma	ide pursu	ant to the age	ncy's policy

## 4. Verification

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

CIT





Tite 8 22 19 (month, day, year)

Comment:

### Agency Report of: RECEIVEA Public Document **Ceremonial Role Events and Ticket/Pass Distributions** 1. Agency Name Date Stamp California Form City of San Jose 2019 AUG 23 PM 12: 2 For Official Use Only Division, Department, or Region (if applicable) San Jose Police Department Designated Agency Contact (Name, Title) Chief Edgardo Garcia, Police Chief Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-8100 webmaster.manager@sanjoseca.goc (month, day, year) 2. Function or Event Information Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 170.00 Does the agency have a ticket policy? Event Description: San Jose Sharks Hockey Game Date(s) \_11 / 3 / 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗆 If no: Name of Source Was ticket distribution made at the behest Yes D No X 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 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 В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗙 Income Potwora, Douglas If checking "Ceremonial Role" or "Other" describe below: 2 Recognizing volunteer public service Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/

## 4. Verification

(include address and description)

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.

Passes

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

Comment: \_\_\_

Agency Report of: Ceremonial Role Events and Ticket/Pass	Distributions	A Public Do	cument
1. Agency Name	RECEIVE <b>Pate Stamp</b> San Jote City Clerk	California Form	802
SAN JOSE PD Division, Department, or Region (if applicable)	Mail Sal	For Official	

	Division, Department, or Region (if applicable)		DOLD MM	ail Ea BI AMILLIN	For Official Use Offiy
	BOI- FENANCIAL CRIMES		2019 JAN	BÍ AM 11:47	
	Designated Agency Contact (Name, Title)	/			
	LT. E. PEDREIRA #3/04 /2 Area Code/Phone Number E-mail	56T BRAN	10 #3312	Amendment (Must Pro	vide Explanation in Part 3.)
	408-277-4401 3312 C SAN	JOSECA.C NJOSECA.	50V/ .60V	Date of Original Filing:	(month, day, year)
2.	Function or Event Information			,	
	Does the agency have a ticket policy? Yes	🖞 No 🗖 🛛 Fa	ace Value of	Each Ticket/Pass \$	19.00
	Event Description: <u>CONCERT</u> / FOOFI Provide Title/ Explain	GHTELS D	ate(s)	12,18	
	Ticket(s)/Pass(es) provided by agency? Yes [	□ No 🗖 If	no:		
	Was ticket distribution made at the behest Yes of agency official?	צַר № 🛛 <sup>If</sup>	yes: <u> </u>	Name of Source	<u>2A /SGT R. B</u> RA
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 identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	CIM OF SAN JOSE, SAN JOSE PD-FINANCIAL CRIMES UNIT	16			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of the foll	owing:
				onial Role D Other ing "Ceremonial Role" or "Other" descri	Income
				onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant 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.

SERGEANT Title RICHARD BRAVO Print Name \$3312 09 Signature of Agency Head or Designer For R. 3.3312 (month, day

Comment:

_	eremonial Role Eve		a55 DISt	<u>ninuuons</u> —bàñ	RECEIVED	A Public Document
1.	Agency Name				US Date Stamp	California 802
	City of San Jose Division, Department, or R	enion (if applicable)			AV IS AMIL: C	For Official Use Only
	San Jose Police Dept	(ir applicable)				
	Designated Agency Conta	ot (Nama Titla)				
	Sgt Jodi Williams	<b>ct</b> (Ivallie, Tille)				
	Area Code/Phone Number	E-mail			Amendment (M	ust Provide Explanation in Part 3.)
	408-277-4161	3571@sanjoseca.	gov		Date of Original Fili	ng:
2.	Function or Event Inf	ormation				
	Does the agency have a	ticket policy? Yes	🛛 No 🗆	Face Value of	Each Ticket/Pass \$	UNK
	Event Description: San Jo			Date(s)		//
	Ticket(s)/Pass(es) provide			lf no:		
				San los	Name of Source	
	Was ticket distribution ma of agency official?	ide at the behest Yes	🖄 No 🗋	If yes: <u>San Jos</u>	Official's Name (Last, Fi	irst)
3.	• Use Section A to identify the a	gency's department or unit.	Use Section B to	o identify an individ	ual. • Use Section C to i	dentify an outside organization.
	A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
	City of San Jose, San J	ose Police Dept	24	#4 Recogniti projects/prog		ement in city related
	B. Name of I (Last,		Number of Ticket(s)/ Passes		Identify one of t	he following:
			ı		onial Role D Othe ing "Ceremonial Role" or "Other	
					onial Role Othe ing "Ceremonial Role" or "Othe	
	C. Name of Outside (include address a		Number of Ticket(s)/ Passes	Describe the	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.

Somalulla	Sgt J. Williams	Police Sergeant	11/13/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
5			
Comment:	·		

Agency	Repo	rt of:
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24.		butions			ocument
gency Name		Vân y		Californ	<sup>iia</sup> 802
SAN JOSE POLICE DEPART ivision, Department, or Region (if applicable)	MENT	2017 AP	Rev Mail		cial Use Only
FAMELY VIOLENCE UN esignated Agency Contact (Name, Title)					
LT. TEBALDI				lust Provide Explanati	on in Part 3 )
rea Code/Phone Number E-mail				ust i tovide Explanau	in in r art o.y
- 3298@ SANJ	OSECA.Co	N	Date of Original Fil	ing:(month, day,	year)
unction or Event Information					
oes the agency have a ticket policy? Yes	🖞 No 🔲 🛛 Fa	ace Value of I	Each Ticket/Pass	\$50	
	Dation	ate(s) <u> </u> /	28,17	/	
icket(s)/Pass(es) provided by agency? Yes	Él No⊡ lf	no:			
las tiekst distribution mode at the behast by	If	VAC'	Name of Source		
of agency official?	⊥ № 124 "	yes	,Official's Name (Last, F	iirst)	
Recipients • Use Section A to identify the agency's department or unit. • 1		lentify an individ	ual. • Use Section C to	identify an outside of	ganization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to the ag	ency's policy
SANJOSE POLSCE FAMELY VEOLENCE	16				
UNET					
3. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of t	he following:	
			· · · · · · · · · · · · · · · · · · ·		Income
					Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the			ncy's policy
	ivision, Department, or Region (if applicable) FAMSLY VIOLENCE UP esignated Agency Contact (Name, Title) LT. TEBADI rea Code/Phone Number E-mail 3298@SAM unction or Event Information oes the agency have a ticket policy? Yes vent Description: <u>THE WEEXAD CONCE</u> Provide Title/ Explar cket(s)/Pass(es) provided by agency? Yes fas ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit SANDSE POSILE FAMELY VIOLENCE UMAT 3. Name of Individual (Last, First) Name of Outside Organization	ivision, Department, or Region (if applicable)         FAMELY       VIOLENCE       UNIT         esignated Agency Contact (Name, Title)       LT.       TEBADI         rea Code/Phone Number       E-mail       3298@ SANJOSECA.co         unction or Event Information       oes the agency have a ticket policy?       Yes INO       Fa         vent Description:       THE WEEKND CONCEND       D         Provide Title/Explanation       D         cket(s)/Pass(es) provided by agency?       Yes INO       If         /as ticket distribution made at the behest Yes       No II       If         /as ticket distribution made at the behest Yes       No III       Number         /a Name of Agency, Department or Unit       OTICket(s)/       Passes         SANDSE RESCE       FAMELY VSCAELE       16         SANDSE RESCE       FAMELY VSCAELE       16         SANDSE RESCE       FAMELY VSCAELE       16         Mame of Individual       of Ticket(s)/       Passes         //a.       Name of Individual       OTICket(s)/         // Last, First)       Number       of Ticket(s)/         // Last, First)       OTICket(s)/       Passes	Ivision, Department, or Region (if applicable)       2011 AP         FAMSLY       VIOLENCE       UNIT         esignated Agency Contact (Name, Title)       LT.       TE&ADI         rea Code/Phone Number       E-mail       3298@ SAMOSECA.cov         unction or Event Information       oes the agency have a ticket policy?       Yes No        Face Value of I         vent Description:       If E       WEEEXO       Concert       Date(s)       4         Provide Title/ Explanation       cket(s)/Pass(es) provided by agency?       Yes No        If no:	Initial State       Image: State <t< td=""><td>PAN       Solution       Provide The Partial MEDI       2017 AP       28       AH [0: 53]       For Offi         FAM       Full or Region (# applicable)       Amendment       Amend Amendment       Amendment       Am</td></t<>	PAN       Solution       Provide The Partial MEDI       2017 AP       28       AH [0: 53]       For Offi         FAM       Full or Region (# applicable)       Amendment       Amend Amendment       Amendment       Am

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.

4/26/17 (month, day, year) TIR ALOL Print Name U UT. Title Signature of Agency Head or Designee

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

	ne			(*) A. 17	KECEDate Stamp	California Form 802
City of San Jo	ose			्रदा	Jose City Clerk	
Division, Depa	urtment, or Reg	ion (if applicable)		9011 M	AR 28 PM 1:59	For Official Use Only
Police Depart				201717	HR 20 MM 1: 59	
Designated Ag	gency Contact (	Name, Title)				
	Garcia, Police (	Chief			Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Pho	one Number	E-mail				
(408) 535-81	11	webmaster.manag	ger@sanjosed	ca.gov	Date of Original Filing:	(month, day, year)
2. Function or	r Event Infor	nation				
Does the age	ncy have a ticl	et policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ 4	3.00
Event Descrip	otion: <u>San Jose</u>	e Sharks vs. St. Lou	is Blues	Date(s) <u>3</u>	<u>, 16 , 17</u>	/
		Provide Title/ Expla by agency? Yes	anation	If <sub>no:</sub> Bay Area	a Law Enforcement As	sistance Fund
Honor(0)/Fact					Name of Source	
Was ticket dis of agency of		at the behest Yes	No 区	If yes:	Official's Name (Last, First)	
			• Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to ident	tify an outside organization. suant to the agency's policy
В.	Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
Officer Alan `		2	1	lf check	nonial Role DOther X ding "Ceremonial Role" or "Other" dei narks First Responder	scribe below:
	n Wellman, SJ	PD	1	lf check	nonial Role D Other X ing "Ceremonial Role" or "Other" des arks First Responder	scribe below:
Officer Jasoi					•	

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.

Maple & Jans	Norberto Oueñas	City Manager	3/24/17
Signature of Agency Head or Designee	Print Name	1 Title U	(month, day, year)

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

	gency Report of: eremonial Role Events and Ticket/F	Pass Distr	ibutions	A Public Document
1.	Agency Name SAN JOSE POL	-1CE D	EPT.	Ban Jose City Clerk California 802 Form 802
	Division, Department, or Region (if applicable) POUCE - Bomb SQM Designated Agency Contact (Name, Title)	1D	2(	For Official Use Only
	SGT. ROB LANG Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)
	408-476-8709 3279 CS	ANJOSE	CA.Gov	Date of Original Filing:
Ζ.	Event Description: BLAKE SHELTON Provide Title/ Expla	CONCERT nation No D If	Date(s)/	Each Ticket/Pass \$ 72.50 Name of Source CHCIS MONAHAN Official's Name (Last, First)
<u>.</u> 3.	Recipients• Use Section A to identify the agency's department or unit.•A.Name of Agency, Department or Unit	Number of Ticket(s)/		al. • Use Section C to identify an outside organization.
	SJPD BOMB SQUAD	Passes		· · · · · · · · · · · · · · · · · · ·
	SJPD Explosere K.9	S	-	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:
				onial Role C Other C Income In
				nial Role D Other D Income I Income D Income I Income D I
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursuant to the agency's policy
	-		×	

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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.

	G.	Ĥ	if	Ľ	₩3	295		<i>I</i> .	JE	FF	Plo	f.			L	w	7EN,	AN?	ī		3.	-9-	20	17	
-	Sign	ature of	Agenc	y Head	or Des	signee		-	-	Print I	Name	÷.	-		-	-	Title	<del>)</del>	-		· —	(month	, day, y	ear).	
1	-	1	2	÷	1	1	1	2	1	1	1	1	2	1	<del>تش</del> ر	1	1	-	.=	-	1	· 2	-	í	-
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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	gency Report of: eremonial Role Events and Ticket/I	Pass Dist	ributions	А	Public Document
1.	Agency Name		<u> </u>	RE (Date Stamp	California 802
	SAN JOSE POLICE DEPART	MENT	. 32	n Jose City Clerk	Form <b>OUZ</b>
	Division, Department, or Region (if applicable)		۲	FREN IOM	For Official Use Only
	BFO		2017	FEB 27 AM 10: 34	
	Designated Agency Contact (Name, Title)	- <u> </u>	17 The B		
	LIEUTENANT JEFF PROT Area Code/Phone Number E-mail	510		Amendment (Must Pi	
	Area Code/Phone Number E-mail		· · · ·		ovide Explanation in Part 3.)
	3295	sanjose	ca.gov	Date of Original Filing: _	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	⊠ No□	Face Value of	Each Ticket/Pass \$	303,00
	Event Description: BELLATOR MMA	· · ·			
	Ticket(s)/Pass(es) provided by agency? Yes		lf no:		
				Name of Source	
	Was ticket distribution made at the behest Yes of agency official?	□ No X	If yes:	Official's Name (Last, First)	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	SJPD, MERGE UNIT	24			
	SAN JOSE POLICE DEPARTMENT				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
				onial Role Donial Role" Other Donial Role or "Other" desc	Income
				onial Role D Other Other of "Other" descri	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
	~				

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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.

	UT.	Ŵ	l f	U	/			П.	Je	:H	<b>P</b> Rof	0			し	(EU1)	ENF	tat	-		7	- 23	3- Ze	<i>י</i> וי	
	Sigi	nature o	fAgen	cy Hea	d or De	signee				Print	Name						Tit	le				(mont	h, day, y	/ear)	•
	Com	iment:	Ē	÷ ŢŢ	- TI-	T.	đi na	, T					î.	a III.	Ē	i II.	111	Ţ	ill.)	i li.		Ĩ	III w	Ĩ	
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. Agency Name						Date Stamp	Califo	
City of San Jose							Forr	
Division, Departmer	nt, or Regio	<b>n</b> (if applicabl	le)		- 2010 DE	C-1 PM 12:55	) For O	fficial Use Only
San Jose Police D	•				_			
Designated Agency								
Chief Edgardo Gar						Amendment (M	lust Provide Explana	tion in Part 3.)
Area Code/Phone N		-mail						
(408) 535-8100	ľ	webmaster.	.manage	r@sanjose	ca.gov	Date of Original Fili	ng:(month, da	y, year)
. Function or Eve	ent Inform	ation						
Does the agency h	iave a ticke	t policy?	Yes 🗵	🛾 No 🗖	Face Value of	Each Ticket/Pass \$	§ <u>149</u>	
Event Description:	San Jose S	Sharks hoc	key gam		Date(s)		1	1
Event Description.		Provide 1	Title/ Explana	ation			/	/
Ticket(s)/Pass(es)	provided by	y agency?	Yes 🛛	No 🗌	lf no:	Name of Source		
Mac ticket distribut	tion made a	t the hehes	et Vaa 🗂		If yes:			
Was ticket distribut of agency official? . Recipients	?				<u>.</u>	Official's Name (Last, F		
of agency official? Recipients	?			Jse Section B to	<u>.</u>	Official's Name (Last, Fr		organization.
of agency official?  Recipients  Use Section A to ident	?	's department o		lse Section B to Number of Ticket(s)/	) identify an individ	Official's Name (Last, F	dentify an outside	
of agency official? Recipients • Use Section A to ident	? tify the agency'	's department o		Jse Section B to	) identify an individ	official's Name (Last, F	dentify an outside	
of agency official? Recipients • Use Section A to ident	? tify the agency'	's department o		lse Section B to Number of Ticket(s)/	) identify an individ	official's Name (Last, F	dentify an outside	
of agency official? Recipients • Use Section A to ident	? tify the agency'	's department o		Ise Section B to Number of Ticket(s)/ Passes	) identify an individ	official's Name (Last, F	dentify an outside	
of agency official?  Recipients  Use Section A to ident A. Name of Age	? tify the agency'	's department o		lse Section B to Number of Ticket(s)/	) identify an individ	official's Name (Last, F	dentify an outside pursuant to the a	
of agency official?  Recipients • Use Section A to ident A. Name of Age	y tify the agency gency, Departr gency, Departr	's department o		Ise Section B to Number of Ticket(s)/ Passes	o identify an individ Describe the	Official's Name (Last, F	dentify an outside pursuant to the a he following:	gency's policy
of agency official?  Recipients • Use Section A to ident A. Name of Age	y tify the agency gency, Departr gency, Departr	's department o		Ise Section B to Number of Ticket(s)/ Passes	e identify an individ Describe the Cerem <i>If checki</i>	Official's Name (Last, F	dentify an outside pursuant to the a he following: r	
of agency official?          Recipients         • Use Section A to ident         A.         Name of Ag         B.         Name of Age	y tify the agency gency, Departr gency, Departr	's department of nent or Unit lual		Ise Section B to Number of Ticket(s)/ Passes	e identify an individ Describe the Cerema If checki If checki	Official's Name (Last, F.	dentify an outside pursuant to the a he following: r r r r c r c r c r c describe below:	gency's policy Income

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.

NO DUENT OR Signature of Agency Head or Designee (month, day, yea Print Name

Comment:

4	eremonial Role Events and	TICKET/Pass Dis	tributions		Public Document
1.	Agency Name			Date Stamp	California Form <b>802</b>
	City of San Jose		·	an Jose City Clerk	
	Division, Department, or Region (if applied	cable)	20	CHON LO DIL -	For Official Use Only
	San Jose Police Department		۷۵	16 NOV 10 PM 3: 53	
	Designated Agency Contact (Name, Title)			EP OTC	
	Chief Edgardo Garcia, Police Chief			Amendment (Must Prov	vide Explanation in Part 3.)
	Area Code/Phone Number E-mail				···· ··· ··· ··· ··· ··· ··· ··· ··· ·
	(408)535-8100 webmas	ter.manager@sanjos	eca.gov	Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>149</u>	.00
	Event Description: San Jose Sharks H		Date(s)		//
	Ticket(s)/Pass(es) provided by agency	•	If no:		
	nekel(a)/r daa(ea) provided by dgeno		If no:	Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made at the be of agency official?	hest Yes 🗌 No 🖾	If yes:	Official's Name (Last, First)	
	A. Name of Agency, Department or U	nit Of Ticket(s Passes	)/ Describe th	e public purpose made pursu	ant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s) Passes	y	Identify one of the follo	owing:
				onial Role D Other Other of "Other" describ	Income
				onial Role Other Other Ing "Ceremonial Role" or "Other" describ	e below: Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	lf check		ne below: Income E

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

Title

(month day

Comment: \_

## .

Agency Report of: Ceremonial Role Events and Tick	(et/Pass	Distributions	RECEIVED San Jose City Cle <b>A</b>	Public Document
1. Agency Name				California 002
SAN TOSE POUCE T Division, Department, or Region (If Applicable)	<b>ZEPAR</b>	THENT	2016 JUN - 8 AM 10:	Form 602 For Official Use Only
TRAINING DIVISION Designated Agency Contact (Name, Title)	)			
SGT. CHARIS WILSON			<u></u>	
Area Code/Phone Number E-mail			Amendment (Must provide	explanation in Part 3.)
408.501.0960 2702	@ SAN	JOSECA.GUN	Date of Original Filing:(M	onth, Day, Year)
2. Function or Event Information	· · · · · · · · · · · · · · · · · · ·		of Each Ticket/Pass \$ (06-	+(1) 224(8)
Does the agency have a ticket policy?	Yes 🕅 No	Date(s)		
Provide Title/Explain	nation		_	Δ
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: SA	JJOSE MENA Name of Source	HUTHORITY
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>CH</u>	EF OF POLICE Official's Name (Last, F	irst)
<ul> <li>3. Recipients</li> <li>Use Section A to identify the agency's department or u</li> </ul>	nit. • Use Sec	ction B to identify an individ	ual. • Use Section C to identify an	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the	agency's policy
SJID TRAINING RECRUTTING	24	EMPLOYEE	REOGNITION	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:	
(Last, Firșt)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other Galaries Content Galaries Galari	Income
			· · · · ·	
		Ceremonial Role If checking "Ceremon	Other Content of the second s	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the	agency's policy
4. Verification		L		
I have read and understand FPPC Regulations 18944.1 and 1	8942. I have ve	rified that the distribution set f	orth above, is in accordance with the n	equirements,
LT. Han Que LT.	K. SAR	ELLA LI	EUTENANT	6616
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ti	icket/Pass	Distributions	RECEIVED A	Public Documen
1. Agency Name San Jose Pilice I Division, Department, or Region (If Applica BFO Chiefes Off	Dest.		S Date Stamp City (	Soft Control Soft
Area Code/Phone Number Ut-mail	talt Spe c.martin		Amendment (Must provide	explanation in Part 3.) Ionth, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description Trans Siberian	Yes 🕅 No 	Face Value of B	Each Ticket/Pass \$	7.5D
Provide Title/E Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes D No	☐ If no:	Name of Source Official's Name (Last, F	irst)
<ul> <li>3. Recipients         <ul> <li>Use Section A to identify the agency's department of</li> </ul> </li> </ul>	or unit. • Use Sec	tion B to identify an individual.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to the	agency's policy
BFO Chief.s Office	14	GOOD WORK	OF EMPLOYE	5
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	dentify one of the following:	Income
			Collier Role" or "Other" describe below:	
		Ceremonial Role International Formation Formation Ceremonial Formation Formation Formation Formation Ceremonial Formation Form	Other Device of the other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to the	agency's policy
		•	above, is in accordance with the re E LIEGTENANT	12-1-2015
Signature of Agency Head or Designee	Print Name	3	Title	(Month, Day, Year)

FPPC Form 802 (4/12) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Name San Jose Police Department ivision, Department, or Region (If Applicable			2015 NOV 25 AM ID:	California 802
ivision, Department, or Region (If Applicable	· .		↓は長谷は北 /□ - 音陽 執野	
	e)	······	The sec	For Official Use Only
Bureau of Investigations/ Covert Respon	se Unit		( P	
esignated Agency Contact (Name, Title)				
yler Krauel, Police Officer				
rea Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
08-277-4115 tyler.krauel@	@sanjoseca.	gov	Date of Original Filing: _	(Month, Day, Year)
unction or Event information				400.00
oes the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	102.00
vent Description <u>Nitro Circus - SAP Cent</u>	er	Date(s)1	, <b>11</b> , 15	
Provide Title/Exp	lanation			
cket(s)/Pass(es) provided by agency?	Yes 🗵 No	🔲 lf no:	Name of Sour	
as ticket distribution made at the behest				
of agency official?	No 🛛 Yes	If yes:	Official's Name (La	ist, First)
ecipients	·			
Use Section A to identify the agency's department or		tion B to identify an individ	ual. • Use Section C to identif	y an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
an Jose Police Department, Covert	24		ward for outstanding po	lice work to the Covert
Response Unit		Response Unit and		<u>.</u>
	Number of			
Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Conter Conter Conter Content of the delow:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	) the agency's policy
-				

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

PULICE

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AELOTICAL

ass Distributions		A Public Document
DEPOLTHENT	Date Stamp San Jose Ci	California Form 802
		For Official Use Only
	2015 DEC 22 A	
JUN SEWCES		
& UNET	Amendment (Must	provide explanation in Part 3.)

	E-mail	,	] 🗖 • • • • • • • • • • • • • • • • • •	
18-718-0967	3513 @ Santo	USECA.GOV	Date of Original Filing:	(Month, Day, Year)
<b>Function or Event Inform</b>	nation			1
Does the agency have a ticket			of Each Ticket/Pass \$	
Event Description	DIE SUARES E Provide Title/Explanation	Sale Date(s)		//
Ticket(s)/Pass(es) provided by	vagency? Yest	16 no: <u>54</u>	N JOSE ARE Name of Source	AUTURATION
Was ticket distribution made a of agency official?	t the behest No 🗌 Ye	• If yes:	Official's Name (Las	

### Recipients 3

1. Agency Name AN

JOSE

Designated Agency Contact (Name, Title)

BUREAU OF FIELD (

Division, Department, or Region (If Applicable)

ARIOU

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SAN JUSE POLICE DEPT	24	EEWALD FOR SPECIFIC OUTSTANDING
SAN JUSE POLICE DEPT DOWNTOWN SERVICES UNIT		WORK DONE TRY & COSY)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income I Income .
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		rified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee	Print Name	ELASIL SETLEENIM IIIGIIS Title (Nonth, Dely, Year)

Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass DistributionsSan Jose City Clerk A Public Document

				, , , , , , , , , , , , , , , , , , ,	
I. Agency Name <u>SAN</u> JOSE Pa Division, Department, or Regio	OLICE	DEPAI	2TMENT 201	Date Stamp FEB 18 AM 9: 2	California Form 802
Division, Department, or Regio	on (If Applicable	)		4 Mail	For Onicial Use Only
BFO - ADM IN ISTRA Designated Agency Contact (N	ITIUE Iame, Title)	UNIT			
JON HARTMAN Area Code/Phone Number	- <u>Polic</u> F-mail	E SE	RGEANT	Amendment (Must pro	vide explanation in Part 3.)
1				Date of Original Filing: _	
8-277-S322_		SAN JOS	- CA. GOU		(Month, Day, Year)
		<u>।</u> সিয়া দিয়া	Eace Value o	، فة Each Ticket/Pass •	206.
Does the agency have a ticket		Yes 🕅 No			
Event Description <u>SHARKS</u>	US. ( Provide Title/Expla	JUCKS			//
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: <u></u>	ARENA AUT Name of Sour	HORITY
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: <u>For</u>	0 Jo HNSON Official's Name (La	st, First)
. Recipients					
Use Section A to identify the agency's	s department or L	ınit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
BFO-ADMIN UNI	T	24	FOR EXCELLE	NT WORK	
B. Name of Individual		Number of Ticket(s)/	· · · · · · · · · · · · · · · · · · ·	Identify one of the following	]:
		Pass(es)		Other	Income
			Ceremonial Role	Other	Income
C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
. Verification	are 'r				
LT. Suhnsn k	<u>JOHNY</u>	SON FON	<u>16 folic</u>	E LIEUTENANT	<u> </u>
Signature of Agency Head or Designer					

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

. Ag	monial Role Events and Tick ency Name らみい JoSE Poli	155	DEPT7011. MAD	Date Stamp	California 802
Divi	ision, Department, or Region (If Applicable)	<u> </u>	/ L J J LUIT MAN	15 AN IU: 28	For Official Use Only
	METRO DIV.	, ,			
Des	ignated Agency Contact (Name, Title)		A <b>BA</b>		
	SGT. MIKE PAR	LSON			
Are	a Code/Phone Number E-mail 08 - 277 - 4631 IMICHAR			. ☐ Amendment <i>(Must p</i> Date of Original Filing:	. ,
. Fu	nction or Event Information	<u></u>			
Doe	es the agency have a ticket policy?	Yes 🗌 No 🛛	Face Value o	f Each Ticket/Pass \$ _	1012.00
Eve	ent Description <u>SHARKS</u> GA) Provide Title/Expla	イ1三 anation			/
Ticl	<pre>ket(s)/Pass(es) provided by agency?</pre>	Yes 🗌 🛛 No [	If no: <u>A</u>	RENA AUT. Name of So	HERITY
	s ticket distribution made at the behest agency official?	No 🗷 Yes [	If yes:	Official's Name (I	Ləst, First)
	cipients re Section A to Identify the agency's department or I	unit. • Use Sec	tion B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	SJPD - METRO	24	AWARD F	Sh QUALITY	work
В.	Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role If checking "Ceremon	Other D	Income
			Ceremonial Role If checking "Ceremon	Other	Income
c.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t 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.

Signeliule of Agency Head or Designee Print Name SiEL-G EANST

(Month, Day, Year)

Comment: \_

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



## Agency Name

## 3. Recipients

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

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
·			Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income
			Ceremonial Role Other I Income
			Ceremonial Role Other I Income
<b>C</b> .	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## Agency Report of: Ceremonial Role Events RECEIVED and Ticket/Pass Distributions Jose Gity Clerk

California Form 802

If Amendment - Date of Original Filing (Month, Day, Year)

A Public Document 2014 MAR -4 AM 9: 58

2/26/2014

1. Agency Name	San Jose Police Department	
Division, Dept. or Region (If Applicable)	BFO-patrol	Area Code/Phone Number 408-277-4631
Designated Agency Contact (Name, Title)	Mike Stahl	Email <u>3526@sanjoseca.gov</u>

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

Signature of Agency Head or Designee	Sat in Stall 3526	Print Name	Sergeant Mike Stahl
Title	Police Sergeant	Month, Day, Year	2/26/2014

2. Function or Event Information							
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes	\$125.00	Sharks Game	2/3/2014	No	City of San Jose	Yes	Lt Millard

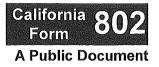
## 3. Recipients

(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.)

	Α.		В.				<b>C.</b>		
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: (Ceremonial Role, . Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
BFO-Patrol	24	Employee Appreciation	Mike Stahl	24	Other	Employee			
5									
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		-							
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## Agency Report of:

Cei	remonial Role Even	ts and Tic	ket/Pass I	Distributions <sub>RE6</sub>	CEIVED	A Public Document
1. /	Agency Name			Sen Jos	∋ CitγDateStamp	California 802
	City of San Jose	a bahan kupa yang yang yang yang katala da	*****		0 54 0.00	Form For Official Use Only
D	ivision, Department, or Regi	on (If Applicable	)	2013 AFK -	·2 PM 2:20	
	Office of the Chief of Police Designated Agency Contact (	_	Unit			
F	Paul Woo, Police Sergeant					
	rea Code/Phone Number 08/277-4041	E-mail paul.woo@s	anjoseca.gov		Date of Original Filing:	3/10/13
2. F	Function or Event Inform	L				(month, Day, rear)
	oes the agency have a ticke		Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	143.00
E	vent Description San Jose	Sharks Hocke Provide Title/Expl	y Game	Date(s)	1413	
Т	icket(s)/Pass(es) provided by	y agency?	Yes 🛛 No 🗌	] If no:	Name of So	urce
	Vas ticket distribution made a of agency official?	it the behest	No 🛛 Yes [	] If yes:	Official's Name (l	Last, First)
	Recipients Use Section A to identify the agency	y's department or	unit.   ● Use Secti	ion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
1	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
(	Office of the Chief of Police - Intel Unit		24 Employee recognition			
E	3. Name of Individua (Last, First)	al '	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
V	Voo, Paul		2	Ceremonial Role If checking "Ceremoni Employee Recognit	al Role" or "Other" describe below:	Income
(	Campagna, Joe		2	Ceremonial Role If checking "Ceremoni Employee Recognit	al Role" or "Olher" describe below:	Income
Ċ	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Santa Clara Police Departm	nent	3	Outside police ager	ncy recognition for ass	sistance on case
	Santa Clara County Sheriff	s Dept	2	Outside police ager	ncy recognition for ass	sistance on case
	Verification have read and understand FPPC Regu LejA To Mr 2639	(	118942. I have ven	ified that the distribution set fo	orth above, is in accordance wi Stzr-B-EANT	th the requirements. 3-19-13
100	Signature of Agency Head or Designee	annya Kangalangan Bendanasi (Kangalangan Kingan)	Print Name		Title	(Month, Dəy, Year)
C	Comment:	newsonshitzenderne was gepannen met pyspersoner	na ana ang kang kang kang kang kang kang		Dige Machine and an	FPPC Form 802 (4/12



## Agency Name

City of San Jose

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	n in fan fan fan skrief fan de fan skrief fan de fan skrief fan skrief fan skrief fan skrief fan skrief fan skri	
B. Name of Individual (Lasi, First)	Number of Ticket(s)/	Identify one of the following:
McCarron, George	Pass(es)	Ceremonial Role D Other D Income Income Income Employee Recognition
Reckas, Kimberlie	2	Ceremonial Role D Other S Income I If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Lutticken, Mike	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Anderson, Dan	2	Ceremonial Role D Other D Income I Income I Income E If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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



## Agency Name

ι,

City of San Jose

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(9)/ Pass(e9)	Identify one of the following:
Tran, Doug	2	Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Croucher, Matt	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Welker, Jess	2	Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Pham, Chau	2	Ceremonial Role Other Other Income Income Income Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
· · · · · · · · · · · · · · · · · · ·		

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED A Public Document 1. Agency Name Sah Jos Date Standfork California 802

	0,				Form (•)	
	Santa Clara County Region	al Auto Theft Task Force (RA			Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable)	ZU13	FEB 28 PM 12: 11	For Official Use Only	
	San Jose Police Departmer	nt, San Jose Ca.				
	Designated Agency Contact	(Name, Title)				
	Brian Matchett, Sergeant			Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	408-421-6770	gov	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation			192.00	
	Does the agency have a ticke	et policy? Yes 🗵 No 🗌	Face Value o	Face Value of Each Ticket/Pass \$ Date(s) 2 28 13/ If no: City of San Jose Name of Source If yes: Police Chief Christopher Moore Official's Name (Last, First)		
	Event Description San Jose	Sharks Hockey Game Provide Title/Explanation	_ Date(s)			
	Ticket(s)/Pass(es) provided b	y agency? Yes 🗌 No 🛛	If no: <u>City of</u>			
	Was ticket distribution made a	at the behest No 🗌 Yes 🛛	If yes: Police			
	of agency official?		·	Official's Name (L	ast, First)	
3.	Recipients • Use Section A to Identify the agend	y's department or unit. ● Use Section	B to identify an individu	al. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departm	ent or Unit Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	

A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Santa Clara County Regional Auto Theft Task Force (RATTF)	24	Use of City owned suite at HP Pavilion for RATTF unit, City Police Department
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Dother I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
DAA		rified that the distribution set forth above, is in accordance with the requirements.
(AVE) 332	Brian Mat	
Signature of Agency Head or Designee	Print Nəm	e Title (Month, Day, Year)

Comment: \_