

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

**A Public Document**

<b>1. Agency Name</b> City of San Jose		Date Stamp <b>RECEIVED</b>  <b>DEC 29 2021</b>  City of San Jose Office of the City Clerk	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Police Department			
Designated Agency Contact (Name, Title) Tony Mata, Chief of Police		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov		

**2. Function or Event Information**

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

Event Description: 49rs Football Game/Team Up Prog. Date(s) 11 / 28 / 21 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/ Explanation


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

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

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

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

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

 \_\_\_\_\_ Jennifer Maguire \_\_\_\_\_ City Manager \_\_\_\_\_ 12/16/21  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Print** **Clear**

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

**A Public Document**

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

**2. Function or Event Information**

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

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

Provide Title/ Explanation

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

Name of Source

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

Official's Name (Last, First)


**3. Recipients**

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

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

**4. Verification**

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

 Signature of Agency Head or Designee	Jennifer Maguire Print Name	City Manager Title	10-13-21 (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

A Public Document

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

**2. Function or Event Information**

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

Event Description: First Responders Appreciation Day Date(s) 12 / 15 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

Agency Name

City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Orozco, Jaime	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> On-field flag presentation during National Anthem as part of First Responders Appreciation Day
Short, Michael	0	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> On-field flag presentation during National Anthem as part of First Responders Appreciation Day
Solomon, Maria	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> On-field flag presentation during National Anthem as part of First Responders Appreciation Day
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

**A Public Document**

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

**San José Sharks vs. Winnipeg Jets**

**November 1, 2019**

**Attendees**

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

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

**A Public Document**

<b>1. Agency Name</b> San Jose Police Department Division, Department, or Region (if applicable) Family Violence Unit Designated Agency Contact (Name, Title) Steve Slack, Sergeant Area Code/Phone Number      E-mail (408)-277-3700                  steven.slack@sanjoseca.gov		Date Stamp <b>RECEIVED</b> San Jose City Clerk <b>2019 NOV -8 AM 11:04</b> TL	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>11/5/19</u> <small>(month, day, year)</small>	

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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



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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

**A Public Document**

**1. Agency Name**

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

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

**California Form 802**  
 For Official Use Only

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

**2. Function or Event Information**

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

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**A Public Document**

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

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

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

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

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

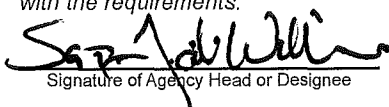
**3. Recipients**

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

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

**4. Verification**

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


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

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

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

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1. Agency Name

SAN JOSE POLICE DEPARTMENT

Division, Department, or Region (if applicable)

FAMILY VIOLENCE UNIT

Designated Agency Contact (Name, Title)

LT. TIBAUDI

Area Code/Phone Number

E-mail

3298@SANJOSECA.GOV

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

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Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Function or Event Information

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

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

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

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

3. Recipients

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

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

4. Verification

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

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

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

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

**A Public Document**

**1. Agency Name**

City of San Jose

Division, Department, or Region (if applicable)

Police Department

Designated Agency Contact (Name, Title)

Chief Eddie Garcia, Police Chief

Area Code/Phone Number

(408) 535-8111

E-mail

webmaster.manager@sanjoseca.gov

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RW 10M  
2017 MAR 28 PM 1:59

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Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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



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

**A Public Document**

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

**A Public Document**

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

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San Jose City Clerk  
Date Stamp

**A Public Document**

**1. Agency Name**

City of San Jose

Division, Department, or Region (if applicable)

San Jose Police Department

Designated Agency Contact (Name, Title)

Chief Edgardo Garcia, Police Chief

Area Code/Phone Number

(408) 535-8100

E-mail

webmaster.manager@sanjoseca.gov

2016 DEC -1 PM 12:55

**California Form 802**

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Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 149

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 149.00

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

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

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

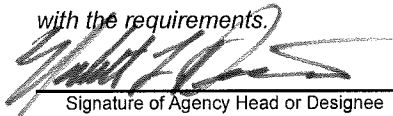
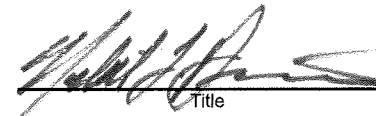
**3. Recipients**

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

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

**4. Verification**

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

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

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

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San Jose City Clerk A Public Document

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

2. Function or Event Information

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

Event Description SHARKS GAME Date(s) 6/4/16  
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

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

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**California Form 802**

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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San Jose City Clerk

**A Public Document**

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

**2. Function or Event information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description SAN JOSE SHARKS GAME  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 222

Date(s) 11, 3, 15

If no: SAN JOSE ARENA AUTHORITY  
Name of Source

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

**3. Recipients**

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

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

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

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

**4. Verification**

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

[Signature] MARIO BRASIL SERGEANT 11/16/15  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)



**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED  
San Jose City Clerk **A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ 206.<sup>00</sup>

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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Jose City Clerk

A Public Document

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

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

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

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

Agency Name \_\_\_\_\_

**3. Recipients**

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

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

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

California Form **802**

If Amendment - Date of Original Filing  
(Month, Day, Year)  
  
2/26/2014

A Public Document RECEIVED  
San Jose City Clerk  
2014 MAR -4 AM 9:58

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

*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	<i>Sgt M Stahl 3526</i>	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 <small>(Provide Title/Explanation)</small>	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 <small>(Last, First)</small>
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.)

Name of Agency, Department or Unit	A.		B.				C.		
	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following: <small>(Ceremonial Role, Other, or Income)</small>	Description of "Ceremonial Role" or "Other"	Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
BFO-Patrol	24	Employee Appreciation	Mike Stahl	24	Other	Employee			

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

A Public Document

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

**2. Function or Event Information**

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

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

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

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

**3. Recipients**

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

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

**4. Verification**

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

<u>Seal Woo 2013</u> <small>Signature of Agency Head or Designee</small>	<u>Paul Woo</u> <small>Print Name</small>	<u>SERGEANT</u> <small>Title</small>	<u>3-19-13</u> <small>(Month, Day, Year)</small>
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**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

Agency Name

City of San Jose

**3. Recipients**

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

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

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

Agency Name

City of San Jose

**3. Recipients**

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

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

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

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**1. Agency Name**

Santa Clara County Regional Auto Theft Task Force (RATTF)

Division, Department, or Region (If Applicable)

San Jose Police Department, San Jose Ca.

Designated Agency Contact (Name, Title)

Brian Matchett, Sergeant

Area Code/Phone Number

408-421-6770

E-mail

brian.matchett@sanjoseca.gov

San Jose City Clerk

Date Stamp

2013 FEB 28 PM 12:11

California Form **802**

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 192.00

Event Description San Jose Sharks Hockey Game  
*Provide Title/Explanation*

Date(s) 2 / 28 / 13

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

If no: City of San Jose  
*Name of Source*

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

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

**3. Recipients**

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

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

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

		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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



Brian Matchett

Sergeant

2/27/13

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

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