

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

REAL Public Document

<b>1. Agency Name</b>		Date Stamp San Jose 2022 FEB 11	California Form <b>802</b> For Official Use Only AM 9:39
Office of Councilmember Maya Esparza			
Division, Department, or Region (if applicable) District 07		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Mike Medina, Community Relations Manager			
Area Code/Phone Number 408-535-4997	E-mail mike.medina@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 122 \$40.00

Event Description: Disney on Ice Date(s) 02 / 12 / 22 02 / 12 / 22  
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
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
	Shirakawa Family Resource Center	16	Recognition

**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      Maya Esparza      Councilmember      01/20/2022  
Print Name      Title      (month, day, year)

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

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

**A Public Document**

**1. Agency Name**

Date Stamp <b>RECEIVED</b> San Jose City OTC 2022 FEB -1 PM 2:44	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Date of Original Filing: _____ (month, day, year)	

Office of Councilmember Maya Esparza

Division, Department, or Region (if applicable)  
District 07

Designated Agency Contact (Name, Title)  
Mike Medina

Area Code/Phone Number      E-mail  
408-535-4997                      mike.medina@sanjoseca.gov

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \$418/ticket + \$84/ticket

Event Description: Sharks Vs. Lighting      Date(s) 01 / 22 / 22      01 / 22 / 22  
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
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
Lone Bluff - Senter Neighborhood Association	24	Recognition

**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.

\_\_\_\_\_      Maya Esparza      Councilmember      01/20/2022  
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**

Office of Councilmember Maya Esparza

Division, Department, or Region (if applicable)

District 07

Designated Agency Contact (Name, Title)

Mike Medina, Community Relations Manager

Area Code/Phone Number

408-535-4997

E-mail

mike.medina@sanjoseca.gov

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Date Stamp  
San Jose City Clerk  
07 OCT  
2022 FEB -1 PM 2:44

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 \$ \$80/ticket + \$25/ticket

Event Description: Barracuda vs Condors Date(s) 01 / 23 / 22 01 / 23 / 22  
*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)*

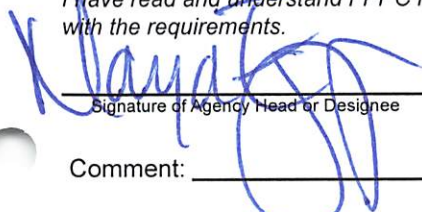
**3. Recipients**

• 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
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
	McLaughlin Area Tenant Association	24	Recognition

**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

Maya Esparza

Print Name

Councilmember

Title

01/20/2022

(month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b>		RECEIVED San Jose City Cl Date Stamp <b>2021 DEC 13 PM 1:34</b> otc TL	<b>California Form 802</b> For Official Use Only
Office of Councilmember Maya Esparza			
Division, Department, or Region (if applicable)			
District 07			
Designated Agency Contact (Name, Title)			
Mike Medina			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
408-535-4997	mike.medina@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 80.00 and \$25.00

Event Description: Barracuda v. Canucks Date(s) 12 / 12 / 21  
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
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
Vietnamese in San Jose	24	Recognition

**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	Maya Esparza Print Name	Councilmember Title	12/10/2021 (month, day, year)
Comment: _____			

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

**A Public Document**

<b>1. Agency Name</b> Office of Councilmember Maya Esparza		RECEIVED San Jose City Clerk Date Stamp <b>2021 DEC 13 PM 1:36</b> OCTR	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) District 07			
Designated Agency Contact (Name, Title) Mike Medina, Community Relations Manager			
Area Code/Phone Number 408-535-4997	E-mail mike.medina@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 \$ \$418.00 and \$84.00

Event Description: Sharks vs Stars Date(s) 12 / 11 / 21 12 / 11 / 21  
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
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
Seven Trees Family Resource Center	24	Recognition

**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.*

Maya Esparza
Councilmember
12/02/2021  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

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

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

RECEIVED Public Document

<b>1. Agency Name</b> Office of Councilmember Maya Esparza Division, Department, or Region (if applicable) District 07 Designated Agency Contact (Name, Title) Mike Medina, <i>Community Relations Manager</i> Area Code/Phone Number   E-mail 408-535-4997   mike.medina@sanjoseca.gov		San Jose City California Form <b>802</b> 2021 DEC -6 AM 11:04 Official Use Only
<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 \$ 143.50

Event Description: Poptopia 2021 Date(s) 12 / 04 / 21 12 / 04 / 21  
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
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
Alma Teen Center	16	Recognition

**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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
(month, day, year)

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

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

RECEIVED A Public Document

<b>1. Agency Name</b> Office of Councilmember Maya Esparza		Date Stamp <i>OTC</i> 2021 OCT 22 AM 10:39	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 07			
Designated Agency Contact (Name, Title) Cristian Cornejo, Community Service Manager			
Area Code/Phone Number (408)535-4961	E-mail cristian.cornejo@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 \$ \$122.00

Event Description: Disney on Ice Date(s) 10 / 23 / 21 10 / 23 / 21  
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
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
West Evergreen Neighborhood Association	16	Recognition

**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.*

	Maya Esparza	Councilmember	10/13/2021
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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A Public Document

<b>1. Agency Name</b> Office of Councilmember Maya Esparza		Date Stamp <i>ME</i> 2021 OCT 22 AM 10:40	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 07			
Designated Agency Contact (Name, Title) Mike Medina, Community Service Agency		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-535-4997	E-mail mike.medina@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$418 (18 tickets) \$84 (6 tickets)

Event Description: SJ Sharks vs Winnipeg Jets Date(s) 10 / 16 / 21 10 / 16 / 21  
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
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
	African American Community Service Agency	24	Recognition

**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.

*Maya Esparza* \_\_\_\_\_ Maya Esparza \_\_\_\_\_ Councilmember \_\_\_\_\_ 10/13/2021 \_\_\_\_\_  
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>City of San José</u>	<b>RECEIVED</b> San José City Clerk	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 07</u>	<b>2020 MAR 12 PM 12:43</b>	
Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u>		
Area Code/Phone Number <u>(408)535-4997</u>	E-mail <u>mike.medina@sanjoseca.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  Face Value of Each Ticket/Pass \$ 50.00

Event Description: Barracuda v. Heat Date(s) 04/04/20 04/04/20  
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
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
<u>Lairon Food Distribution</u>	<u>24</u>	<u>Recognition</u>
<u>Volunteer Group</u>		

**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.

Maya Signature of Agency Head or Designee      Maya Esparzu Print Name      Councilmember Title      \_\_\_\_\_ (month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp 2020 FEB 13 AM 11:09 OTC LG	California Form <b>802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable)			
Council District 07			
Designated Agency Contact (Name, Title)			
Mike Medina, Community Relations Manager			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(408) 535-4997	Mike.Medina@sanjoseca.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 \$ 50.00

Event Description: Barracuda v. Eagles Date(s) 03/17/20 03/17/20  
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
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
<u>Alma Community Youth Group</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Signature of Agency Head or Designee     Maya Esparza Print Name     Councilmember Title     02/13/20 (month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u> Division, Department, or Region (if applicable) <u>Council District 07</u> Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u> Area Code/Phone Number      E-mail <u>(408) 535-4997</u> <u>mike.medina@sanjoseca.gov</u>	RECEIVED Date Stamp <u>San Jose City Clerk</u>  <u>2020 FEB 27 A 9:52</u>  <u>OTC CA</u>	<b>California Form 802</b> For Official Use Only _____ _____ _____ <input type="checkbox"/> <b>Amendment</b> (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 \$ 117.00

Event Description: Sharks v. Devils      Date(s) 02/27/20      02/27/20  
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)

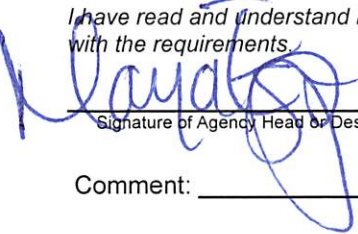
**3. Recipients**

\* 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
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
<u>Los Bomberos</u>	<u>8</u>	<u>Recognition</u>

**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.*

      Maya Esparza      Councilmember      02/25/20  
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>City of San Jose</u>		Date Stamp <u>2020 FEB 13 AM 11:09</u>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 07</u>		<u>OTC LG</u>	
Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4997</u>	E-mail <u>mike.medina@sanjoseca.gov</u>	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 \$ 67.00

Event Description: Disney on Ice Date(s) 02/22/20 02/22/20  
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
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>
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
	<u>Los Pollitos</u>	<u>20</u>	<u>Recognition</u>

**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.*

Maya Esparza Maya Esparza Councilmember 02/12/20  
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>City of San Jose</u>		RECEIVED San Jose City Clerk	Date Stamp 2020 FEB - 6 PM 1:09 OTC LG	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>				
Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations</u>				
Area Code/Phone Number <u>(408) 535-4497</u>	E-mail <u>mike.medina@sanjoseca.gov</u>	<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 \$ 50.00

Event Description: Barracuda v. Roadrunners Date(s) 02/17/20 02/17/20  
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
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>
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
	<u>Bicksprings Neighborhood Association</u>	<u>24</u>	<u>Recognition</u>

**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: [Signature] Print Name: Mayra Esparza Title: Council member Date: 02/03/20  
(month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		Date Stamp <u>San Jose City Clerk</u>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 07</u>		<u>2020 FEB -4 PM 1:09</u>	
Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>1408)535-4997</u>	E-mail <u>mike.medina@sanjoseca.gov</u>	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 \$ 50.00

Event Description: Barracuda v. Heat Date(s) 02/12/20 02/12/20  
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
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>
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
	<u>Los Arboles Elementary</u>	<u>24</u>	<u>Recognition</u>
	<u>School Parents</u>		

**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.

Maya Esparza Councilmember 02/02/20  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

RECEIVED  
San Jose  
California Form **802**  
For Official Use Only

<b>1. Agency Name</b> <u>City of San Jose</u>		Date Stamp <u>2020 JAN 13 7Z</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero, Chief of Staff</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4485</u>	E-mail <u>andres.Quintero@sanjoseca.gov</u>	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 \$ 50.00

Event Description: Barracuda v Reigns Date(s) 01/08/20 01/08/20  
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
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>
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
<u>Tropicana - Lanai</u>	<u>24</u>	<u>Recognition</u>
<u>Neighborhood Association</u>		

**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] Maya Esparca Councilmember 01/13/20  
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>City of San Jose</u>		RECEIVED San Jose City Clerk	Date Stamp <b>2019 DEC -6 PM 2:18</b>	<b>California Form 802</b>
Division, Department, or Region (if applicable) <u>Council District 7</u>		For Official Use Only		
Designated Agency Contact (Name, Title) <u>Andres Quintero, Chief of Staff</u>		BTC LG		
Area Code/Phone Number <u>(408) 535-4985</u>	E-mail <u>andres.quintero@sanjoseca.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  Face Value of Each Ticket/Pass \$ 117.00

Event Description: Sharks v Blues Date(s) 12/21/19 12/21/19  
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
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
	<u>Dahl volunteer Group</u>	<u>8</u>	<u>Recognition</u>

**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.

Maya Espanza Maya Espanza Councilmember 12/03/19  
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**

<b>1. Agency Name</b> <u>City of San Jose</u>		RECEIVED Date Stamp San Jose City Clerk 2019 DEC 13 AM 11:35 JTC LG	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero, Chief of Staff</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>(408) 535-4485</u>	E-mail <u>andres.quintero@sanjoseca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 50.00

Event Description: SJ Barracuda v. Reign Date(s) 12/18/19 12/18/19  
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
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
<u>Environmental Services Dept 24</u>		<u>Recognition</u>
<u>Rapid Team</u>		

**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.

Maya Esparza      Maya Esparza      Councilmember      12/11/19  
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**

<b>1. Agency Name</b> <u>City of San Jose</u>		Date Stamp <u>San Jose City Clerk</u>  <u>2019 DEC -5 AM 10:41</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero, Chief of Staff</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4985</u>	E-mail <u>andres.quintero@sanjoseca.gov</u>	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 \$ 117.00

Event Description: Sharks v. Coyote Date(s) 12/17/19 12/17/19  
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
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>
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
	<u>Dahl Volunteer Group</u>	<u>8</u>	<u>Recognition</u>

**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.

Maya Esparza Signature of Agency Head or Designee      Maya Esparza Print Name      Councilmember Title      12/03/19 (month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		RECEIVED Date Stamp San Jose City Clerk 2019 DEC -5 AM 10:41	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) <u>Cancel District 7</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>1408/535-4985</u>	E-mail <u>andres.quintero@sanjoseca.gov</u>		

**2. Function or Event Information**

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

Event Description: Sharks v. NY Rangers Date(s) 12/12/19 12/12/19  
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
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>
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
<u>African - American Community</u>	<u>24</u>	<u>Recognition</u>
<u>Services Agency</u>		

**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.

    
 Maya Esparza    
 Councilmember    
 12/03/19  
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**

<b>1. Agency Name</b> <u>City of San Jose</u> Division, Department, or Region (if applicable) <u>Council District 7</u> Designated Agency Contact (Name, Title) <u>Andres Quintero, Chief of Staff</u> Area Code/Phone Number      E-mail <u>(408)535-4985</u> <u>andres.quintero@sanjoseca.gov</u>	RECEIVED San Jose City Clerk Date Stamp 2019 DEC -5 AM 10:41	<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 \$ 117.00

Event Description: Sharks v. Capitals      Date(s) 12/03/19      12/03/19  
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
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
<u>OB Whaley Parent-Teacher Association</u>	<u>8</u>	<u>Recognition</u>

**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.

Maya Esparza      Maya Esparza      Councilmember      12/03/19  
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**

<b>1. Agency Name</b> <u>City of San Jose</u>		RECEIVED San Jose City Clerk 2019 NOV 20 PM 4:43 OTC LG	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4997</u>	E-mail <u>mike.medina@sanjoseca.gov</u>	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 \$ 50

Event Description: Barracuda V. Eagles Date(s) 11 / 23 / 19 11 / 23 / 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
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>
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
	<u>McLaughlin Corridor</u>	<u>24</u>	<u>Recognition</u>
	<u>Neighborhood Association</u>		

**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.

Maya Esparza Signature of Agency Head or Designee      Maya Esparza Print Name      Councilmember Title      11/15/19 (month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		RECEIVED San Jose City Clerk	Date Stamp <b>2019 NOV 20 PM 4:43</b>	<b>California Form 802</b>
Division, Department, or Region (if applicable) <u>Council District 7</u>		OCC LG		For Official Use Only
Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		
Area Code/Phone Number <u>(408) 535-4997</u>	E-mail <u>mike.medina@sanjoseca.gov</u>	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 \$ 50.00

Event Description: Barracuda v. Tucson Date(s) 11, 17, 19 11, 17, 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
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
<u>West Evergreen Neighborhood Association</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Maya Esparza Councilmember 11/19/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

FEA Public Document

<b>1. Agency Name</b> <u>City of San Jose</u> Division, Department, or Region (if applicable) <u>Council District 7</u> Designated Agency Contact (Name, Title) <u>Mike Medina, Community Relations Manager</u> Area Code/Phone Number      E-mail <u>(408) 535-4997</u> <u>mike.medina@sanjoseca.gov</u>	Date Stamp 2019 OCT 25	California Form <b>802</b> For Official Use Only PM 12:25
<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 \$ 50.00

Event Description: Barracuda v. Condors      Date(s) 10/30/19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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
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
<u>Captain Jason M. Dahl</u>	<u>24</u>	<u>Recognition</u>
<u>Elementary School</u>		

**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.

Maya Esparza      Maya Esparza      Councilmember      10/23/19  
Signature of Agency Head of 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>City of San Jose</u> <small>Division, Department, or Region (if applicable)</small> <u>Council District 7</u> <small>Designated Agency Contact (Name, Title)</small> <u>Mike Medina, Community Relations Manager</u> <small>Area Code/Phone Number</small> <small>E-mail</small> <u>(408) 535-4997</u> <u>Mike.medina@sanjoseca.gov</u>	Date Stamp 2019 OCT 21 AM 10:39 TC	<b>California Form 802</b> For Official Use Only  <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 153.00

Event Description: Anuel AA    Date(s) 10 / 18 / 2019  
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
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
<u>Santee Neighborhood Association</u>	<u>20</u>	<u>Recognition</u>

**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.

Maya Esparza    Maya Esparza    Council Member    10/18/19  
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**

City of San Jose  
Division, Department, or Region (if applicable)

Council District 7  
Designated Agency Contact (Name, Title)

Mike Medina, Community Relations Manager  
Area Code/Phone Number E-mail

(408) 535-4997

mike.medina@sanjoseca.gov

RECEIVED  
San Jose City Clerk  
Date Stamp  
OTC LC  
2019 OCT 15 PM 1:18

**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 \$ 50

Event Description: Barracuda v. Condors Date(s) 10/13/19  
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
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>
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
	<u>Parking Compliance</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya  
Signature of Agency Head or Designee

Maya Esparza  
Print Name

Council member  
Title

10/11/2019  
(month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		ALTERNATE Date Stamp <u>San Jose City Clerk</u>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable)		<u>2019 SEP 4 PM 2:44</u>	
<u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Mike Medina (Council Assistant)</u>			
Area Code/Phone Number <u>(408) 535-4997</u>	E-mail <u>mike.medina@sanjoseca.gov</u>	<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 \$ \$109.00

Event Description: Monster Jam Date(s) 08/31/2019  
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
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>
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
<u>Valley Palm Unidos</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Maya Esparza Councilmember 08/28/2019  
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**

<u>City of San Jose</u>		RECEIVED San Jose City Clerk OTC JKW 2019 JUL 22 PM 1:50	Date Stamp California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			
<u>Council District 7</u>			
Designated Agency Contact (Name, Title)			
<u>Andres Quintero</u>			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
<u>(408) 535-4902</u>	<u>Andres.Quintero@Sanjoseca.gov</u>		

**2. Function or Event Information**

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

Event Description: Freestyle Explosion Date(s) 07 / 13 / 2019  
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
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
<u>D7 Volunteers</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza      Maya Esparza      Councilmember      07/11/19  
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 <u>City of San Jose</u>		San Jose City Date Stamp <u>2019 MAY 15 AM 9:44</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero</u>			
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>andres.quintero@sanjose.ca.gov</u>	<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 \$ 133.50

Event Description: Wisin + Yandel Date(s) 5 / 26 / 2019  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Stephania Diaz</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>DISTRICT 7 HOST</u>
<u>Mike Medina</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>DISTRICT 7 HOST</u>
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
<u>Seven Trees Community Center Teens Program</u>	<u>14</u>	<u>Recognition</u>

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.

Maya Esparza Signature of Agency Head or Designee      Maya Esparza Councilmember Print Name      5/14/19 Title      (month, day, year)

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

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

**A Public Document**

1. Agency Name <u>City of San Jose</u>		Date Stamp <u>San Jose City</u> <u>OTCCA</u> 2019 MAY 15 AM 9:44	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>andres.quintero@sanjose.ca.gov</u>	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 \$ 164<sup>00</sup>

Event Description: Stars on Ice Date(s) 5/12/19  
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
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>
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
<u>Conxion To Community</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Signature of Agency Head or Designee  
Maya Esparza Print Name  
Councilmember Title  
5/14/19 (month, day, year)

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

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

**A Public Document**

1. Agency Name <u>City of San Jose</u>		<b>RECEIVED</b> Date Stamp MAY 07 2019 City of San Jose Office of the City Clerk	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero</u>			
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>andres.quintero@sanjoseca.gov</u>	<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 \$ 201<sup>00</sup>

Event Description: Smirks v. Avalanche Date(s) 4/28/19  
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)

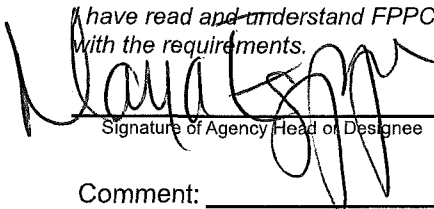
**3. Recipients**

• 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>
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
<u>Syvandale Middle School</u>	<u>8</u>	<u>Recognition</u>

**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

Maya Esparza Print Name

Councilmember Title

5/6/2019 (month, day, year)

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

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

**A Public Document**

1. Agency Name <u>City of San Jose</u>		Date Stamp RECEIVED San Jose City Clerk <u>OTW</u> 2019 MAY -7 AM 10:37	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>Andres Quintero</u>			
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>andres.quintero@sanjose.ca.gov</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 204<sup>00</sup>

Event Description: Bellator MMA Date(s) 4/27/2019  
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
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>
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
<u>Franklin-McKinley School District</u>	<u>8</u>	<u>Recognition</u>

**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.

Maya Esparza Maya Esparza Council member 5/6/2019  
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 <u>City of San Jose</u>		RECEIVED San Jose City Clerk Date Stamp <u>2019 MAR -7 PM 2:13</u>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero</u>			
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>Andres.Quintero@sanjose.ca.gov</u>	<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 \$ 50.00

Event Description: Barracuda v. Reign game Date(s) 3/29/2019  
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)

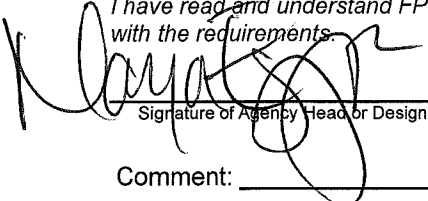
**3. Recipients**

• 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
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
<u>Alma Neighborhood Association</u>	<u>24</u>	<u>Recognition</u>

**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.

 Maya Esparza Councilmember 3/4/2019  
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>City of San Jose</u>	RECEIVED Date Stamp 2019 MAR -7 PM 2:13	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>A. Quintero</u>		
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>Andres.Quintero@sanjose.ca.gov</u>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 115<sup>00</sup>

Event Description: Sharks v. Blackhawks game Date(s) 3, 28, 2019

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
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
<u>Los Lagos Neighborhood Residents</u>	<u>8</u>	<u>Recognition</u>

**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.

Maya Esparza Maya Esparza Councilmember 3/4/19  
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 <u>City of San Jose</u>		RECEIVED San Jose City Clerk Date/Stamp <u>CA</u> 2019 MAR -7 PM 2:18	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 7</u>			
Designated Agency Contact (Name, Title) <u>Andres Quintero</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>(408) 535-4902</u>	E-mail <u>Andres.Quintero@sanjose.ca.gov</u>	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 \$ 225/ticket and \$82/ticket

Event Description: Sharks v. Canadians Date(s) 3/7/19  
*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
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>
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
<u>Rebuilding Together Silicon Valley</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Signature of Agency Head or Designee  
Maya Esparza Councilmember Print Name  
3/5/19 Title (month, day, year)

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

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

RECEIVED  
Date Stamp  
2019 MAR -7 PM 2:13

**A Public Document**

1. Agency Name City of San Jose  
 Division, Department, or Region (if applicable) Council District 7  
 Designated Agency Contact (Name, Title) Andres Quintero  
 Area Code/Phone Number (408) 535-4902 E-mail andres.quintero@ca.gov

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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 \$ 50<sup>00</sup>  
 Event Description: Barracuda v. Condors Date(s) 3, 6, 2019  
 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
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
<u>McLaughlin Tenants Association</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Maya Esparza Councilmember 3/4/2019  
 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 Division, Department, or Region (if applicable) Council District 7		RECEIVED Date Stamp San Jose City/Clark 2019 FEB 13 AM 9:43	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) A Quintero		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 408 535 4902	E-mail andres.quintero@sanjoseca.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 \$ 67<sup>00</sup> / \$53

Event Description: Disney on Ice Date(s) 2, 23, 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
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>
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
	<u>Tropicana Loma Neighborhood Assoc</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Esparza Signature of Agency Head or Designee      MAYA ESPARZA Print Name      COUNCILMEMBER Title      2/12/2019 (month, day, year)

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

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

**A Public Document**

**1. Agency Name**

Office of Councilmember Esparza

Division, Department, or Region (if applicable)

District 7

Designated Agency Contact (Name, Title)

A Quintana

Area Code/Phone Number

E-mail

408 535 4907

Andres.Quintana@sanjose.gov

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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 \$ 33

Event Description: Disney on Ice Date(s) 2/22/19  
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? 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>
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
Franklin McKinley School District	16	Recognition

**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: Maya Esparza Print Name: MAYA ESPARZA Title: COUNCILMEMBER Date: 2/12/2019  
(month, day, year)

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

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

**A Public Document**

**1. Agency Name**

Office of Council member Espinoza  
 Division, Department, or Region (if applicable)  
 District 7

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 San Jose City Clerk  
 Date Stamp  
 2019 FEB 13 AM 9:43

California Form **802**  
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**Designated Agency Contact (Name, Title)**

A Quintero

**Area Code/Phone Number**

408 535-4907

**E-mail**

andres.quintero@sanjose.gov

**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 \$ 50.00

Event Description: Barracuda v Gulls  
 Provide Title/Explanation

Date(s) 2/18/19

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
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
	<u>Rock Springs Neighborhood Assoc</u>	<u>24</u>	<u>Recognition</u>

**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.

Maya Espinoza Signature of Agency Head or Designee  
MAYA ESPARZA Print Name  
COUNCILMEMBER Title  
2/12/2019 (month, day, year)

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

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

**A Public Document**

**1. Agency Name**

City of San Jose

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Date Stamp  
2019 FEB 13 AM 9:43

**California Form 802**

For Official Use Only

Division, Department, or Region (if applicable)  
Council District 7

Designated Agency Contact (Name, Title)  
A Cuinero

Area Code/Phone Number E-mail  
408 535 4907 andres.g.cuinero@

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 \$ 115.00

Event Description: Sharks v. Bruins Date(s) 2/18/19  
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
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>
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
<u>Los Lagos Neighborhood Residents</u>	<u>8</u>	<u>Recognition</u>

**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.

Maya Esparza MAYA ESPARZA COUNCILMEMBER 2/12/19  
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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A Public Document

<b>1. Agency Name</b> City of San Jose		Date Stamp 2014 APR - 9 P 1:07	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4985	E-mail Louansee.Moua@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 139

Event Description Sharks vs. Los Angeles Kings Date(s) 04 / 03 / 14  
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: \_\_\_\_\_  
Official's Name (Last, First)

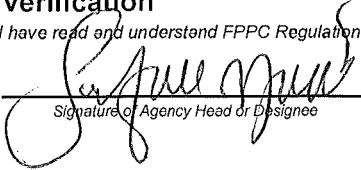
**3. Recipients**

• 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
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
Operation Prom Dress Volunteers	8	Volunteer Appreciation

**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.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 04/08/2014  
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 City of San Jose		Date Stamp 2014 MAR -4 AM 9:56	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4985	E-mail Louansee.Moua@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 82

Event Description Disney on Ice Date(s) 2 / 22 / 14  
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: \_\_\_\_\_  
Official's Name (Last, First)

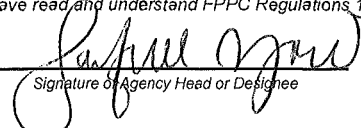
3. Recipients

• 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
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"/> 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
McLaughlin Area Tenants Association	16	Volunteer Appreciation

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.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 3/4/2014  
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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A Public Document

1. Agency Name City of San Jose		Date Stamp 2014 JAN 20 PM 1:18	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4985	E-mail louansee.moua@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 163

Event Description Harlem Globetrotters Date(s) 1 / 18 / 14  
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: \_\_\_\_\_  
Official's Name (Last, First)

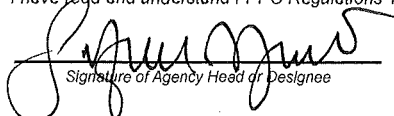
**3. Recipients**

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Moua, Louansee	1	Ceremonial Role <input checked="" 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
District 7 Youth Commission Advisory Board	15	Volunteer Recognition

**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.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 1/21/2014  
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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A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of San Jose		2013 NOV -7 AM 11:14	
Division, Department, or Region (If Applicable)			
Council District 7			
Designated Agency Contact (Name, Title)			
Louansee Moua, Chief of Staff			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(408) 535-4985	louansee.moua@sanjoseca.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 \$ \_\_\_\_\_

Event Description Selena Gomez Date(s) 11 / 10 / 13  
*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: \_\_\_\_\_  
*Official's Name (Last, First)*

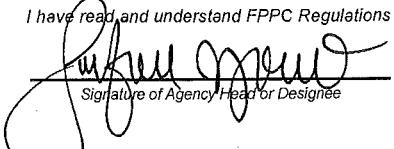
**3. Recipients**

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Quyen Ngo		Ceremonial Role <input checked="" 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Operation Prom Dress Volunteers 2013	15	Volunteer Recognition

**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.

 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 11/7/2013  
*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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A Public Document

<b>1. Agency Name</b> City of San Jose Division, Department, or Region (If Applicable) Council District 7 Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff Area Code/Phone Number (408) 535-4985 E-mail louansee.moua@sanjoseca.gov		Date Stamp 2013 NOV -7 AM 11:14	<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)			

**2. Function or Event Information**

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

Event Description Disney on Ice Date(s) 10 / 25 / 13  
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: \_\_\_\_\_  
Official's Name (Last, First)

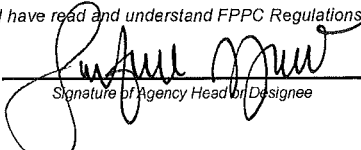
**3. Recipients**

• 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
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
Sender Creekside NAC	16	Volunteer Recognition

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11/5/2013

      Louansee Moua      Chief of Staff      10/2/2013  
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 2013 OCT -2 PM 1:59	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4985	E-mail louansee.moua@sanjoseca.gov		

**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 vs Vancouver Date(s) 10 / 03 / 13  
Provide Title/Explanation

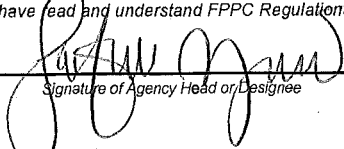
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Madison Nguyen	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Puck Toss and recognition of City of San Jose
	1	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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
2013 Youth Job Fair Volunteers	24	Volunteer Recognition

**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.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 10/2/2013  
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  
2013 AUG 29 AM 11:18

A Public Document

<b>1. Agency Name</b> City of San Jose		Date Stamp 2013 AUG 29 AM 11:18	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4985	E-mail louansee.moua@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 38

Event Description Ringling Brothers Barnum&Bailey Circu Date(s) 8 / 22 / 13  
Provide Title/Explanation

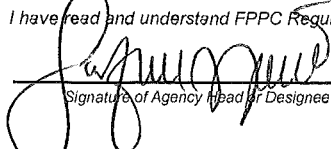
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Quyên Ngo	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>
	1	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
Lucretia Area Neighborhood Group	16	Volunteer Recognition

**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

Louansee Moua \_\_\_\_\_  
Print Name

Chief of Staff \_\_\_\_\_  
Title

8/29/2013 \_\_\_\_\_  
(Month, Day, Year)

**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		Date Stamp 2013 OCT -2 PM 1:13	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Louansee Moua, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-535-4985	E-mail louansee.moua@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 92.50

Event Description The Package Tour Date(s) 07 / 12 / 13  
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: \_\_\_\_\_  
Official's Name (Last, First)

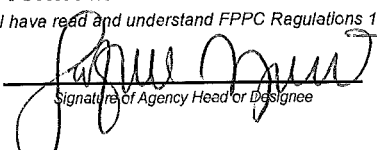
**3. Recipients**

• 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
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>
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
Lanai Cunningham Neighborhood Assoc.	16	Volunteer Recognition

**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.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 10/2/2013  
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>		Date Stamp <b>2013 AUG 29 AM 11:19</b>	<b>California Form 802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Council District 7			
Designated Agency Contact (Name, Title)			
Louansee Moua, Chief of Staff			
Area Code/Phone Number	E-mail		
408-535-4985	louansee.moua@sanjoseca.gov		

**2. Function or Event Information**

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

Event Description Super Freestyle Explosion Date(s) 6 / 29 / 13  
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: \_\_\_\_\_  
Official's Name (Last, First)

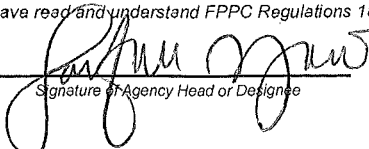
**3. Recipients**

• 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
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input checked="" 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.</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
RockSprings Neighborhood Group	16	Volunteer Recognition

**4. Verification**

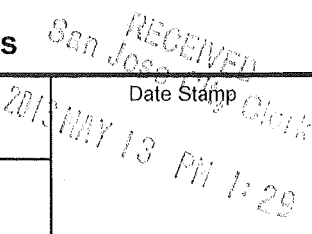
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 8/29/2013  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)



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

A Public Document

<b>1. Agency Name</b> City of San Jose			<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Noelle Vergara, Policy Analyst			
Area Code/Phone Number (408) 535-4961	E-mail noelle.vergara@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 \$ \_\_\_\_\_ 166/103

Event Description Sharks vs. Canucks Date(s) 05 / 07 / 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)

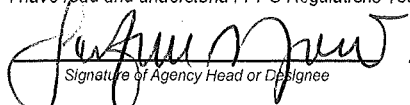
**3. Recipients**

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Inzunza, Diego	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>
	2	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
McLaughlin Area Tenants/ FMCI Youth Group	14	volunteer recognition for youth fair and litter pick up

**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.


 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 05/13/13  
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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<b>1. Agency Name</b> City of San Jose		Date Stamp 2013 MAR 18 PM 2:3	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 7			
Designated Agency Contact (Name, Title) Noelle Vergara, Policy Analyst		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (408) 535-4907	E-mail noelle.vergara@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 130

Event Description Sharks vs. Kings Date(s) 03 / 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)

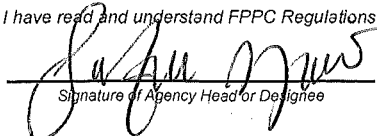
**3. Recipients**

• 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
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
Rocksprings Neighborhood Association	8	Recognition for their volunteer clean up efforts

**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.


 \_\_\_\_\_ Louanee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 03/18/2013  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED  
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<b>1. Agency Name</b> City of San Jose		Date Stamp 2013 MAR 20 PM 3:08	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  Council District 7		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)  Noelle Vergara, Policy Analyst			
Area Code/Phone Number (408) 535-4907	E-mail noelle.vergara@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 80

Event Description Disney on Ice:Dare to Dream    Date(s) 02 / 23 / 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
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Moua, Louansee	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>
		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
Santee Youth Group	14	Volunteer recognition

**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.*

 _____ <small>Signature of Agency Head or Designee</small>	Louansee Moua _____ <small>Print Name</small>	Chief of Staff _____ <small>Title</small>	March 20, 2013 _____ <small>(Month, Day, Year)</small>
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**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		Date Stamp 2013 FEB 13 PM 3:04 <i>com etc</i>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Council District 7		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Noelle Vergara, Policy Analyst			
Area Code/Phone Number (408) 535-4961	E-mail noelle.vergara@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 130.00

Event Description Sharks vs. Coyotes Date(s) 02 / 09 / 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)

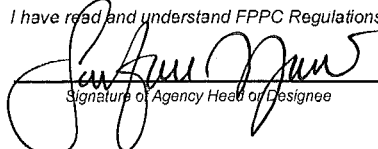
**3. Recipients**

• 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
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>
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
D7 Youth Advisory Council	8	Recognition for their efforts in hosting litter pick-up, graffiti clean ups and volunteering for district events

**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.

 \_\_\_\_\_ Louansee Moua \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 02/12/13  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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