. Agency Name		Date Stamp JOSE California 000
Office of Councilmember Maya Esparza		Form OUZ
Division, Department, or Region (if applicable)		2022 FEB 1 1 AM 9: 39
District 07		
Designated Agency Contact (Name, Title)		
Mike Medina, Community Relations Manag	ger	Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		
408-535-4997 mike.medinad	@sanjoseca.gov	Date of Original Filing:
Function or Event Information		
Does the agency have a ticket policy?	Yes 🛛 No 🗌 🛛	Face Value of Each Ticket/Pass \$ <u>122</u>
Event Description: Disney on Ice		Date(s) <u>02 / 12 / 22</u> <u>02 / 12 / 22</u>
Provide Title	e/Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾 🛛	f no: San Jose Arena Authority
Was ticket distribution made at the behavi		Name of Source f yes:
Was ticket distribution made at the behest of agency official?	Yes INO KI	Official's Name (Last, First)
	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	identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
A. Name of Agency, Department or Unit B. Name of Individual (Last, First)	Number of Ticket(s)/	
B. Name of Individual	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy Identify one of the following:
B. Name of Individual	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:
B. Name of Individual	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Ceremonial Role Other Income Income Ceremonial Role Other Income

I have read and understand FPPC Regula with the requirements.	tions 18944.1 and 18942. I have	verified that the distribution set for	th above, is in accordance
Signature of Ageocy Head of Designee	Maya Esparza	Councilmember	01/20/2022
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			
			FPPC Form 802 (2/2016)

	Agency Name				Date Stand CEIV California 8	02
	Office of Councilmember Maya	Esparza				
ŀ.	Division, Department, or Region	(if applicable)			OTC For Official Use O	only
	District 07				2022 FEB - 1 PM 2: 44	
	Designated Agency Contact (Nan	ne, Title)				
	Mike Medina				Amendment (Must Provide Explanation in Part 3	3.)
	Area Code/Phone Number E-	mail				,
	408-535-4997 m	ike.medina@sanj	oseca.gov		Date of Original Filing: (month, day, year)	
2.	Function or Event Informa	tion				
	Does the agency have a ticket	policy? Yes 🛛	No 🗆 F	ace Value of	Each Ticket/Pass \$ <u>\$418/+icke+</u> \$ \$8	<u>84/+ia</u>
	Event Description: Sharks Vs. I	Lighting	C	Date(s)	22 , 22 01 , 22 , 2	22
		Provide Title/Explan	nation			
	Ticket(s)/Pass(es) provided by	agency? Yes		t no: <u>Can 5056</u>	Arena Authority Name of Source	
	Was ticket distribution made at	the behest Vec		f yes:		
	of agency official?	the beneat fest		· , · · · ·	Official's Name (Last, First)	
3.	• Use Section A to identify the agency's	department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify an outside organization	on.
3.			Use Section B to Number of Ticket(s)/ Passes	h management in the second	ual. • Use Section C to identify an outside organization of the agency's p	
3.	• Use Section A to identify the agency's		Number of Ticket(s)/	h management in the second		
3.	Use Section A to identify the agency's A. Name of Agency, Departm B. Name of Individu	ent or Unit	Number of Ticket(s)/	h management in the second		
3.	Use Section A to identify the agency's	ent or Unit	Number of Ticket(s)/ Passes Number	Describe th	e public purpose made pursuant to the agency's p Identify one of the following:	
3.	Use Section A to identify the agency's A. Name of Agency, Departm B. Name of Individu	ent or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's p Identify one of the following:	
3.	Use Section A to identify the agency's A. Name of Agency, Departm B. Name of Individu	ent or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's p Identify one of the following: onial Role Other Inv ing "Ceremonial Role" or "Other" describe below:	policy
3.	Use Section A to identify the agency's A. Name of Agency, Departm B. Name of Individu	ent or Unit Jal	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's p	

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 Date Stamp 1. Agency Name California San Jose City Clerk Form Office of Councilmember Maya Esparza For Official Use Only Division, Department, or Region (if applicable) 2022 FEB PM 2: 44 District 07 Designated Agency Contact (Name, Title) Mike Medina, Community Relations Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4997 mike.medina@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$801-Jicket + \$25/7icket Does the agency have a ticket policy? Yes X No Event Description: Barracuda vs Condors 23 22 01 01 23 22 Date(s)_ Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source Was ticket distribution made at the behest Yes I No X If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Recognition McLaughlin Area Tenant Association 24 4. Verification

Councilmember 01/20/2022 Maya Esparza Title (month, day, year) Signature of Ageno Designee Print Name ad Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California San Jose City CI Form Office of Councilmember Maya Esparza For Official Use Only Division, Department, or Region (if applicable) 34 PN District 07 Designated Agency Contact (Name, Title) Mike Medina Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4997 mike.medina@sanjoseca.gov (month, day, year) 2. Function or Event Information 80. and \$25.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Barracuda v. Canucks Date(s) <u>12</u> / 12 / 21 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No K Name of Source Was ticket distribution made at the behest Yes D No X If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below.

4. Verification

Vietnamese in San Jose

C.

Name of Outside Organization

(include address and description)

I have read and understand FPPC Regu	ations 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
with the requirements.			
A Lamatas A-	Maya Esparza	Councilmember	12/10/2021
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Ð			

Number

of Ticket(s)/

Passes

24

Ceremonial Role

Recognition

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

Income

Agency Report of:

	eremonial Role Even	ts and Ticket/F	Pass Distri	butions	A A	Public Document
1.	Agency Name			San	ose City Staren k	California 802
	Office of Councilmember M	aya Esparza		Jan	000 0119 0101	T OTHE
	Division, Department, or Reg	ion (if applicable)		2021 0	D 12 PH 1:34	For Official Use Only
	District 07			EUCI UI	UIS MITTON	
	Designated Agency Contact	(Name, Title)			orer	
	Mike Medina, Community R	elations Manager			Amondmont (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 5.)
	408-535-4997	mike.medina@sar	njoseca.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	No D F	ace Value of	Each Ticket/Pass \$ 🏝	H1B.00 and \$ 84.
	Event Description: Sharks v	/s Stars	[Date(s)	<u>, 11 , 21</u>	<u>12 , 11 , 21</u>
		Provide Title/ Expl		San loss	Arona Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes		no: <u>San Juse</u>	Arena Authority	
	Was ticket distribution made	at the behest Vac		f yes:		
	of agency official?	e at the beneat Tes		· , ·	Official's Name (Last, First)	
3.	• Use Section A to identify the ager • Use Section A to identify the ager A. Name of Agency, Dep.		• Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to ident	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the formation of the formation of the state of the sta	
	[Cerem	nonial Role D Other C	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Seven Trees Family Reso	urce Center	24	Recognition		
	Seven Trees Family Reso	urce Center		Recognition		

have read and understand FPPC Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
with the requirements.			
NUMARO	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** RECENTRUblic Document Data stande City California 1. Agency Name Form Office of Councilmember Maya Esparza AH FOOtficial Use Only Division, Department, or Region (if applicable) District 07 Designated Agency Contact (Name, Title) Mike Medina, Community Relations Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: mike.medina@sanjoseca.gov 408-535-4997 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 143.50 Does the agency have a ticket policy? Yes X No Event Description: Poptopia 2021 Date(s) <u>12</u> / 04 21 12 04 / 21 Provide Title/ Explanation If no: San Jose Arena Authoritv Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source Was ticket distribution made at the behest Yes I No X If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Recognition Alma Teen Center 16

4. Verification

NUMBER	Maya Esparza	Councilmember	12/02/2021
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
\bigcirc			FPPC Form 802 (2/2016)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVER A	Public Document
1.	Agency Name				San Date Stampy Clo	California Form 802
	Office of Councilmember Ma	iya Esparza			orc	
	Division, Department, or Regi	on (if applicable)		2	021 OCT 22 AM 10:	39 For Official Use Only
	Council District 07	Council District 07				
	Designated Agency Contact (Name, Title)				
	Cristian Cornejo, Community	/ Service Manager			Amondmont (Must Br	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 5.)
	(408)535-4961	cristian.cornejo@sa	anjoseca.gov	/	Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation			-	
	Does the agency have a tick	et policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$ 🛃	122.00
	Event Description: Disney of	n Ice Provide Title/ Expla	nation	Date(s) <u>10</u>	<u>, 23 , 21</u>	10 , 23 , 21
	Ticket(s)/Pass(es) provided	Contraction of the contraction of the state		If no: San Jose	Arena Authority	
		-) -3			Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	🗆 No 🖾	If yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identi	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other Constant of the constant of	
					nonial Role D Other C	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	West Evergreen Neigborho	ood Association	16	Recognition		
4.	Verification					

I have read and understand FPPC Regul with the requirements.	lations 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
N UNAMATSON	Maya Esparza	Councilmember	10/13/2021
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

gency Report of: eremonial Role Events and Ticket/l	Pass Distr	ibutions	RECEAP	ublic Document
Agency Name			Date Stampo City	California 802
Office of Councilmember Maya Esparza			orp	
Division, Department, or Region (if applicable)			2021 OCT 22 AM	For Official Use Only
Council District 07				10.40
Designated Agency Contact (Name, Title)				
Mike Medina, Community Service Agency			Amendment (Must Prov	vide Explanation in Part 3.)
Area Code/Phone Number E-mail				de Explanation in Part 5.)
408-535-4997 mike.medina@sa	njoseca.gov		Date of Original Filing:	(month, day, year)
Function or Event Information				
Does the agency have a ticket policy? Yes		ace Value of	Each Ticket/Pass \$ 54	18(18+ickets)\$\$84(1
Event Description: SJ Sharks vs Winnipeg Jets				10 , 16 , 21
Provide Title/ Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes		f no: <u>San Jos</u> e	e Arena Authority	
			Name of Source	
Was ticket distribution made at the behest Yes		f yes:	Official's Name (Last, First)	
of agency official?				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the foll	owing:
			nonial Role D Other C Other King "Ceremonial Role" or "Other" descri	Income 🗌 be below:
		ALCONTROL AND A REPORT	nonial Role D Other C Other C Other C Other C Other ' descri	Income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
African American Community Service Agency	24	Recognition		
Verification have read and understand EPPC Regulations 1894 with the requirements.	14.1 and 18942. ya Esparza	l have verified t	that the distribution set fort Councilmember	h above, is in accordance 10/13/2021

Comment:

L

Agency Report of:

Ceremonial Role Events and Ticket/F	Pass Distril	butions pr		Public Document
1. Agency Name City of San José			se CiPytenk	California Form 802
Division, Department, or Region (if applicable) <u>Council District 07</u> Designated Agency Contact (Name, Title)		2020 MAR	12 PM 12: 43	For Official Use Only
Mike Medina, Community Relations Area Code/Phone Number E-mail (408)535-4997 Mike medina	premupten.		Amendment (Must)	Provide Explanation in Part 3.) (month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Yes	No⊡ Fa	Value of I	Each Ticket/Pass \$ _	50.00
Event Description: <u>Barraruda v Heat</u> Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official?	nation □ No ☑ If	ate(s) <u>04</u> / no: <u>San 5</u> yes:		<u>04104120</u> Authority
 Recipients • Use Section A to identify the agency's department or unit. 	• Use Section B to id	lentify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/	Winto Days	Identify one of the	following:
	Passes		onial Role D Other [ing "Ceremonial Role" or "Other" do	
ania ana amin'ny fisiana dia 1990 amin'ny fisiana Gâna Cald§értraa dia 1991 amin'ny fisiana na iman'ny fisiana dia 2011 amin'ny fisiana dimontra 2011 amin'ny fisiana amin'ny fisiana	statuter suction suction		onial Role Dother [ing "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
Lairon Food Distribution	24	Reco	gnition	liain a briagnarhbharns na briagnaith 1970
Volunteer Group	n prising Prising The letter	yong 🖅 Lie	lana sasayoo tadad N	6 16 120 10 12 12 12 12 12 12 12 12 12 12 12 12 12

4. Verification

1

Signature of Agency Head or Designee	Maya Esparzu Print Name	<u>Councilmember</u> Title	(month, day, year)
Comment:	Sac. of Sac. Sac.	 M Deface el 200 mañ veña i 	y amit Kaela kay –a ma Integri Charlanta y s

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp Form <u>City of San Jose</u> Division, Department, or Region (if applicable) For Official Use Only 2020 FEB 18 AM 11 19 Council District 07 Designated Agency Contact (Name, Title) OTC LG Mike Mediner, Community Pelations Manager Area Code/Phone Number [E-mail] Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: . (month, day, year) (408) 535-4997 Mike. Medina @sanjoseca. 2. Function or Event Information 50.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🖾 No 🗖 Event Description: Barracuda v. Faales Date(s) 03 / 17 / 20 03/17/20 If no: _ Toje Authovity Ticket(s)/Pass(es) provided by agency? Yes No M Name of Source Was ticket distribution made at the behest Yes D No X If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Recognition Alma 人川 Community routh Group

4. Verification

Signature of Agèncy Haedor Designee	Milya Esparza	Council Member	o 2/13/20
	Print Name	Title	(month, day, year)
\bigcirc			

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name RECEDAte Stamp California San Jose City Clerk ity of San Form For Official Use Only Division, Department, or Region (if applicable) 2020 FEB 27 A 9: 52 Council District D7 Designated Agency Contact (Name, Title) OTC LG Mike Medina, Area Code/Phone Number Manage elations DMMUNIT Amendment (Must Provide Explanation in Part 3.) П Date of Original Filing: 408)535-4997 (month, day, year) mike medina @ sanioseca. goi 2. Function or Event Information Face Value of Each Ticket/Pass \$ 117 000 Does the agency have a ticket policy? Yes 🗹 No 🗆 Date(s) 62/27/20 Event Description: Sharks V. 27,20 Title/ Explanation Ticket(s)/Pass(es) provided by agency? neon Yes 🗌 No 🗷 If no: Name of Source Was ticket distribution made at the behest Yes D No Z If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
L	-os Bomberos	Ĉ	Recognition

4. Verification

Vander	Maya Esparza	Councilmember	02 125 120
Signature of Agency Head or Designee	J Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distril	outions		A Public Document
1. Agency Name		San Ji	Date Stamp	California 802
<u>City of San Jose</u> Division, Department, or Region (if applicable)		and the second s	ise only clark	Form OUZ
Division, Department, or Region (if applicable)		2020 FET	18 AM11:09	For Official Use Only
Council District 07		20201120		
Designated Agency Contact (Name, Title)			ote ia	
Mike Medina, Community Re Area Code/Phone Number E-mail	lations Mb	inager	Amendment (Mu	st Provide Explanation in Part 3.)
408)535-4997 mike.medin	a@sanjose	ca.gov	Date of Original Filir	g:(month, day, year)
2. Function or Event Information	7			17.0
Does the agency have a ticket policy? Yes	🖾 No 🗆 🛛 Fa	ace Value of I	Each Ticket/Pass \$	64.00
Event Description: Drsney on Tre Provide Title/Expla	nation	-	22,20	02,22,20
Ticket(s)/Pass(es) provided by agency? Yes	🗆 No 🗗 If	no: <u>San</u>	Jose Aver Name of Source	a Authority
Was ticket distribution made at the behest Yes of agency official?	□ No 🖄 If	yes:	Official's Name (Last, Fi	st)
3. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to id	lentify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of t	ne following:
			ionial Role D Othe oring "Ceremonial Role" or "Othe	
			ionial Role Dothe ing "Ceremonial Role" or "Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to the agency's policy
Los Pollitos	20	Reic	gnition	
4. Verification				

<u>Council wewther</u> 17 FSPar7a Print Name D 021 Head or Designee Signature of Agency (month, day, year) Comment:

Agency Report of: Ceremonial Role Events and Ticket/	Pass Distrik	outions	A Public Document
1. Agency Name		MEC LIVE Date Stamp	California 802
(sty of San Jose		San Jose City Clerk	Form OUZ
Division, Department, or Region (if applicable)	mon aufi	0000	For Official Use Only
("euncil District 7		2020 FEB - + PM 1:09	naar multine " eeler ege
Designated Agency Contact (Name, Title)		orcub	izzipul kazar iyu in nye mizip Isatu buluk paranak shumor n
Mike Medinar, Commu	mare Rel	1	st Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			st Provide Explanation in Part 3.)
	-	Date of Original Filir	g:(month, day, year)
(408)535-4997 mire-med	olina (Sun	iveca. dav	(month, day, year)
2. Function or Event Information		V	-1
Does the agency have a ticket policy? Ye	s1⊠ No⊡ Fa	ace Value of Each Ticket/Pass \$	50.00
Event Description: Barracuda V. Row	drunners Da	ate(s) 62/17/20	02117120
Provide Title/Ex			fuer of telepheres pro-
Ticket(s)/Pass(es) provided by agency? Ye	s 🗖 No 🖾 Ifi		ena Authority
(1993) 등 2015년 1월 1993년 1월 19 1993년 1월 1993년 1월 199		Name of Source	to most with addigate
Was ticket distribution made at the behest $\gamma_{\mbox{e}}$	s 🛛 No 🖾 👫	YES: Official's Name (Last, Fi	rst)
of agency official?			
3. Recipients			
Vise Section A to identify the agency's department or unit.	• Use Section B to id	entify an individual • Use Section C to it	lentify an outside organization
ose occubilité la	Number		ientify an outside of gamzation.
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the public purpose made	pursuant to the agency's policy
	Passes		
	14/17/14/16/		
	Number		
B. Name of Individual	of Ticket(s)/	Identify one of the	ne following:
(Last, First)	Passes		_
	1. A hold	Ceremonial Role Othe	
		in checking bereindhar tole of other	
	2		describe below:
	and and a second	(Regention a novien a novelogi lo) Kottion (L <u>anov velativ</u> ita literica	describe below.
the transmission of the second s	n saran ing	Ceremonial Role D Othe	
and de la construction d'America a construction de la construction de la construction de la construction de la La construction de la construction d La construction de la construction d		Ceremonial Role Othe	
and the state of the state of the second state		and an an all a second and a second distance of the second s	
C. Name of Outside Organization	Number of Ticket(s)/	and an an all a second and a second distance of the second s	r 🗌 Income 🗌
C. Name of Outside Organization (include address and description)	and the second se	If checking "Ceremonial Role" or "Other	r Income Income
	of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other	r 🗌 Income 🗌
	of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other	r Income Income r'' describe below:
C. (include address and description)	of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other Describe the public purpose made	r Income Income r'' describe below:

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.

mem 102 0 Da Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of: Ceremonial Role Events and Ticket	/Pass Distrib	outions A Public D	ocument
1. Agency Name		San Jose City Clerk Form	* 802
Division, Department, or Region (if applicable)	m miclienti	For Offici	al Use Only
Council District 07 Designated Agency Contact (Name, Title)		orecto	
Mike Medina, Community P Area Code/Phone Number IE-mail	elations M	Anager Amendment (Must Provide Explanation	n in Part 3.)
		Date of Original Filing:	ear)
2. Function or Event Information	inal@Sanjy	sera.goi	
Does the agency have a ticket policy? γ_{e}	es 🖾 No 🗖 🛛 Fa	ce Value of Each Ticket/Pass \$	
Event Description: <u>Parnacuda U. H</u> Provide Title/Ex	reat Da	ate(s) 02,12,20 02,12	120
the second state of the se		no: San Jose Arena Authori	ty
Was ticket distribution made at the behest Ye of agency official?	es 🗆 No 🗹 🛯 If 🖞	Name of Source /es: Official's Name (Last, First)	
 Recipients • Use Section A to identify the agency's department or unit 	t. • Use Section B to id	entify an individual. • Use Section C to identify an outside or	ganization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the age	ency's policy
		ריין בעד גוויזים. סייע היופס הומינה שניין שנייוויט ביין זיין אין אייינירייט ביי ג'ין אשר הנכיפ מנוגיאל היופגל ביין פרינירי איין ביינירייט ביין אונער	nor mentua Alino contra annisamba
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
and family and a state of the	lon ő the ⁿ or allo elni	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
and an angest for a first of statement and the statement of the statement of the the statement of state of the state and become statement of the statement		Ceremonial Role Dother Difference of the checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the age	ency's policy
Los Arboles Elementary	dy	Recognition	alus 1955
School Payrants	ional Jiduo masheini	U - The rest of the College management of the rest	
4. Verification	and a second second	्राज्यसम्बद्धाः स्टब्स् विद्यालयम् अन्यत्वम् अन्यत्वम् । अज्यत्वम् स्टब्स् वर्षे विद्यम् अन्यत्वे अविद्यम् अन्यत्वम् अन्यत्वम् ।	vi si jev

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.

1

Signature of Agency Head on Designed	MAYA FSDAVZU Print Name	Councilmember	02 02 20 (month, day, year)
Comment:	Sector I. Rowell	and a read of a state of the second state of the second state of the second state of the second state of the se	ng ngananging nganan Ing ngananging ngananging ngananging ngananging ngananging ngananging ngananging ngananging ngananging nganangi
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Agency Report of: Dictributi

Ceremonial Role Events and Ticket/F	Pass Distrik	outions	RE(A Public Document
1. Agency Name			Date Stamp ^{3Se U} California 802
Division, Department, or Region (if applicable)			2020 JAN 13 PM Pr Official Use Only
Council District 7 Designated Agency Contact (Name, Tille)			72_
Andres Quintero, Chief of Area Code/Phone Number E-mail	Staff		Amendment (Must Provide Explanation in Part 3.)
	HeroQsan	jose ca .90v	Date of Original Filing:(month, day, year)
2. Function or Event Information		1 7	50.00
			Each Ticket/Pass \$O 、O O
Event Description: Barraevda V Provide Title/ Explo	anation	-	<u>08,20</u> <u>01,08,20</u>
Ticket(s)/Pass(es) provided by agency? Yes	□ No 🗷 If	no: <u>Sav</u>	Dese Arena Huthenvity Name of Source
Was ticket distribution made at the behest Yes of agency official?	No 🗹 🧃	yes:	Official's Name (Last, First)
3. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to id	lentify an indivic	lual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne 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:
			nonial Role Other I Income King "Ceremonial Role" or "Other" describe below:
			nonial Role Other I Income

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Tropicana - Lanai	24	Pecognition
Nergh borhood Assocration		·

4. Verification

ouncilmember Signature of Agendy Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of: Ceremonial Role Events and Ticket	/Pass Distril	outions	A Public Document
1. Agency Name		RECEIVE Stamp	California 802
Division, Department, or Region (if applicable)		San Jose City Clerk	Form OUZ For Official Use Only
\frown		2010 000 0 000 00	For Official Use Only
Designated Agency Contact (Name, Title)		2019 DEC -6 PM 2: 18	and the provident of the second s
	0.00	07C 16	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Andres Quintero Chief	of Staff	Amendment (M	ust Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		Data of Original Fill	u a u to manànine altaenene
(408) 535-4985 andres gur	Hero@ sanio	Date of Original Fili	(month, day, year)
2. Function or Event Information	3		1112081 marshaad 20197
Does the agency have a ticket policy?	es Ӣ No 🔲 🛛 Fa	ace Value of Each Ticket/Pass	117.00
Event Description: Sharks y Blues	out the sent	12-121 119	11
Event Description:		ate(s) <u>12/21/19</u>	12/21/19
Ticket(s)/Pass(es) provided by agency? Ye	es 🗌 No 🛃 If	no: San Jose Ar	ena Authority
	1£	Name of Source	J
Was ticket distribution made at the behest Ye	es 🗌 No 🖪 👖	YES:Official's Name (Last, F	irst)
of agency official?			
 Recipients Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit 	• Use Section B to id Number of Ticket(s)/ Passes	entify an individual. • Use Section C to i Describe the public purpose made	
	Number		
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of t	he following:
	Part in	Ceremonial Role Contract Ceremonial Role Other If checking "Ceremonial Role" or "Other	er Income Income
Le de Alexandre de La companya de la Companya de la companya de la company Companya de la companya de la company Companya de la companya	un politicari en politicari Referencia sulla	Ceremonial Role Cothe	er Income Income r' 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
Dahl volunteer	æ	Recognition	and particular and a second
Datal Volunteer Cirosp	p devo		to construction of the
4. Verification			

031 19 1a Spa 121 12 Signature of Agency Head of Designee Title Print Nan (month, day, year) Comment:

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distril	outions	A Public Document
1. Agency Name City of San Jose		3	an Jose City Clerk California 802
Division, Department, or Region (if applicable) <u>Council District</u> Designated Agency Contact (Name, Title)		201	BDEC I 3 AM II: 35
Andres Quinterd, Chiefo Area Code/Phone Number [E-mail	fStaf	6	OTC UC Amendment (Must Provide Explanation in Part 3.)
(900) 525-4985 andres grintere 2. Function or Event Information	Reganjosec	a.gov_	Date of Original Filing: (month, day, year)
Does the agency have a ticket policy? Yes	Z No 🗆 Fa	ace Value of	Each Ticket/Pass \$ <u>50.00</u>
Event Description: SJ Barracuda V. Rev			18/19 12/18/19
Provide Title/ Explan	nation	no: <u>Sar</u>	
Was ticket distribution made at the behest Yes of agency official?	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 id Number	lentify an individ	ual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e 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:
~			nonial Role D Other D Income I ing "Ceremonial Role" or "Other" describe below:
			nonial Role Other I Income Income Constraints and the second seco
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy
Environmental Services Dep	+ 24	Rec	ognition
Rapid Team			
4. Verification			

Louncilmembe N Signature of Agency Head or Designee Print Name (month, day, year) Comment:

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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document
1. Agency Name RE Gate Stamp San Jose City C	California Form 802
Division, Department, or Region (if applicable)	For Official Use Only
Cauncel Destrict 7 2019 DEC -5 AM IN Designated Agency Contact (Name, Title)): [,]
	n de estre serona
Andres Quintero Chief of Staff Amendment (Must Provide Explanation in Part 3.)
4881535-4985 andres quinterol Sanjoseca.gov	iling:(month, day, year)
2. Function or Event Information	E TREST LOUGHUSS OTHE
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass	\$ 117.00
Event Description: Sharks V. Counte Date(s) 12/17/19	12,17,19
Ticket(s)/Pass(es) provided by agency? Yes I No II If no:	rena Authority
Was ticket distribution made at the behest Yes I No K If yes: Official's Name (Last, of agency official?	First)
 Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to 	o identify an outside organization.
A Name of Agency, Department or Unit Of Ticket(s)/ Describe the public purpose made	de pursuant to the agency's policy

A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
n - Lago Maring Dock - Lights - Konsen (1950) From Sink - Sink Jeymon, mekke Promaky Stateson	6 orași Bar Sal IV	Par son the group of the contract of the contract of the source of the contract of the contrac
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
n n 1960 - 1970 - 1960 Notes - 1970 - 1970 - 1980		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Dahl Wolunteer	8	Recognition
Group		n napá – capachaza a diricity, nji Sukarova

4. Verification

Dax20 5 Signature of Agency Head of Designee nt Name (month. day, year) Comment:

Agency Report of:

Ceremonial Role Events and Ticket/P	ass Distrib	utions	A Public Document
1. Agency Name <u>(i+i of San Jose</u> Division, Department, or Region (<i>if applicable</i>)		San	Jose City Clerk California 802
<u>Cameril District 7</u> Designated Agency Contact (Name, Title)		2019 (EC -5 AM 10: 41
Andres Quintero, Chief of Staff Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.) ate of Original Filing:
1401/535-4985 andres quintero	@sanikeco		(month, day, year)
2. Function or Event Information		5	
Does the agency have a ticket policy? Yes	🖪 No 🗖 🛛 Fac	ce Value of Ea	ch Ticket/Pass \$ 240 and \$ 83
		te(s) <u>12</u> /	12/19 12/12/19
Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes		o: San J	ose Archa Authority Name of Source
Was ticket distribution made at the behest Yes of agency official?	🗋 No 🗹 🛛 If y	es:	fficial's Name (Last, First)
3. Recipients • Use Section A to identify the agency's department or unit. •	⁹ Use Section B to ide	ntify an individual.	• Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the p	ublic purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:
			al Role Other I Income Ceremonial Role" or "Other" describe below:
			al Role Other Income Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the p	ublic purpose made pursuant to the agency's policy

African - American Community 24 Progration

Services Haency

4. Verification

Vana too	Maya Esparza	Councilmenter	12/03/19
Signature of Agency Head or Designee	J Print Name	Title	(month, day, year)
			 Construction of the structure of the structu
Comment:			
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Agency Report of: Ceremonial Role Events and Ticket/Pa	ass Distri	butions	RECEIVED A Public Document
1. Agency Name <u>(i+y of Say Jose</u> Division, Department, or Region (<i>if applicable</i>)		\$ar	Jeste Standy Clerk California 802
Council District 7 Designated Agency Contact (Name, Title)		2019	DEC -5 AM (0: 4)
Andres Quintero, Chief of St Area Code/Phone Number E-mail	aff	C	Amendment (Must Provide Explanation in Part 3.) ate of Original Filing:
(408)535-4985 andres.quinterou 2. Function or Event Information	Qsanjosec		(month, day, year)
		ace Value of Eac	
Event Description: <u>Sharks v. Capital</u> Provide Title/ Explana Ticket(s)/Pass(es) provided by agency? Yes	ation	no: <u>San</u> J	<u>3,19 12,03,19</u> ose Arena Authority Name of Source
Was ticket distribution made at the behest Yes	No 🗵	ves:	fficial's Name (Last, First)
3. Recipients • Use Section A to identify the agency's department or unit. • U		dentify an individual.	• Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the pu	blic purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:
		Ceremonia If checking *	I Role Other I Income Ceremonial Role" or "Other" describe below:
		Ceremonia If checking *	I Role Other I Income Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the pu	blic purpose made pursuant to the agency's policy
OB Whatey Parent - Teacher	8	Recogn	nition
Association			
4. Verification	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:			

1. Agency Name		outions	A REAL PROPERTY AND A REAL	A Public Document
		San.	CSE City Clerk	California Form 802
(ity of San Jose		ourre	ose ony clerk	For Official Use Only
Division, Department, or Region (if applicable)			100 DH 1 00	For Official Use Officy
(nuncil District 7		2019 NC	v zu ph 4: 4	课户部时以后 他们当时
Designated Agency Contact (Name, Title)	an freedom and	201	NTAL	a na ana ana ang ang ang ang ang ang ang
Mike Medina, Community	Dolations	Manager	ULCLA	
Area Code/Phone Number E-mail	REIMINIS	10 lange	Amenament (Mus	t Provide Explanation in Part 3.)
			Date of Original Filing	ı:
(40B) 535-4997 mike-mert	inalasania	ce cargov	((month, day, year)
2. Function or Event Information	CO).	0		seed the Plants barra
Does the agency have a ticket policy?	es⊠ No⊡ Fa	ace Value of	Each Ticket/Pass \$.	50
0 1	instruction	anounan a	# bhb algisso mine	or classe increases of
Event Description: <u>Barracudav. tag</u>		ate(s)	123/19	11/23/19
	 A state of the sta	no: Sav	Joro Aver	no Authorital
Ticket(s)/Pass(es) provided by agency?	es 🗌 No 🖾 If	110. <u></u>	Name of Source	(a flotribili
Was ticket distribution made at the behest γ_{e}	es□ No⊠ If	yes:	S there is no realized as a second	
of agency official?		/ 1915-0 ¹	Official's Name (Last, Firs	t)
3. Recipients	C local			
• Use Section A to identify the agency's department or unit	• Use Section B to id	lentify an individ	ual. • Use Section C to ide	entify an outside organization
				inity an outside ofganization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/			ursuant to the agency's policy
A. Name of Agency, Department or Unit	the second s			
A. Name of Agency, Department or Unit	of Ticket(s)/			
A. Name of Agency, Department or Unit	of Ticket(s)/			
A. Name of Agency, Department or Unit	of Ticket(s)/			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes			
	of Ticket(s)/ Passes			ursuant to the agency's policy
	of Ticket(s)/ Passes		e public purpose made p	ursuant to the agency's policy
B. Name of Individual	of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
B. Name of Individual	of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of th	ursuant to the agency's policy e following:
B. Name of Individual	of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the	ursuant to the agency's policy e following:
B. Name of Individual	of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role Other	e following:
B. Name of Individual	of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the	e following:
B. Name of Individual	of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other ting "Ceremonial Role" or "Other"	e following:
B. Name of Individual	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other ting "Ceremonial Role" or "Other"	e following:
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other king "Ceremonial Role" or "Other"	e following:
B. Name of Individual (Last, First)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other king "Ceremonial Role" or "Other"	e following: describe below: Income
B. Name of Individual (Last, First)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other king "Ceremonial Role" or "Other"	e following: describe below: Income
B. Name of Individual (Last, First)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other ing "Ceremonial Role" or "Other" inonial Role Other ing "Ceremonial Role" or "Other"	e following: describe below: Income
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description) McLaughling Coveredor	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other king "Ceremonial Role" or "Other"	e following: describe below: Income
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other ing "Ceremonial Role" or "Other" inonial Role Other ing "Ceremonial Role" or "Other"	e following: describe below: Income

ouncilmember tsiDav70 AQUA (month, day, year) Signature of Agency Head or Designee Title Print Name Comment:

I. Agency Name	75	RECEN	Date Stamp	California 000
City of San Tro	5	an Jose C	ty Clerk	Form OUZ
Division, Department, or Region (if applicable)	Gur Hugol EinT (201		011.1.1.1	For Official Use Only
Council District 7 Designated Agency Contact (Name, Title)	201	19 NOV 20	DTC LG	
Mike Whating Consumption	O alations 11			m 101 ID-847 NOT BAD CHIT
Area Code/Phone Number E-mail	Relations M	avager	Amendment (Must	Provide Explanation in Part 3.)
(108) 535-4997 Mille Me	dina@saniosec	9.900	Date of Original Filing:	(month, day, year)
2. Function or Event Information		J	Barl Hiski Jes I	FPTC Regulation 189 ce
Does the agency have a ticket policy?	Yes 🗷 No 🗆 🛛 Fa	ace Value of	Each Ticket/Pass \$ _	50.00
Event Description: Barraevda V. Tusov	n D:	ate(s)	17,19	11, 17, 14
Provide Title	le/ Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗷 If	no: <u>San</u>	Jose Arena	Authority
Was ticket distribution made at the behest		yes:	Name of Source	and all shrings
of agency official?	Yes 🗋 No 🖾 🦷	,	Official's Name (Last, First)	Regulation 14942 Tisters
or agonoy onloan.				
		11414	1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
3. Recipients	Rart & Clinin			
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Section B to id	entify an individ	ual. • Use Section C to iden	ntify an outside organization.
	unit. • Use Section B to id Number of Ticket(s)/ Passes			ntify an outside organization. Irsuant to the agency's policy
• Use Section A to identify the agency's department or	Number of Ticket(s)/			
• Use Section A to identify the agency's department or	Number of Ticket(s)/			rsuant to the agency's policy
Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	following:
Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu Identify one of the	following:
Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	following:
• Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First) C Name of Outside Organization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	following: Income scribe below: Income

with the requirements.	Maya Esparza	Councilmember	11/19/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	na Sactor (, Preed her	n ang separat ng kang pang pang ang sa	kart go wolfawi. Kart go wolfawi.
 In studie with the Dirich Advect 	inso a trainsnisuit aq1		and first a broken to an

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form 2019 OCT 25 For Official Use Only Division, Department, or Region (if applicable) Council District 7 Designated Agency Contact (Name, Title) Mike Medina, Community Area Code/Phone Number E-mail elations Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: . 1408) 535-4997 (month, day, year) mike meding @ Saniseca.gov 2. Function or Event Information Face Value of Each Ticket/Pass \$ 50,00 Does the agency have a ticket policy? Yes 🖪 No 🗆 Event Description: Barracuda V. Condors 130 119 Date(s) 10 Provide Title/ Explanation If no: Aut Ticket(s)/Pass(es) provided by agency? Yes No 🖾 Name of Source Was ticket distribution made at the behest Yes D No 妃 If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes

в.	B. Name of Individual (Last, First)		Identify one of the following:			
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
С.	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			
ptain	Jason M. Dahl	24	Recognition			
Fleme	intam School					

4. Verification

poncil member ead of Designee Signature of Age Comment:

Ceremonial Role Events and Ticket 1. Agency Name			Date Stamp	California
		8 ·		Form 802
Division, Department, or Region (if applicable)	n mestric		Head with Glork	For Official Use Only
Council District 7		2010 OCT	21 AM 10: 39	amp off stateges
Designated Agency Contact (Name, Title)		.d 1	mile-35	בנו הנייני איז איז איז איז איז איז איז איז איז אי
Mike Medina, Community Re Area Code/Phone Number E-mail	elations Man	Dager	Amendment (Must Pro	vide Explanation in Part 3.)
108) 535 - 4997 mike. medir	na @ saniuseco	2.90V	Date of Original Filing:	(month, day, year)
2. Function or Event Information	1	5	na hip - i - And thit	Poer Requisitor (PS
Does the agency have a ticket policy? Ye	es⊠ No⊡ Fa	ace Value of E	Each Ticket/Pass \$	153.00
Event Description: Anvel AA	Da	ate(s) 10 /	18,2014	1 1
Provide Title/ Ex	planation	~	Jose Arena F	to the and a
Ticket(s)/Pass(es) provided by agency? Ye	es 🗌 No 🖾 Ifi	no: <u>San</u>	Name of Source	JOINDINAY
Was ticket distribution made at the behest γ_{e}	s□ No [2] If	yes:	Official's Name (Last, First)	and the suble of the
of agency official?	Gen constant en		Unicial's Name (Lasi, First)	
 Recipients • Use Section A to identify the agency's department or unit. 	. • Use Section B to id	entify an individu	ual. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
in peta stimul	eren amoù	Internet of approxim		anti of toritor private
	n di diversi di sul			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
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en dat beste en en en en beste en			onial Role Dother Ding "Ceremonial Role" or "Other" descr	ibe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
Santee Neighborhood	20	Reco	gnition	ionalista de la company superior de la compan
Santee Neighborhood Assocration	01 11 ALC-1-1	college and		

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 description of the de

19 naim 101 Day 2A Signature of Agency Head or Designee (month, day, year) Comment: •

eremonial Role Events and Ticket/ Agency Name		Date Stamp California
Agency Name		San Jose City Clerk Form 8
Division, Department, or Region (if applicable)		For Official Use On
		2010 OCT 15 PM 1:18
Councel Destrict +	1	and on Read sets of the set of the set of the set
Designated Agency Contact (Name, Title)	0.	 A the diabatement of the total second by
Mike Mediner, Commun	ity felati	ONS Nama Amendment (Must Provide Explanation in Part 3.
Area Code/Phone Number E-mail	who estre	
8)535-4997 mike meeting	no Psaniase	Date of Original Filing:
Function or Event Information	that the spine	- C Result for the set of the set of the set of the set
Does the agency have a ticket policy? Ye	s 🖾 No 🗖 🛛 Fa	ce Value of Each Ticket/Pass \$
		ite(s) <u>10 / 13 / 14</u>
Provide Title/Ex	planation De	
Ticket(s)/Pass(es) provided by agency? Ye	s No No	
		Name of Source
Was ticket distribution made at the behest $\ensuremath{\ensuremath{Ye}}$	s Not If	/es: Official's Name (Last, First)
of agency official?		
Recipients		udi o sareno - 'evenis', winner o lou
• Use Section A to identify the agency's department or unit.	• Use Section B to id	entify an individual. • Use Section C to identify an outside organization
-	Number of Ticket(s)/	entify an individual. • Use Section C to identify an outside organization Describe the public purpose made pursuant to the agency's po
• Use Section A to identify the agency's department or unit.	Number	
• Use Section A to identify the agency's department or unit.	Number of Ticket(s)/ Passes	
Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes	
Use Section A to identify the agency's department or unit.	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po
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Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po Identify one of the following: Ceremonial Role Other I Inco
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A 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

Esparzo uncilmember Title 2019 Signature of Agency Head of Designee (month, day, year) Print Name Comment: _

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California san Jo: e City Clerk Eorm For Official Use Only Division, Department, or Region (if applicable) 2019 SEP -4 PM 2:46 Council District 7 Designated Agency Contact (Name, Title) Mile Medine (Area Code/Phone Number <u>()0()()</u> E-mail Assistant Amendment (Must Provide Explanation in Part 3.) **Date of Original Filing:** (month, day, year) (40B) 535-4997 Mike medinal Saninger 2. Function or Event Information n9.n0 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗹 No 🗌 Event Description: Monster Date(s) DB Jam 21 2619 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 If no: Name of Source Was ticket distribution made at the behest Yes D No If yes: Official's Name (Last, First) of agency official?

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ceremonial Role Conter
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Va	Iley Palm Unidos	24	Recognition

4. Verification

A 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.

Buncil Signature of Agency Head of Designee Comment:

Agency Report of: Ceremonial Role Event	ts and Ticket/Pa	ass Distrik	outions EIVE	L'	A Public D	ocument
1. Agency Name		5	an Jose City	C Date Stamp	Californ	ia 802
City of San	Jose	C	TC JRee) .	Form	002
<u>CITY of San</u> Division, Department, or Regi	on (if applicable)	20	19 JUL 22 PM	1 1:50	For Offic	ial Use Only
Council Distri Designated Agency Contact (D)	a -	
Andres Q	untero					
Area Code/Phone Number		. Quinter		Amendment (Mus	t Provide Explanatio	n in Part 3.)
08) 535 -4902	Saniose		Da	ate of Original Filing	g:(month, day,)	vear)
2. Function or Event Inform	nation	0				
Does the agency have a tick	et policy? Yes 🖸	No⊡ Fa	ce Value of Eac	h Ticket/Pass \$.	69.50	
Event Description: Frees	100	Da	ite(s) <u>07 / 13</u>		/	_/
Ticket(s)/Pass(es) provided I	by agency? Yes □	No 🔀 Ifr		Iose Are	na Auth	ority
Max Balat distribution mode	at the behest Yes	No Kallfy	/es:		4	
of agency official?			Of	ficial's Name (Last, Firs	a)	
			Of	ticial's Name (Last, Firs		
of agency official?						ganization.
of agency official? 3. Recipients	ry's department or unit. • U		entify an individual.		entify an outside or	
of agency official? 3. Recipients • Use Section A to identify the agence	ry's department or unit. • U	Jse Section B to ide Number of Ticket(s)/	entify an individual.	• Use Section C to ide	entify an outside or	
of agency official? 3. Recipients • Use Section A to identify the agence	y's department or unit. • U tment or Unit idual	Jse Section B to ide Number of Ticket(s)/	entify an individual.	• Use Section C to ide	entify an outside or	
of agency official? 3. Recipients • Use Section A to identify the agence A. Name of Agency, Depar B. Name of Indiv	y's department or unit. • U tment or Unit idual	Jse Section B to ide Number of Ticket(s)/ Passes Number of Ticket(s)/	entify an individual. Describe the pu	• Use Section C to ide blic purpose made p ldentify one of the	entify an outside or ursuant to the age b following:	
of agency official? 3. Recipients • Use Section A to identify the agence A. Name of Agency, Depar B. Name of Indiv	y's department or unit. • U tment or Unit idual	Jse Section B to ide Number of Ticket(s)/ Passes Number of Ticket(s)/	entify an individual. Describe the pu Ceremonial If checking "C Ceremonial	Use Section C to ide blic purpose made p ldentify one of the Role D Other eremonial Role" or "Other"	entify an outside or ursuant to the age e following: describe below:	ncy's policy
of agency official? 3. Recipients • Use Section A to identify the agence A. Name of Agency, Depar B. Name of Indiv	ry's department or unit. • U tment or Unit idual () ganization	Jse Section B to ide Number of Ticket(s)/ Passes Number of Ticket(s)/	entify an individual. Describe the pul Ceremonial If checking "C Ceremonial If checking "C	Use Section C to ide blic purpose made p ldentify one of the Role D Other eremonial Role" or "Other" Role D Other	entify an outside or ursuant to the age a following: describe below:	Income

<u>ouncilmember</u> Title Esparza 0711119 (month, day, year) Signature of Agency Head or D gne Print Na Comment:

Agency Report of: Ceremonial Role Events and Ticket/F	Daee Dietri	hution Eren	ењ л е	Public Document
1. Agency Name Division, Department, of Region (<i>if applicable</i>) Division, Department, of Region (<i>if applicable</i>) Division, Department, of Region (<i>if applicable</i>) Division, Department, of Region (<i>if applicable</i>)	Jose	San Jose Ci	V Chate Istamp STCUA M 9:44	California Form 802
Designated Agency Contact (Name, Title) HOVES QUINTEV Area Code/Phone Number 408) 535-4902 Sanjose C	0) intero (a. gov	<u>ا</u>] Amendment <i>(Must Pro</i> ate of Original Filing:	vide Explanation in Part 3.) (month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Yes Event Description: <u>Wisin</u> + <i>Provide</i> Title/Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official?		ate(s) <u>5</u>	ch Ticket/Pass \$ 26, 2019	33.50 Hhority
3. Recipients• Use Section A to identify the agency's department or unit.	Use Section B to i	lentify an individual.	• Use Section C to identify	v an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the pu	blic purpose made pursu	ant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Stefenia Dian	•	Ceremonial Role Dother Income Income Income
milke medina)	Ceremonial Role Dother Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Seven Trees Community	14	Recognition
enter Teens Program		

1

ouncil Esparza Designee Print Name (month, day, y ature of Ag ear Sigr ea l Comment:

City of agency Contact (Name, Tite) Eorm O Designated Agency Contact (Name, Tite) 2019 HAT 15 AM S: 14 Designated Agency Contact (Name, Tite) Amendment (Must Provide Explanation in Pert in Stars Out in the Contact of Contact (Name, Tite) Amendment (Must Provide Explanation in Pert in Contact of Con	eremonial Role Events and Tic		Seate State City California	
Direction, objectively, or region (reprincipation) Particle of the provide the p	City of San	Jose	Form	8(
Control of the second and se	Division, Department, or Region (if applicable	e)		se Onl
Area Code/Phone Number E-mail S3S-4902 Son SS-CA-900 Son SS-200 Son SS-200 Function or Event Information Date of Original Filing:(month, day, year) Function or Event Information Does the agency have a ticket policy? Yes Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: San SS-200 Provide Title/Explanation Date(s) San SS-200 Ticket(s)/Pass(es) provided by agency? Yes No If no: San SS-200 Author It Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) Official's Name (Last, First) Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization A Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's por B. Name of Individual (Last, First) Number of Ticket(s) Other I Inc B. Name of Individual (Last, First) Number of Ticket(s) Other I Inc B. Name of Outside Organiza	Council District	<u> </u>	J* 44	
Area Code/Phone Number E-mail Date of Original Filing:		1 a .		
S3S-4902 Subject 24.902 Function or Event Information Does the agency have a ticket policy 2 Yes No Event Description: Store 2000 Provide Title/Explanation Date of Original Filling: Ticket(s)/Pass(es) provided by agency? Yes No If no: Sticket distribution made at the behest Yes Name of Source Name of Source Vast ticket distribution made at the behest Yes No If yes: Official? Official? Name (Last, First) Recipients Ves Section A to Identify the agency's department or unit. Ves Section B to Identify an outside organization Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's por B. Name of Individual Number Other leng '' or ''Other' describe below: If or decing 'Caremonial Role Other leng '' or ''Other' describe below: Inc If or decing '' or ''Other' describe below: Inc Inc If or decing '' or ''Other' describe below: Inc Inc If or decing '' or ''Other'' describe below: Inc Inc If or decing '' or ''Other'' describe	Area Cade/Dhana Number E mail		Amendment (Must Provide Explanation in P	Part 3.,
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 64 Event Description: Stats O.J.c. Date(s) J.V./. 19 Date(s) J.V./. 19 Date(s) J.V./. 19 Ticket(s)/Pass(es) provided by agency? Yes No If no: Stats O.J.c. Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization A Name of Agency, Department or Unit Number Describe the public purpose made pursuant to the agency's port Ticket(s)/ B. Name of Individual (Last, First) Identify one of the following: Incertain the following: Ceremonial Role Other Incertain the following: Ceremonial Role Other Incertain the description Number of Ticket(s)/ Provide Tike Section A name of Individual Other Incertain Ticket(s) Ceremonial Role Other Incertain Ticket(s)) ERE ARAD andre	s.quintero e se.ca.gov	Date of Original Filing:(month, day, year)	
Event Description: Stars OS Ice Date(s) 5,12,19 Provide Title/Explanation If no: Stars OS Ace Act Northorn Act Northact North	Function or Event Information		1/ 1 00	•
Provide Title/ Explanation If no: Date(s) Jame of Source Vas ticket (s)/Pass(es) provided by agency? Yes No X If no: Date(s) Name of Source Was ticket distribution made at the behest Yes No X If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizatio A. Name of Agency, Department or Unit Official's Name (Last, First) Describe the public purpose made pursuant to the agency's poly passes B. Name of Individual (Last, First) Official's Official's Official's Official's Name (Last, First) Inc B. Name of Individual (Last, First) Official's Official's Official's Official's Name (Last, First) Inc B. Name of Individual (Last, First) Official's Official's Official's Official's Official's Name (Last, First) Inc B. Name of Individual (Last, First) Official's Offici	Does the agency have a ticket policy2	Yes 🗙 No 🗌 Face Value	of Each Ticket/Pass \$64	
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B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below: Inc Ceremonial Role Other Other Inc If checking "Ceremonial Role" or "Other" describe below: Inc Ceremonial Role Other Inc If checking "Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: Inc If checking "Ceremonial Role" or "Other" describe below: </td <td></td> <td>Number of Ticket(s)/ Describe</td> <td>· · ·</td> <td></td>		Number of Ticket(s)/ Describe	· · ·	
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If checking "Ceremonial Role" or "Other" describe below: 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 portion (include address and description)	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/	• the public purpose made pursuant to the agency's	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's portion of Ticket(s) (passes)	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes	e the public purpose made pursuant to the agency's	s pol
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's po	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes Ce	e the public purpose made pursuant to the agency's Identify one of the following: remonial RoleOther	
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C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's po	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes Ce Image: Constraint of the second	e the public purpose made pursuant to the agency's Identify one of the following: remonial Role Other hecking "Ceremonial Role" or "Other" describe below:	s pol
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's po	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes Ce Image: Comparison of the second		s pol
	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes Ce If cl Ce Ce		s pol
Conxion To 24 Recognition	A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Name of Outside Organization	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes Ce Image: Ce If cl	e the public purpose made pursuant to the agency's Identify one of the following: remonial Role Other hecking "Ceremonial Role" or "Other" describe below: remonial Role Other hecking "Ceremonial Role" or "Other" describe below:	s pol
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	A. Name of Agency, Department or Unit B. Name of Individual (Last, First) C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes Describe Number of Ticket(s)/ Passes Ce Image: Comparison of Ticket(s)/ Passes Describe Image: Comparison of Ticket(s)/ Passes Describe		s pol

<u>councilmente</u> <u>sparza (</u> gnatur signee of Agency or Print Nam Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	А	Public Document
1. Agency Name City of Son JOSE-	Refate Stamp	California Form 802
Division, Department, or Region (if applicable)	City of San Jose	For Official Use Only
Designated Agency Contact (Name, Title)	Office of the City Clerk	
Area Code/Phone Number E-mail Andres quintero @	. ☐ Amendment <i>(Must Pr</i>	ovide Explanation in Part 3.)
(408) 535-490'L Sanjose Ca.gov 2. Function or Event Information		(month, day, year)
	Each Ticket/Pass \$ <u>2</u> , 28, 19	
Event Description: <u>INALAS V. MOULOUCINE</u> Date(s) <u>Provide Title/ Explanation</u> Ticket(s)/Pass(es) provided by agency? Yes No X. If no:		//
Was ticket distribution made at the behest Yes I No If yes:	Name of Source 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 Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Ivandale Middle Schoo	18	Recognition

4. Verification

Esparza Councilmen Signature of Agency Designee leac Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	A F	Public Document
1. Agency Name City of Son Jose	Date Stamp	California Form 802
Division, Department, or Region (if applicable)		For Official Use Only
Designated Agency Contact (Name, Title)	HAY -7 AM 18: 37	
Area Code/Phone Number E-mail	Amendment (Must Pro	vide Explanation in Part 3.)
(408) 535-4902 andres. quinterbe sanjose co	Date of Original Filing:	(month, day, year)
2. Function or Event Information	~	00
Does the agency have a ticket policy? Yes 🗙 No 🗖 Face Value of	Each Ticket/Pass \$	J4
Event Description: Bellator MMA Date(s) 4	<u>, 27, 2019</u> _	N 11 1/-
Ticket(s)/Pass(es) provided by agency? Yes ☐ No X If no: 그०००	Name of Source	Authority
Was ticket distribution made at the behest Yes 🔲 No 🗙 If yes: of agency official?	Official's Name (Last, First)	

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Conter Conter Income Income Income Income Income Conter and the 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
Yanklin-McKinley School District	8	Recognition

4. Verification

<u>sparza</u> Councilment Signature of Agency He d or Designee month. day, vear Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions <u>RECEIVED</u> A Public Document 1. Agency Name I C C San Jose Chate Stamp, California OOO

1. Agency Name City of San Jose San	bee Chive Clerk The Chive Clerk The Chive Clerk	
Division, Department, or Region (if applicable) 7 2019 MA	For Official Use Only	
Designated Agency Contact (Name, Title), ANDRES QUINTERO	Amendment (Must Provide Explanation in Part 3.)	
(408) 535-4902 E-mail Andres. Quintero @ San jose ca . Qui	Date of Original Filing:	
2. Function or Event Information	Each Ticket/Page \$ 50.00	
Does the agency have a ticket policy? Yes AND □ Face Value of	Each Ticket/Pass \$	
Event Description: Barracuda U. Kegn Date(s) 3	<u>,29,2019</u>	
Ticket(s)/Pass(es) provided by agency? Yes No V If no:	Jose Avena Authorit	Ì
Was ticket distribution made at the behest Yes I No K If yes: of agency official?	Official's Name (Last, First)	ŀ

3. Recipients

ĺ

• 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 Ceremonial Role" or "Other Income I
		Ceremonial Role Conternation Other Income In
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 Neighborha	od 24-	Recognition
Association		\mathcal{O}

4. Verification

Esparza Councilmember lead or Designee Sigr dav ature of en Comment:

Ag	ency Report of:				
Ce	remonial Role Events and Ticket/P	ass Distrik	outions		Public Document
1. /	Agency Name City of San	Jose		Ote Stamp Ity CI	California Form 802
Ī	Division, Department, or Region (if applicable)			2019 MAR -7 PM 2	For Official Use Only
	Council District	.(· · · · · · · · · · · · · · · · · · ·	13
Ī	Designated Agency Contact (Name, Title)				
	A. Quintero			Amendment (Must Pro	vide Explanation in Part 3.)
~ 7	Area Code/Phone Number E-mail Aval Ves	.Quinter	ō @_		, ,
(40)	8) 535-4902 sanios	e ca · g		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				/ 92
I	Does the agency have a ticket policy? Yes			Each Ticket/Pass \$	115
l	Event Description: Sharks v. Black	Chawks Da		28,2019	
-	•		10: <u>Dav</u>	Name of Source	Authority
١	Nas ticket distribution made at the behest Yes [No No If y	/es:		
	of agency official?			Official's Name (Last, First)	
3.	Recipients				
	• Use Section A to identify the agency's department or unit.	Use Section B to ide	entify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role D Other D Income I Inco
		Ceremonial Role D Other D Income I Inco
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
Los Lagos Neighborha	8	Recognition
		<u> </u>

arza Councilment S elof Age or Designee Print Name lionat (nonth, day, Comment:

. /	Agency Name FG J	ose	San Jose Staw Clerk Form 802
ī	Division, Department, or Region (if applicable)		2019 MAR - 7 PM 2: 13
_	Council District 1		
0	Designated Agency Contact (Name, Title)		
7	HUNCIVES QUINTEVO Area Code/Phone Number E-mail Andres		Amendment (Must Provide Explanation in Part 3.)
3) 535-4902 Sanjos	s. avinte e. ca. go	Date of Original Filing:
. I	Function or Event Information	~	ODE/ STATIST
[Does the agency have a ticket policy? Yes	No 🗆 🛛 🗖	ace Value of Each Ticket/Pass \$ 225/ticket and \$
E	Event Description: May KS V Law ac		ate(s) 3 1 19
-	<i>Provide Title/ Expla</i> Ficket(s)/Pass(es) provided by agency? Yes		no: San Jose Avena Authority
			Name of Source
١	Nas ticket distribution made at the behest γ_{es}		Yes: Official's Name (Last. First)
١	Nas ticket distribution made at the behest Yes of agency official?		yes: Official's Name (Last, First)
	of agency official?	□ No If :	yes: Official's Name (Last, First)
	of agency official? Recipients		YES: First)
\	of agency official? Recipients		Official's Name (Last, First)
	of agency official? Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	Official's Name (Last, First) lentify an individual. • Use Section C to identify an outside organization.
	of agency official? Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	Official's Name (Last, First) lentify an individual. • Use Section C to identify an outside organization.
	of agency official? Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	Official's Name (Last, First) lentify an individual. • Use Section C to identify an outside organization.
	of agency official? Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	Official's Name (Last, First) lentify an individual. • Use Section C to identify an outside organization.
	of agency official? Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B.	Use Section B to id Number of Ticket(s)/ Passes	Official's Name (Last, First) lentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy

C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Rebuilding Together 24 Recognition Silicon Valley

4. Verification

SPar OUNC \overline{ZQ} K Print Name Signature of A Head or Desig (month, day, эe vear Comment:

	ency Report of: remonial Role Events and Ticket/F	Pass Distri	butions	RECEIVED	Public Document
1. <i>i</i>	Agency Name Division, Department, or Flegion (if applicable) Division, Department, or Flegion (if applicable) District	Jose 7	2019 MA	R-7 PM 2: 13	California Form 802 For Official Use Only
40	Area Code/Phone Number E-mail 3) 535 - 4902 and ves. au	uintero e	Sanjase ca.gov		Províde Explanation in Part 3.) (month, day, year)
	Function or Event Information Does the agency have a ticket policy? Yes Event Description: Data Vacuus V. Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official?	nation NoXI If	ace Value of I ate(s) no: yes:	Each Ticket/Pass \$ 62019 Jose Avev Name of Source Official's Name (Last, First)	50°
3.	Recipients • Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit	Use Section B to id Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the formation of the for] Income
				onial Role Other Cong "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
)c	Laughlin Tevants Association	J 24-	Re	cognition	
4. \	/erification				

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

0

Esparza Councilment G MA O a Print Name of Agency Head or Designee Signature (month, day, ly Comment:

Agency Name	1	San Jose City Clerk Form 802
Division, Department, or Region (if applicable)		De Contra For Official Use Only
Council Supprict	- 7-	2019 FEB 13 AM 9: 43
Designated Agency Contact (Name, Title)		
A Quintero		Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		
4085354902 andres.		Date of Original Filing:
Function or Event Information	1 Sanju	ace Value of Each Ticket/Pass \$ 67 3
Does the agency have a ticket policy? Yes	₽ No⊡ F	ace Value of Each Ticket/Pass \$
Event Description: DI Sway on	<u>Fice</u>	$pate(s) \frac{2}{2} \frac{23}{9} \frac{19}{9}$
Provide Title/ Expla	anation	
Ticket(s)/Pass(es) provided by agency? Yes	□ No∮ <lf< td=""><td>no: Sam JOSC A ena Hill hor</td></lf<>	no: Sam JOSC A ena Hill hor
Was ticket distribution made at the behest Yes		Ves:
of agency official?	□ No'[]_"	Official's Name (Last, First)
	·	
Recipients		
• Use Section A to identify the agency's department or unit. •	• Use Section B to id	dentify an individual. • Use Section C to identify an outside organization.
A, Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	Passes	
	1	
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
B. Name of Individual (Last, First)		
	of Ticket(s)/	Ceremonial Role Other I Income
	of Ticket(s)/	
	of Ticket(s)/	Ceremonial Role Other I Income I Income I Income
	of Ticket(s)/	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income
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(Last, First)	of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Income
(Last, First) C. Name of Outside Organization (include address and description) (D. C. Mame of Outside Organization (include address and description)	of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Income
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(Last, First) C. Name of Outside Organization (include address and description) C. C. Name of Outside Organization (include address and description) C. C. Name of Outside Organization (include address and description) C. C. Name of Outside Organization (include address and description) C. C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 224 .1 and 18942. I	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Describe the public purpose made pursuant to the agency's policy Magazian Magazian
(Last, First) C. Name of Outside Organization (include address and description) C. Name of Outside Organization (include address and description) (include address and description) (inclu	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2 2 4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Describe the public purpose made pursuant to the agency's policy Magazian Agency

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions RE	CRIMEN	A Public Documen
1. Agency Name Division, Department, or Region (<i>if applicable</i>) Designated Agency Contact (<i>Name</i> , <i>Title</i>)	uber		9 CitPate Stamp <i>Ea</i> 3 AM 9: 43	California Form 802 For Official Use Only
Aréa Code/Phone Number E-mail 085354907 AMAres Din	renola	Custra	Amendment (Must	Provide Explanation in Part 3.) :
2. Function or Event Information Does the agency have a ticket policy? Yes		ace Value of F	each Ticket/Pass \$ _	53
Event Description:	nation	Date(s) <u>2</u> no: <u>SJ</u>	22, 19 ARM Name of Source	AAVTHURE
Was ticket distribution made at the behest Yest of agency official?	Nobe	yes:	Official's Name (Last, First,)
3. Recipients • Use Section A to identify the agency's department or unit. •	Use Section B to i	dentify an individu	al. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	irsuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
			nial Role 🔲 Other [g "Ceremonial Role" or "Other" d	
			nial Role 🔲 Other [g "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
Franklin Makinley	16	Ve	$\frac{2}{e}$	ition
School District			0	
4. Verification I have read and understand FPPC Regulations 18944. with the requirements.	39A/22	have verified th	at the distribution set f	SER Z/12/20
Comment:	int Name		Title	(month, day, year)

Comment: _____

Agency Report of:	
Ceremonial Role Events and Ticket/Pass Distributions	A Public Document
1. Agency Name San Jo Africe of Council member Springer	Form OUZ
Division, Department, or Region (if applicable) 2019 FFR	For Official Use Only
District7	3 I 3 AM 9: 43
Designated Agency Contact (Name, Title)	
Advintero	Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	
408 535-4107 Andres Guinters A San Jose,	Date of Original Filing:
2. Function or Event Information	gu 50.00
Does the agency have a ticket policy? Yes 🗹 No 🔲 Face Value of	FEach Ticket/Pass \$
Event Description: $fall have balls Date(s) 2$	18,19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:	Name of Source
Was ticket distribution made at the behest Ye No K If yes: of agency official?	Official's Name (Last, First)

3. Recipients

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

<u>A.</u>	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Conternation Other Income In
			Ceremonial Role Other Income Income Income Income Ceremonial Role" or "Other" describe below:
С.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
, och	Springs	24	Recognition
ight	portion ASS 20	/	0

4. Verification

R

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.

\$ignature of Agens ead or Designee Print Name mbnth. dav Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions.	A Public Document
1. Agency Name Division, Department, or Region (<i>if applicable</i>) Division, Department, or Region (<i>if applicable</i>) 2019 FEB 1.	
Designated Agency Contact (Name, Title) A Contact (Name, Title) Area Code/Phone Number E-mail 400 53 5 4907 andres A S. New Q	Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
2. Function or Event Information / GamJosco	1-gov 11 (00
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of	Each Ticket/Pass \$
Event Description: Sharks v. Brums Date(s)	18,19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔟 If no:	MJOSC Arena Authority
Was ticket distribution made at the behest Yes ☐ Note If yes: of agency official?	Official's Name (Last, First)

3. Recipients

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

<u>A.</u>	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Cother Cother Income
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
05 Flsi	Lagos reighbort dents	real B	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 frequirements.

KIIVII ndy Head or Designee (month, day, year, Signature of Age Print Name Comment:

Ceremonial Role Events and Tick	et/Pass	Distributionse	City Clerk	A Public Documen		
1. Agency Name		2014 400	Date Stamp q : P]: 0]	California 802		
City of San Jose		2014 AFR -		Form For Official Use Only		
Division, Department, or Region (If Applicable)						
Council District 7						
Designated Agency Contact (Name, Title)						
Louansee Moua, Chief of Staff			Amendment (Must	provide explanation in Part 3.)		
Area Code/Phone Number E-mail			Date of Original Filing:			
408-535-4985 Louansee.Mo	uawsanjos	seca.gov		(Month, Day, Yeər)		
	f Each Ticket/Pass \$ _	139				
	Yes 🛛 No			/		
Event Description Sharks vs. Los Angeles Provide Title/Explain	nation	Date(s)	, 03 , 14			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	Ist If no: San Jo	ose Arena Authority			
			Name of Sc	ource		
Was ticket distribution made at the behest of agency official?	No 🛛 Yes	lf yes:	Official's Name ('Last, First)		
 Recipients Use Section A to identify the agency's department or up 	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy		
	Pass(es)					
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	Income		
			Other Other Getting Other' describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy		
Operation Prom Dress Volunteers	8	Volunteer Apprecia	ition			
4. Verification I have read and understand FPPC Regulations 18944.1 and	18942 hove u	nified that the distribution set	orth above is in accordance w	ith the requirements		
a Arue mus	Louansee	Moua	Chief of Staff	04/08/2014 (Month, Day, Year)		
Signature of Agency Head or plasignee Comment:	Print Nan	IC .	1100	(MONUN, Day, 1997)		

	Agency Name				Date Stamp	California Q		
	City of San Jose			2014 MAR	-ц дм 9:56	Form		
	Division, Department, or Regi	on (If Applicable)	<u></u>			For Official Use Only		
	Council District 7							
	Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·	· · · · · ·				
	Louansee Moua, Chief of St	aff			Amendment (Must provide explanation in Part 3			
		E-mail						
	408-535-4985	Louansee.Mc	oua@sanjos	seca.gov	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Inform				f Each Ticket/Decc ¢	82		
	Does the agency have a ticke	• •	Yes 🖾 No		f Each Ticket/Pass \$ _			
	Event Description Disney on	ICE Provide Title/Explai	nətion	Date(s)	2214	///		
	Ticket(s)/Pass(es) provided by	,		rsa If no. San Jo	se Arena Authority			
	Tickel(s/T ass(es) provided by	/ agency :	Yes 🔲 No		Name of So	Urce		
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (Last, First)		
3.	• Use Section A to identify the agency	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	Number of Lagrance and the second			Describe the pub	ic purpose made pursuan	t to the agency's policy		
						·		
	B. Name of Individua (Last, First)		Number of Ticket(s)/					
	a na serie de la construcción de la La construcción de la construcción d		Pass(es)		Identify one of the follow	ing:		
					Identify one of the follow			
	<u></u>			If checking "Ceremon Ceremonial Role	☐ Other □	ing: Income		
	C. Name of Outside Organ (include address and des			If checking "Ceremon Ceremonial Role If checking "Ceremon	Other other other other other other	Income Income		
		scription)	Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other Other Other or Other other	Income Income		
	(include address and des McLaughlin Area Tenants A	scription)	Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Other Other Other Other Other Other Other or Other other	Income Income		
	(include address and des	scription)	Pass(es) Number of Ticket(s)/ Pass(es) 16	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub Volunteer Apprecia	Other el Role" or "Other" describe below: Other el Role" or "Other" describe below: el Role" or "Other" describe below: lic purpose made pursuant tion	Income Income		

Comment: _

1. Agency Name			Date Stamp	California 802
City of San Jose			20 PE 1: 18	Form For Official Use Only
Division, Department, or Region (If Applicable)				, FOI Official Use Offiy
Council District 7				
Designated Agency Contact (Name, Title)			•	
Louansee Moua, Chief of Staff				
Area Code/Phone Number E-mail	`		Amendment (Must p.	rovide explanation in Part 3.)
408-535-4985 louansee.mo	ua@sanjos	eca.gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	163
Event Description Harlem Globetrotters Provide Title/Expla	nation	Date(s)	<u>, 18 , 14</u>	/
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: San Jo	se Arena Authority	
			Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🛛 Yes	□ If yes:	Official's Name (I	Last, First)
 B. Recipients Use Section A to identify the agency's department or up 	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			·	
R Name of Individual	Number of			and a second
B. Name of Individual (Last, First)	Ticket(s)/ Pass(ës)		Identify one of the follow	ing:
Moua, Louansee	1	Ceremonial Role	Other D lal Role" or "Other" describe below:	Income
		Ceremonial Role	Other Cher Cher Cher Cher Cher Cher Cher C	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
District 7 Youth Commission Advisory Board	15	Volunteer Recognit	ion	

I have yead 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 Print Name (Month, Day, Year) Sig Title signee U

Comment:

1.	Agency Name				Date Stamp	California 802
	City of San Jose			2613	80Y-7 AMIL:10	Form
	Division, Department, or Regio	on (If Applicable	e)	<u> </u>		For Official Use Only
	Council District 7					
	Designated Agency Contact (/	Vame, Title)		-		
	Louansee Moua, Chief of Sta	aff				rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	1			tovide explanation in F an 3.)
	(408) 535-4985	louansee.m	oua@sanjos	eca.gov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			<u>den en e</u>	
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	
	Event Description Selena Go	mez Provide Title/Exp	lanation	Date(s)	<u>, 10 , 13</u>	//////
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: San J	ose Arena Authority Name of So	urce
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	If yes:	Official's Name (I	Last, First)
3.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an Individ	ual. • Use Section C to iden	tlfy an outside organization.
3.	Recipients • Use Section A to identify the agency A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden Ilic purpose made pursuant	
3.	Use Section A to identify the agency		Number of Ticket(s)/			
3.	Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individual	nt or Unit	Number of Ticket(s)/			to the agency's policy
3.	Use Section A to identify the agency A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	lic purpose made pursuant	to the agency's policy
3.	Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	lic purpose made pursuant	to the agency's policy
3.	Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua (Last, First)	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	Ilic purpose made pursuant	to the agency's policy
3.	Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua (Last, First)	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow Identify one of the follow	to the agency's policy ing: Income

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

.

Future maring	Louansee Moua	Chief of Staff	11/7/2013
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Copiment:			

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

Hereit and	eremonial Role Events and Ti	cket/Pass	Distributions di	æcelved 300 Gity Clask	A Public Docun
1.	Agency Name			Date Stamp	California 80
	City of San Jose		2013 601	-7 861114	Form
	Division, Department, or Region (If Application	ble)			For Official Use Only
	Council District 7				
	Designated Agency Contact (Name, Title)				
	Louansee Moua, Chief of Staff				
	Area Code/Phone Number E-mail		<u> </u>		provide explanation in Part 3.)
	(408) 535-4985 louansee.	noua@sanjos	eca.gov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ _			
	Event Description Disney on Ice		Date(s)	, 25 , 13	
	Fionde Huer	xplanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: San Jo	ose Arena Authority Name of So	ource
	Was ticket distribution made at the behest	No 🛛 Yes	☐ If ves		
	of agency official?			Official's Name	(Last, First)
3.	Recipients				neg og generalen av en
	• Use Section A to identify the agency's department		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuar	t to the agency's policy
		Pass(es)			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individual (Last, First)		Ceremonial Role		ving: Incon
	B. Name of Individual (Last, First)	Ticket(s)/			Incon
	B. Name of Individual (Last, First)	Ticket(s)/		Other	Incon
	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremon	Other Other describe below.	Incon
¢	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other describe below.	Incon
¢	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other	Incon
¢	B. Name of Individual (Lost, Fire)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role	Other	Incon
¢	B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Incon
¢	(Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Incon
¢	(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Incon
¢	(Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Incon
¢	(Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Incon
· 4	(Last, First) C. Name of Outside Organization (include address and description) Senter Creekside NAC	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Incon
· 4.	(Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 16	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put Volunteer Recogni	Other	Incon
, 4.	(Last, First) C. Name of Outside Organization (include address and description) Senter Creekside NAC	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 16	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put Volunteer Recogni	Other	Incon

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

1. Agency Name	nn 1991 MCC a chailte ann an an an an an an Airte a' chuide an Airte an Airte an Airte an Airte an Airte an Air	100°	BOCT -2 Phill:50	California 802	
City of San Jose		<u>Et</u> ij	1001-2 Ph 1:59	Nonexamile and the second second second second	
Division, Department, or Region (If	Applicable)			For Official Use Only	
Council District 7					
Designated Agency Contact (Name,	Title)				
Louansee Moua, Chief of Staff					
Area Code/Phone Number E-ma	ail	· · · · · · · · · · · · · · · · · · ·	Amendment (Must pro	vide explanation in Part 3.)	
	 insee.moua@sanjos	eca.gov	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Information				
Does the agency have a ticket polic		Face Value of	of Each Ticket/Pass \$	192.00	
Event Description <u>Sharks vs Vanc</u>	le Title/Explanation	Date(s)) 03 13	/	
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 No	If no: San Jo	ose Arena Authority Name of Sour	C0	
Was ticket distribution made at the of agency official?	behest No 🛛 Yes	If yes:	Official's Name (La	st, First)	
			, 		
 Recipients Use Section A to identify the agency's dep 		ction B to identify an individ	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or L	l nelladah	olic purpose made pursuant to	o the agency's policy		
	Pass(es)				
				· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	9:	
	September (September Construction)	Ceremonial Role	Other	Income	
Madison Nguyen	1	-	niəl Role" or "Other" describe below:		
	I	Puck Toss and rec	ognition of City of San J	lose	
		Ceremonial Role	Other	Income	
	1	If checking "Ceremon	nial Role" or "Olher" describe below:		
C. Name of Outside Organization (include address and description)		Describe the pul	blic purpose made pursuant t	o the agency's policy	
2013 Youth Job Fair Volunteers	24	Volunteer Recogni	tion ·		
		· · · · · · · · · · · · · · · · · · ·			
			n met kan beste kan an mengementa kan berakan kan berakan kata bahar kan yang mengementa kan kerementa kan ber		

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.

Latral (Man)	Louansee Moua	Chief of Staff	10/2/2013
Signature of Agency Head or/Designee	Print Name	Tille	(Month, Dəy, Year)
Comment:			

1. Ac	gency Name			///19.sti	JOSO CILY CLORY	A Public Documen California
-	ty of San Jose			Z013 AU	529 ANI 1: 18	Form 802
	vision, Department, or Reg	ion (If Applicable))			For Official Use Only
Co	ouncil District 7					
Des	signated Agency Contact	(Name, Title)				
Lo	uansee Moua, Chief of S	taff				
	ea Code/Phone Number	E-mail		(Amendment (Must p	rovide explanation in Part 3.)
40	8-535-4985	louansee.mo	ua@sanjos	eca.gov	Date of Original Filing:	(Month, Day, Year)
2. Fu	Inction or Event Infor	mation				
	es the agency have a ticke		f Each Ticket/Pass \$ _	38		
Eve	ent Description Ringling B	Brothers Barnur Provide Title/Expla	m&Bailey Ci	ircu Date(s) <u>8</u>	, 22 , 13	//
Tic	ket(s)/Pass(es) provided b		Yes 🗌 No	If no: San Jo	ose Arena Authority Name of Source	
	as ticket distribution made a	No 🛛 Yes	If yes:	Official's Name (I		
of	agency official?				Official's Name (l	Last, First)
of B. Re	agency official? Ecipients se Section A to identify the agence			ction B to identify an individu		tify an outside organization.
of B. Re • Ue	agency official? ecipients se Section A to identify the agenc Name of Agency, Departm Name of Individu	ent or Unit	Init. • Use Sec Number of Ticket(s)/	ction B to identify an individu	ial. • Use Section C to ident	tify an outside organization. to the agency's policy
of 3. Re <u>• Us</u> <u>A.</u> <u>B.</u>	agency official? ecipients se Section A to identify the agence Name of Agency, Departmo Name of Individu (Last, First)	ent or Unit	Init. • Use Sec Number of Ticket(s)/ Pass(es)	ction B to identify an individu	ial. • Use Section C to ident Ilc purpose made pursuant Identify one of the followi	tify an outside organization. to the agency's policy
of . Re . Us A. B.	agency official? ecipients se Section A to identify the agenc Name of Agency, Departm Name of Individu	ent or Unit	Init. • Use Sec Number of Ticket(s)/ Pass(es)	ction B to identify an individu Describe the pub	ial. • Use Section C to ident Ilc purpose made pursuant Identify one of the followi	tify an outside organization. to the agency's policy ing:
of 3. Re <u>• Us</u> <u>A.</u> <u>B.</u>	agency official? ecipients se Section A to identify the agence Name of Agency, Departmo Name of Individu (Last, First)	ent or Unit	Init. • Use Sec Number of Ticket(s)/ Pass(es)	ction B to identify an individu Describe the pub	Ial. • Use Section C to ident IIc purpose made pursuant Identify one of the followi	tify an outside organization. to the agency's policy ing:
of . Re . Us A. B.	f agency official? ecipients se Section A to identify the agence Name of Agency, Department Name of Individu (Lest, First) Jyen Ngo	ent or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Ial. • Use Section C to identify one of the pursuant Ilc purpose made pursuant Identify one of the following Identify one of the following Other Ial Role" or "Other" describe below: Other Other	tify an outside organization. to the agency's policy ing: Income

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

1 Mul Mul	Louansee Moua	Chief of Staff	8/29/2013
Signatura of Agency Abad for Designee	Print Name	Title	(Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

<u>.</u>	RECEIVED
08fi	Josa City Cit A Public Document

4	Aganay Nama	าแห่งการที่สาวทางการครามการที่สาวปร		Date Stamp		
Ί.	Agency Name		•		California Form 802	
	City of San Jose Division, Department, or Region (If Applicable)				Chair For Official Use Only	
				4		
	Council District 7			_		
	Designated Agency Contact (Name, Title)					
	Louansee Moua, Chief of Staff			Amendment (Must pro	wide explanation in Part 3.)	
	Area Code/Phone Number E-mail		······		nue explanation in r alt e.j	
	408-535-4985 louansee.mou	ua@sanjose	eca.gov	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information		,		00 50	
	Does the agency have a ticket policy?	Yes 🗌 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$	92.50	
	Event Description The Package Tour		Date(s) 07	7 <u>12 13</u>	1 1	
	Provide Title/Explan	nation			· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: San J	ose Arena Authority		
			· · · ·	Nama of Soul	rca	
		No 🛛 Yes	☐ If yes:	If yes:		
	of agency official?			Ometars Name (Le		
3.	• Use Section A to Identify the agency's department or un	nit. • Use Sec	tion B to identify an individ	lual. • Use Section C to Identi	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of	1	blic purpose made pursuant t		
	/ · · · · · · · · · · · · · · · · · · ·	Ticket(s)/ Pass(es)	•		-	
		Number of				
	B. Name of Individual	Ticket(s)/	• •	Identify one of the followir	1g:	
		Pass(es)	Ceremonial Role	Other	Income	
				onial Role" or "Other" describe below:		
			Caramonial Role		Income	
			If checking "Ceremo	onial Role" or "Other" describe below:		
		Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
			Voluntoor Dooc an	ition		
	Lanai Cunningham Neighborhood Assoc.	16	Volunteer Recogn			
	·			·		
		ł	l l			

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.

Chief of Staff 10/2/2013 Louansee Moua (Month, Day, Year) Print Name Title Comment:

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

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

eremonial Role Events	and Tick	et/Pass	Distributions		A Public Document
Agency Name	ж.»	Date Stamp	California Form 802		
City of San Jose	207	3 AUG 29	AMII: 19		the second s
Division, Department, or Region					For Official Use Only
Council District 7					
Designated Agency Contact (Nan	ne, Title)	x		-	
Louansee Moua. Chief of Staff					2015/11/2019/2018/16/2019/00/2019/2019/2019/2019/2019/2019/2
			·······	Amendment (Must p	provide explanation in Part 3.)
408-535-4985 lo	uansee.mou	ua@sanjos	eca.gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	tion				
Does the agency have a ticket po	olicy?	of Each Ticket/Pass \$ _	45		
Event Description Super Freest	yle Explosio	, 29 , 13	//////		
Provida Title/Explanation				ose Arena Authority	
				Name of Sc	burce
Was ticket distribution made at the of agency official?	e behest	No 🛛 Yes	If yes:	Official's Name (Ləst, First)
Use Section A to identify the agency's d	lepartment or u				· · · · · · · · · · · · · · · · · · ·
A. Name of Agency, Department c	or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
· ·					
B. Name of Individual (Last, First)		Numbar of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			1		Income
			Ceremonial Role If checking "Ceremo	Dther niel Role," or "Other" describe below:	Income
		Number of Ticket(s)/ Pass(as)	Describe the pu	blic purpose made pursuan	t to the agency's policy
RockSprings Neighborhood G	roup	16	Volunteer Recogn	ition	
	Agency Name City of San Jose Division, Department, or Region Council District 7 Designated Agency Contact (Name Louansee Moua, Chief of Staff Area Code/Phone Number 408-535-4985 Io Function or Event Informat Does the agency have a ticket point Event Description Super Freesty Protect Ticket(s)/Pass(es) provided by age Was ticket distribution made at the of agency official? Recipients • Use Section A to identify the agency's of A. A. Name of Individual (Last, First) C. Name of Outside Organizati (Include address and description (Include address and description (Include address and description)	Agency Name 2011 City of San Jose 2011 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 408-535-4985 Iouansee.mou Function or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Super Freestyle Explosio Provide Title/Expland Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? A. Name of Agency, Department or Unit B. Name of Individual	Agency Name 2013 AUG 293 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 Function or Event Information Does the agency have a ticket policy? Yes No Event Description Super Freestyle Explosion Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Lest, First) Pass(es) Pass(es) Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es)	City of San Jose 2013 AUE 2.9 All [1]: 1.9 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 408-535-4985 Iouansee.moua@sanjoseca.gov Function or Event Information Does the agency have a ticket policy? Yes No Ficket(s)/Pass(es) provided by agency? Yes No X Yes No X Yes If no: San J Was ticket distribution made at the behest No X Yes If yes: of agency official? Number of Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individed If teletify? Describe the pulpass(es) Ceremonial Role If checking 'Coremo If checking 'Coremo B. Name of Outside Organization Number of If checking 'Coremo Ceremonial Role If checking 'Coremo If checking 'Coremo Ceremonial Role If checking 'Coremo Coremonial Rol	Agency Name 2013 AUS 23 AUT 19 Date Stamp City of San Jose 2013 AUS 23 AUT 19 Date Stamp Division, Department, or Region (If Applicable) Council District 7 Division, Department, or Region (If Applicable) Council District 7 Designated Agency Contact (Name, Title) Date of Original Filing: Louansee Moua, Chief of Staff Amendment (Must, Date of Original Filing: Date of Original Filing: Council District 7 E-mail Date of Original Filing: Date of Original Filing: Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

4. Verification

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

М Louansee Moua Chief of Staff 8/29/2013 М Title (Month, Day, Year) Print Name Agency Head or De igr Comment:

	Agency Name		n	Ban <u>RECEIVEN</u> Date Stamp _{Clon}	California 007			
	City of San Jose		** (2) / ,	Marin " tolor:	Form OU2			
	Division, Department, or Region (If Applicable)			MAY 13 PM 1:29	For Official Use Only			
	Council District 7			1.20				
	Designated Agency Contact (Name, Title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>					
	Noelle Vergara, Policy Analyst Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)			
	Area Code/Phone Number E-mail (408) 535-4961 noelle.vergar	alleanioced		Date of Original Filing: _				
		awsanjused	Ja.yuv		(Month, Day, Year)			
	Function or Event Information			f Each Ticket/Dace ¢	166/103			
		Yes 🗌 No 🛛		of Each Ticket/Pass \$				
	Event Description <u>Sharks vs. Canucks</u> Provide Title/Expla		Date(s)	5 , 07 , 13				
	Provide Title/Expla	nation						
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No [If no:	Name of Sou	rce			
	Was ticket distribution made at the behest	No 🗌 Yes [· · · · · · · · · · · · · · · · · · ·					
	of agency official?	Official's Name (L	ast, First)					
	Recipients							
<i>.</i>	• 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	olic purpose made pursuant	to the agency's policy					
		Ticket(s)/ Pass(es)	•					
		Number of						
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the followi	ig: _{All the second second}			
		Pass(es)	Ceremonial Role	Other	Income			
	Inzunza, Diego			nial Role" or "Other" describe below:	Income			
		2						
			Ceremonial Role	Other	Income			
		2		Dther niel Role" or "Other" describe below:	Income			
		2			Income			
					Income			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	lf checking "Ceremo					
	(include address and description)	Number of	If checking "Ceremon Describe the pul	nial Role" or "Other" describe below: plic purpose made pursuant				
	(include address and description) McLaughlin Area Tenants/ FMCI Youth	Number of Ticket(s)/	If checking "Ceremon Describe the pul	niəl Role" or "Other" describe below:	to the agency's policy			
	(include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pul	nial Role" or "Other" describe below: plic purpose made pursuant	to the agency's policy			
	(include address and description) McLaughlin Area Tenants/ FMCI Youth	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pul	nial Role" or "Other" describe below: plic purpose made pursuant	to the agency's policy			

Huntry N men)	Louansee Moua	Chief of Staff	05/13/13
Signature of Agency Head or Designee	Print Nøme	Title	(Month, Dəy, Ye ə r)

Comment: ___

	gency Report of: eremonial Role Event	s and Tick	et/Pass	Distributions	RECEIVED San Jose Chy Cla	A Public Document
1.	Agency Name City of San Jose Division, Department, or Regi	on (If Applicable)			Date Stamp 13 MAR 18 PM 2: (California 802
	Council District 7 Designated Agency Contact (/	Name, Title)				
		rst E-mail noelle.vergar	a@sanjosed	ca.gov	☐ Amendment <i>(Must pr</i> o Date of Original Filing:	
2.	Function or Event Inform Does the agency have a ticket Event Description Sharks vs. Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	policy? King g Provide Title/Explain agency?	Yes ☐ No I ^{nation} Yes ⊠ No [No ☐ Yes]	Date(s)3	Name of Sour	// ce
3.	Recipients • Use Section A to Identify the agency A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identif	
,	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin Other I Other iel Role" or "Other" describe below:	g:
				Ceremonial Role If checking "Ceremon	Other	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Rocksprings Neighborhood	Association	8	Recognition for the	ir volunteer clean up ef	forts
4.	Verification . I have read and understand FPPC Regul	ations 18944.1 and		rified that the distribution set f		the requirements.

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Comment: __

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

1. Agency Name		an na an a	Date Stamp	California 802		
City of San Jose		2013	MAR 20 PM 3: 08			
Division, Department, or Region (If Appl	licable)			For Official Use Only		
Council District 7						
Designated Agency Contact (Name, Title,)	10110010101000000000000000000000000000				
Noelle Vergara, Policy Analyst						
Area Code/Phone Number E-mail		<u></u>	Amendment (Must pro	ovide explanation in Part 3.)		
(408) 535-4907 noelle.v	ergara@sanjose	ca.gov	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	Function or Event Information					
Does the agency have a ticket policy?	Yes 🗖 No	Face Value o	of Each Ticket/Pass \$	80		
Event Description Disney on Ice:Dare	to Dream	Date(s)02	2 , 23 , 13	1 1		
	le/Explanation	Date(3/		//		
Ticket(s)/Pass(es) provided by agency	? Yes 🛛 No	🗍 If no:				
			Name of Soul	rce		
Was ticket distribution made at the beh of agency official?	Official's Name (La	ast. First)				
 Recipients Use Section A to identify the agency's departm A. Name of Agency, Department or Unit 	Number of		ual. • Use Section C to identi	and the barries of the		
A. Name of Agency, Department of Ome	Ticket(s)/ Pass(es)	Describe the put	aic pulhose india pulsuant i			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followir	ng:		
(Last, First)	Pass(es)			<u>- 1997 - 1999 - 2019 - 1999</u> 		
Moua, Louansee	2	Ceremonial Role If checking "Ceremor	Other L	Income L		
		Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(5)/ Pass(es)	Describe the put	olic purpose made pursuant t	to the agency's policy		
Santee Youth Group	14	Volunteer recogniti	on			
				مىلىپەتى <u>،</u> بەر		
4. Verification				annan yn yw ferdinau yn arwenn yw ar yn		

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

March 20, 2013 Chief of Staff Louansee Moua (Month, Day, Year) Print Name Tille Signatu Agency Head o sígnee Comment:

	gency Report of: eremonial Role Even	ts and Tick	(et/Pass	Distri	butionຣິຄ	RECEIVED n Jose City Clerk	A Public Document
1.	Agency Name					Date Stamp FFB 13 PM 3: 04	California 002
	City of San Jose				2013	FEB 13 PM 3: 04	and the second
	Division, Department, or Regi	on (If Applicable)				all'é.	For Official Use Only
	Council District 7					0,	
	Designated Agency Contact (
	Noelle Vergara, Policy Analy	yst					
	Area Code/Phone Number	E-mail					rovide explanation in Part 3.)
	(408) 535-4961	noelle.vergar	a@sanjose	eca.gov		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation					
	Does the agency have a ticket policy? Yes No Second					f Each Ticket/Pass \$ _	130.00
	Event Description <u>Sharks vs.</u>	vent Description <u>Sharks vs. Coyotes</u> Dat					//
		cket(s)/Pass(es) provided by agency? Yes 🛛 No 🗔 If no: .					urce
	Was ticket distribution made a of agency official?	No 🗌 Yes		If yes:		<i>~</i> *	
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section B to identify the agency's department or unit. • A. Name of Agency, Department or Unit • Ticket(s)/ Pass(es)				-	ual. • Use Section C to iden	en e
	B. Name of Individua		Number of Ticket(s)/ Pass(es)			Identify one of the follow	ng:
						Other C iel Role" or "Other" describe below:	Income 🗌
						Other is it is the selow:	Income
	C. Name of Outside Organization Number of (Include address and description) Pass(es)			Describe the public purpose made pursuant to the agency's policy			
	D7 Youth Advisory Council		8			ir efforts in hosting litten ng for district events	er pick-up, graffiti clean
	· · ·				YBAN San Su		,
4.	Verification		400.40.11				

02/12/13 hun Louansee Moua Chief of Staff Agency Healt of D signee Print Name Title (Monlh, Day, Year) Comment: