Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions REAL Public Document Date Stamp OSE California 1. Agency Name Office of Councilmember Maya Esparza AN For Official Use Only Division, Department, or Region (if applicable) 2022 FEB 1 1 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 \$ 122 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice Date(s) _02 / 12 / 02 12 , Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **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 C. of Ticket(s)/ (include address and description) Passes Recognition Shirakawa Family Resource Center 16 24 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 Councilmember 01/20/2022 Maya Esparza (month, day, year) Signature of Agency Head or D esignee Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp CEIV California 1. Agency Name **Form** Office of Councilmember Maya Esparza For Official Use Only Division, Department, or Region (if applicable) 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 Face Value of Each Ticket/Pass \$ \$418/+icket \$ \$84/+icket Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description: Sharks Vs. Lighting Date(s) __01 22 22 , 22 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Recognition Lone Bluff - Senter Neighborhood Association 24 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Maya Esparza Councilmember 01/20/2022 Designee Print Name Title (month, day, year)

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) 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 \$ \$80/ Licket & \$25/Ticket Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Barracuda vs Condors 01 23 22 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 \square 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 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. Councilmember 01/20/2022 Maya Esparza Title (month, day, year) Print Name

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	ocosum A F	ublic Document
1.	Agency Name Office of Councilmember Maya Esparza				San Date Stamp	California 202
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	Division, Department, or Reg	ion (if applicable)			SELECT 12 DM I	For Official Use Only
	District 07				merage to til 1:	34
	Designated Agency Contact	(Name, Title)			ote 10	
	Mike Medina				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mast Pro-	nue Explanation in Part 3.)
	408-535-4997	mike.medina@sanj	oseca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor					nop 1 das no
	Does the agency have a tick	A 5	⊠ No□ F	ace Value of	Each Ticket/Pass \$ _ 8 0	rand & LS.Co
	Event Description: Barracuc	da v. Canucks Provide Title/ Explar	D	ate(s)12	<u>, 12 , 21 </u>	
	Ticket(s)/Pass(es) provided		□ No⊠ If	no: San Jose	e Arena Authority	
		776 1 1 7 =		· voo:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [_ No⊠ "	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to i Number of Ticket(s)/ Passes		dual. • Use Section C to identify	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fol	
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	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursu	ant to the agency's policy
	Vietnamese in San Jose		24	Recognition		
4.	Verification I have read and understand FF with the requirements Signature of Agency Head or Design	Maya	.1 and 18942. a Esparza rint Name	I have verified	that the distribution set for Councilmember Title	th above, is in accordance 12/10/2021 (month, day, year)

	gency Report of: eremonial Role Events a	nd Ticket/P	ass Distr	ibutions	procurer A	Public Document
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	Office of Councilmember Maya E	sparza		5an .	1029 Olly Olei "	Form OUZ
	Division, Department, or Region (if	applicable)			m 12 OM 1: 3h	For Official Use Only
	District 07			2021 0	C 13 tu 1.30	
	Designated Agency Contact (Name,	Title)			of cit	
	Mike Medina, Community Relatio					
	Area Code/Phone Number E-ma				Amendment (Must Pr	ovide Explanation in Part 3.)
		··· e.medina@san	joseca.gov	- 2	Date of Original Filing: _	(month, day, year)
	Function or Event Information	on				Λ
	Does the agency have a ticket po	licv? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 5	41B.00 and \$84.
	Event Description: Sharks vs Sta	Provide Title/ Expla		Date(s)	<u>, 11 , 21 </u>	12 , 11 , 21
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	Tionor(o)/i add(cd) provided by ag	ichoy: Tes			Name of Source	
	Was ticket distribution made at th	e behest Yes	□ No 🖾 I	f yes:	Official's Name (Last, First)	
	of agency official?	100			Official's Name (Last, First)	
	accondition of the state of the				pro in a moral of	
3.	Recipients				1	
	• Use Section A to identify the agency's dep	partment or unit.	Use Section B to	identify an individ	dual. • Use Section C to identi	fy an outside organization.
			Number			
	A. Name of Agency, Department	or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
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	(Processing Control of				nonial Role Other Characteristics (Control of the Control of the C	1 1000 Land
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	Seven Trees Family Resource (Center	24	Recognition	!	
١.	Verification Ahave read and understand FPPC Rewith the regainements.	egulations 18944	1.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
	N XUM MX	May	a Esparza		Councilmember	12/02/2021
	Signature of Agency Head or Designee Comment:		rint Name		Title	(month, day, year)

RECEMENTUBLIC Document Ceremonial Role Events and Ticket/Pass Distributions Date Store City California 1. Agency Name Office of Councilmember Maya Esparza A411 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 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 ⊠ No □ Event Description: Poptopia 2021 Date(s) __12__/ 21 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square 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 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. Councilmember 12/02/2021 Maya Esparza Print Name (month, day, year)

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **RECEIVED A Public Document** Date Stamp 1. Agency Name California Office of Councilmember Maya Esparza For Official Use Only 2021 OCT 22 AM 10: 39 Division, Department, or Region (if applicable) Council District 07 Designated Agency Contact (Name, Title) Cristian Cornejo, Community Service Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408)535-4961 cristian.cornejo@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Disney on Ice Date(s) _ 10 / 23 10 23 , 21 Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Recognition West Evergreen Neigborhood Association 16 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. Councilmember 10/13/2021 Maya Esparza

Print Name

Signature of Agency Head or I

Comment:

signee

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEA Public Document Date Stampo City 1. Agency Name California or no **Form** Office of Councilmember Maya Esparza 2021 OCT 22 AM 10: For Official Use Only Division, Department, or Region (if applicable) Council District 07 Designated Agency Contact (Name, Title) Mike Medina, Community Service Agency 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 \$ \$418(18+ickets) \$ \$84 (6+icket) Does the agency have a ticket policy? Yes⊠ No □ Event Description: SJ Sharks vs Winnipeg Jets Date(s) _ 10 / 16 / 16 , Provide Title/ Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. 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. Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Recognition African American Community Service Agency 24 Verification 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 Councilmember Maya Esparza 10/13/2021 (month, day, year) Signature of Agency H ad or Designee Print Name

Ceremonial Role Events and Ticket/	Pass Distrib	outions 🔋	CEIVER A	Public Document		
1. Agency Name		111	se CiPatente	California 802		
Division, Department, or Region (if applicable)						
Division, Department, or Region (if applicable)		2020 MAR	12 PM 12: 43	For Official Use Only		
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Designated Agency Contact (Name, Title)		yrf batta my	g as a mula as the state of	sinjala and ruf saon no		
Mike Medina, Community Relation: Area Code/Phone Number E-mail	s Manager	arpre (3	Amendment (Must Pr	ovide Explanation in Part 3.)		
(408)535-4997 mike, medin	.00	2 11/	Date of Original Filing: _	(month, day, year)		
(488)535-4997 Mike, medinal 2. Function or Event Information	alesanjsec	a.90V		10 Mar 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
	⊠ No □ Fa	ace Value of F	Each Ticket/Pass \$	50.00		
	The Section of Land		_den ποκουτ ασσ φ	athove tremets store		
Event Description: Barraruda v. Heat	Danation Da	ate(s) <u> </u>	04/20	04/04/20		
Ticket(s)/Pass(es) provided by agency? Yes	and the state of t	no: <u>San</u> -	Sole Arena A	uthority		
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of agency official?			Official's Name (Last, First)			
3. Recipients		Harris Marie Const	THE COST TO IN 18 18 180	a renambles Subdes		
• Use Section A to identify the agency's department or unit.	• Use Section B to id	entify an individ	ual. • Use Section C to identi	fy an outside organization.		
	Number					
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B. Name of Individual	Number of Ticket(s)/	Seed High	Identify one of the fo	ollowing:		
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy		
(Passes					
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Volunteer Group	u Primision	प्रमान्ध्र ५ न विद्यालपु	Bir felogi organismol	Frem 802 Parties of		
4. Verification		etiados activi	No. 1 strain later 1			
I have read and understand FPPC Regulations 1894	4.1 and 18942. I	have verified to	hat the distribution set fo	rth above, is in accordance		
with the requirements.						
Signature of Agency Read or Designee May a Es	parzu	Conv	ncilmember	and the state of t		
Signature of Agency Read or Designee	Print Name	- 11 - C 1-131	Title	(month, day, year)		
Comment:	'nouasă	-, 1 bi	lew Foath DOL Is south	à smit daze ken -s ne		

Division Department or Region (if applicable) Designated Agency Contact (Name, Title) Designated Agency Contact (Name, Title) OTC LG	. Agency Name		Date Stamp California 802
Designated Agency Contact (Name, Title) Live Med. in a Community Pedations Name of Date of Original Filing:	City of San Jose		For Official Use Only
Designated Agency Contact (Name, Title) Lite Mediana (Must Provide Explanation in Parl 3) Area Code/Phone Number	^		2020 FEB 18 AM III: ng
Area Code/Phone Number E-mail	Designated Agency Contact (Name Title)		A STATE OF THE STA
Date of Original Filing:		ione Manage	
Community Passes Community Passes Community Community Passes Community Community Passes Community Community Passes Community Passes Community Passes Community Community Passes Community Communi	Area Code/Phone Number E-mail	1010 Marrate	Amendment (Must Provide Explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Event Description: Ray rawal A. Earles Provide Tilde Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: San Jele Avena Authority Name of Source Was ticket distribution made at the behest Yes \ No \ If yes: Official's Name (Last, First) 7. Official's Name (Last, First) 8. Name of Agency, Department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization. Number of Ticket(s)/ Passes B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role \ Other \ Other describe below: C. Name of Outside Organization (Income In the circle) Passes On If yes: Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy passes Ceremonial Role \ Other \ Other \ Describe below: Ceremonial Role \ Other \ Other \ Describe below: C. Name of Outside Organization (Include address and description) A Ima Community Youth A Mana Community Youth	1100 53 5 -400 L	Q50.30000	
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$ C \cdot	Function or Event Information	6 200 loger	4.400
Event Description: Rarratuda v. Fages Provide Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ Tele		⊠ No∏ Fa	ice Value of Each Ticket/Pass \$
Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: Sen Jes Avena Avition is a full to vity Name of Source Was ticket distribution made at the behest Yes \ No \ If yes: Official's Name (Last, First) 3. Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes B. Name of Individual (Last, First) Describe the public purpose made pursuant to the agency's policy 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. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency Passes Describe the public purpose made pursuant to the agency Passes Describe the public purpose made pursuant to the agency Passes Describe the public purpose made pursuant to the agency Passes Describe the public purpose made Describe the public purpose Describe the public purpose Des		D. 110 L	sta(a) 03 /17 / 20 02 /17 / 20
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of agency official? Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticke(s)/ Passes Describe the public purpose made pursuant to the agency's policy	Was ticket distribution made at the behest Voc	□ No⊠ If	
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A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy	• Use Section A to identify the agency's department or unit.		entity an individual. • Ose Section C to identify an outside organization.
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following:	A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First) of Ticket(s)/ 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: Ceremonial Role Other 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 Passes Alma Community Fouth Alma Community Fouth Caremonial Role Other Income		N 100 100 100 100 100 100 100 100 100 10	
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B. Name of Individual (Last, First) of Ticket(s)/ 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: Ceremonial Role Other 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 Passes Alma Community Forth Alma Community Forth Canada Role Other Income Inc	Total Association of the Control of		
Ceremonial Role Other Income I		of Ticket(s)/	Identify one of the following:
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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 policy Passes A Ima Community Youth A Cognition			If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes A Ima Community Youth A Cognition	-		
Alma Community Youth 24 Recognition		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	(metade address and description)	Passes	
		1	D
Group	Alma Community Youth	人生	Eccognition
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Signature of Agency Head of Designee

Agency Report of: Ceremonial Role Events and Ticket/Page 1	ass Distri	butions	AI	Public Document
1. Agency Name			RECEDATE Stamp Jose City Clerk	California 802
Division, Department, or Region (if applicable) Council District D+ Designated Agency Contact (Name, Title)		2020 F	EB 27 A 9: 52	For Official Use Only
Mike Medina, Community R. Area Code/Phone Number E-mail	elations	Manage	Amendment (Must Pro	Divide Explanation in Part 3.)
(408) 535 - 4997 mike medina	@sanjo	seca-gov	Date of Original Filing:	(month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Yes Fi	B No□ Fa	ace Value of F	Each Ticket/Pass \$ <u>\\</u>	7.00
Event Description: Sharks V. Devils Provide Title/ Explan	D			02,27,20
Ticket(s)/Pass(es) provided by agency? Yes [] No Ø If	no: <u>San</u>	Jose Arena Name of Source	Authority
Was ticket distribution made at the behest Yes of agency official?	」No図 ^{If}	yes:	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit.		dentify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
			onial Role Other Ing "Ceremonial Role" or "Other" desc	Income In
			onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Los Bomberos	8	Reco	ognition	
4. Verification I have read and understand FPPC Regulations 18944. with the requirements. Signature of Agency Head or Designee Pr			hat the distribution set for oncolmember Title	th above, is in accordance OZ 125 120 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Division, Department, or Region (if applicable) For Official Use Only 2020 FE AM II: 09 Council District 07
Designated Agency Contact (Name, Title) orc ic Area Code/Phone Number ■ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (408) 535 - 4997 (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ☑ No ☐ Date(s) 02 Event Description: Lisney on Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗗 Was ticket distribution made at the behest Yes I No 内 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 20 Recognition os Pallitos

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4.	VC	erifi	ıra	T1/	٦n
┰.	46	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u	u	,,,

Verification			
I have read and understand FPPC R	egulations 18944.1 and 18942. I I	have verified that the distribution set for	th above, is in accordance
with the requirements.			
Jama HA	Maya Esparza	Councilmenter	02/12/20
Signature of Agency Head or Designee	J Print Name	Title	(month, day, year)
Comment: \ /			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** For Official Use Only Division, Department, or Region (if applicable) 2020 FEB PM 1: 19 Designated Agency Contact (Name, Title) OTC UL Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year) Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Event Description: Barracuda v. Randrunners Date(s) 62 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes ecognifion ARSOCHENTION Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Signature of Agency Head or

Ceremonial Role Events and Ticke	t/Pass Distrib	outions A	Public Document		
1. Agency Name		San Jose City Clark	California 802		
Division, Department, or Region (if applicable)	in a standard	In the second second second second second	For Official Use Only		
Council District D7		2020 FEB -4 PM 1: 09	a male II sera ser		
Designated Agency Contact (Name, Title)	hi para in	200 (1)	g bay aren'ny nore-ambe		
Mike Medina, Community F	Pentions A	ANAGEY Amendment (Must F	Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail	acodesiio di	3 -	A second with the second second		
1408/535-4997 miramed	lina@Sania	Date of Original Filing:	(month, day, year)		
2. Function or Event Information	7		APPENDISHING TOO		
Does the agency have a ticket policy?	′es 🔼 No 🔲 🛭 Fa	ice Value of Each Ticket/Pass \$ _	50,00		
Event Description.	teat Da	ate(s) 02 / 12 / 20	02,12,20		
Provide Title/E	Explanation	no: San Jose Avena	Authority		
Ticket(s)/Pass(es) provided by agency? Y	'es ☐ No ⊠ If	Name of Source	Hornering		
Was ticket distribution made at the behest γ	′es □ No 🗹 lf	/es:Official's Name (Last, First)	- One of day eat		
of agency official?					
3. Recipients	med Same		The second second		
Use Section A to identify the agency's department or uni-		entify an individual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	(s)/ Describe the public purpose made pursuant to the agend			
		Robert Treatment and To select and T	ns (ce) me 4 emegnio imicute est es resilica		
	Number	Secretary of the secret	en note propins added		
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the f	following:		
er and are uplayed the control of the control	koff 8 mess energia esti	Ceremonial Role Other If checking "Ceremonial Role" or "Other" de			
The second of th		Ceremonial Role Other If checking "Ceremonial Role" or "Other" de			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pur	Describe the public purpose made pursuant to the agency's policy		
Los Arboles Elementary	24	Recognition	in re-short services		
School Pavents	rong data	NOTE THE RESERVE TO BOX OC \$1			
4. Verification			The state of the s		
I have read and understand FPPC Regulations 18	3944.1 and 18942. I	have verified that the distribution set f	orth above, is in accordance		
with the requirements.	Es Luisv	0	- 1 = 00010000000000		
Maya Maya	FSparza	Councilmenter	02/03/20		
Signature of Agency Head of Designee	PINIL Name	Title	(monur, day, year)		

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distrik	outions	RE(A Public Document	
1. Agency Name Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)			Date Stamp So California 802 2020 JAN 13 72	
Area Code/Phone Number E-Mail 408-535-4405 Andres Quin	Staff tero@San	ive ca gov	Date of Original Filing:	
Event Description: Barracvda V Perovide Title/Explain	nation De If I		Each Ticket/Pass \$ 50,00 Jose Avena Authority Name of Source Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual			
A. Name of Agency, Department or Unit	Number 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	Cerem	Identify one of the following:	
		If check	king "Ceremonial Role" or "Other" describe below: nonial Role	
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	
Tropicana - Lanai	44	Pec	ognition	
4. Verification I have read and understand FPPC Regulations 18944 with the requirements. Signature of Agendy Headlor Designee	Sparta	\circ	that the distribution set forth above, is in accordance SUNCIMEM DEV 0 (month, day, year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name ECE | Date Stamp California San Jose City Clerk **Form** Division, Department, or Region (if applicable) For Official Use Only 2019 DEC -6 PM 2: 18 Designated Agency Contact (Name, Title) 97C 66 Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year) 1408) 535-4985 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☑ No ☐ Event Description: Sharks y Blues Date(s) 12 Ticket(s)/Pass(es) provided by agency? Yes No M Name of Source Was ticket distribution made at the behest Yes ☐ No 🖪 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes ecognittor Varification

4.	v	eı	ш	ıc	a	u	O	ш	

ij.	have read and understand FPPC Regulations	s 18944.1 and 18942.	. I have verified that the	distribution set forth above,	is in accordance
v	with the requirements.			1.1 22.5	
I	111111111111111111111111111111111111111				

Signature of Agency Head of Designee

Maya Espanza Print Name Construct er

(month day year)

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distrik	outions	DECEMBE API	ıblic Document
1. Agency Name San Jose Division, Department, or Region (if applicable)			an Jose City Clerk	California 802 Form 809 For Official Use Only
Designated Agency Contact (Name, Title)		201	DEC 13 AM 11: 35	
Andres Quinterd, Chief o Area Code/Phone Number E-mail	f Staf	9	Amendment (Must Provid	e Explanation in Part 3.)
2. Function or Event Information	Reganioseco	a. 30V	Date of Original Filing:	month, day, year)
Does the agency have a ticket policy? Yes Event Description: SS Barracuda V. Per Provide Title/ Explain	rgn Da		Each Ticket/Pass \$ _5	2/18/19
Ticket(s)/Pass(es) provided by agency? Yes [□ No 🗷 If i	no: <u>Sav</u>	Name of Source	Authority
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.	, ,	entify an individ	ual. • Use Section C to identify a	n outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuar	nt to the agency's policy
				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follow	ving:
~			onial Role Other Other or "Other" describe	Income Delow:
			nonial Role Other other describe	Income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuar	nt to the agency's policy
Environmental Services Dep	124	Reco	ognition	
Rapid Team				
4. Verification I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942. I		that the distribution set forth	above, is in accordance
Signature of Agency Head or Designee P	rint Name		Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name KE Date Stamp California San Jose City Clerk For Official Use Only Division, Department, or Region (if applicable) AM In: LI Designated Agency Contact (Name, Title) Andres Quint Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail Date of Original Filing: (month, day, year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔀 No 🗆 Event Description: Sharks V. Counte Date(s) 12 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No II Was ticket distribution made at the behest Yes No K If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (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)/ (include address and description) **Passes** ecognitro v 4000 4. Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Signature of Agency Head on Designee

Agency Report of:

Ceremonial Role Events and Ticket/P	ass Distrib	butions	A Public Document
1. Agency Name		S	an Jose City Clark Form 802
lity of San Jose			an Jose City Clerk Form 802 For Official Use Only
Division, Department, or Region (if applicable)		201	9 DEC -5 AM (0: 41
Cameri District 7		201	DDLC - S AM W: 51
Designated Agency Contact (Name, Title)			
Andres Quintero, Chief of Staff			Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			
1408/535-4985 andres avintero	@saviver	a and	Date of Original Filing:(month, day, year)
2. Function or Event Information	Co sample	4.90	
Does the agency have a ticket policy? Yes [I No □ Fa	ace Value of	Each Ticket/Pass \$ 240 and \$83
10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Event Description: Sharks v. NY Rand		ate(s)	12/14
Ticket(s)/Pass(es) provided by agency? Yes [□ No 团 If	no: San	Jose Arena Authority
	16		Name of Source
Was ticket distribution made at the behest Yes	□ No 図 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 ic	dentify an individ	ual. • Use Section C to identify an outside organization.
	Number	Danillo Al	
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	Number of Ticket(s)/		Identify one of the following:
(Last, First)	Passes		
			nonial Role Other Income Income in Income In
		0	
			nonial Role
Name of Outside Organization	Number		
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy
African - American Community	24	Prices	nition
		, ,	
Services Hanney			
4. Verification			
have read and understand FPPC Regulations 18944	.1 and 18942. I	have verified t	that the distribution set forth above, is in accordance
with the requirements.			
Signature of Agency Head of Plesionee Maya FSP	arza	Co	Title (month, day, year)
Signature of Agency Head or Besignee	rint Name		Title (month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pa	ass Distrik	outions	Perence AF	Public Document
1. Agency Name			an Jegte Stamp Clark	California 802
City of San Jose			ony order	Form OUZ
Division, Department, or Region (if applicable)		20	19 DEC -5 AM 10: 1	For Official Use Only
Council District 7				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number / E-mail	raff		Amendment (Must Pro	vide Explanation in Part 3.)
Area Code/Priorie Number E-mail			Date of Original Filing:	
(408)535-4985 andres.quintero	@saniosecc	1.90V	Date of Original Filling.	(month, day, year)
2. Function or Event Information	0 1	9		
Does the agency have a ticket policy? Yes	I No □ Fa	ice Value of I	Each Ticket/Pass \$	117.00
Event Description: Sharks V. Capital	S Da	ate(s) <u>12</u>	103/19	12 /03/19
		no: <u>San</u>	Jose Arena Name of Source	Authority
Was ticket distribution made at the behest Yes] No⊠ If:	/es:	Officially Name / First	
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 id	entify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
Nove of Individual	Number			•
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fol	lowing:
			nonial Role Other Other or "Other" descriptions	Income In
			nonial Role Other king "Ceremonial Role" or "Other" desc	Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
OB Whaley Parent - Teacher	8	Reco	gnition	
Association				
4. Verification				
I have read and understand FPPC Regulations 18944.	1 and 18942. I	have verified	that the distribution set for	th above, is in accordance
Signature of Agency Head or Designee Maya Espay	7d int Name	<u>C</u>	Vncilmember Title	12 /03 / 19 (month, day, year)
Comment:				

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name LUE Date Stamp California San ose City Clerk For Official Use Only Division, Department, or Region (if applicable) 20 YON 6100 Designated Agency Contact (Name, Title) Mike Medina Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Event Description: Barracyda V. Fa Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗓 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** ecognition Association Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Signature of Agency Head or Designee

Agency Report of:

Ceremonial Role Events and Ticket/F	ass Distrib	outions	A A	Public Document
1. Agency Name	3	an Jose C	ty Clerk	California 802
Division, Department, or Region (if applicable)	201	9 NOV 20	PM 4: 44	For Official Use Only
Mile Medina, Community Re) Area Code/Phone Number E-mail	lations M	anager	OTC LG. ☐ Amendment (Must F	Provide Explanation in Part 3.)
(908) 535-4997 Mille Medine	10 Saniosec	a.90V	Date of Original Filing:	(month, day, year)
2. Function or Event Information		J	Buni Milini lea l'	1981 modellus N 1 193
	☑ No ☐ Fa	ace Value of	Each Ticket/Pass \$	50-00
Event Description: Barracida V. Tuson	Da	ate(s)	1719	11 , 17, 19
Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes		no: <u>San</u>	Jose Arena Name of Source	Authority
Was ticket distribution made at the behest Yes of agency official?	□ No⊠ If	yes:	Official's Name (Last, First)	Regulation 18942 Tiste a
3. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to id	entify an individ	lual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
B. Name of Individual	Number of Ticket(s)/	anu i Dilton Taballo Vanes	Identify one of the f	ollowing:
(Last, First)	Passes	Cerem	nonial Role Other	Income
	Furt 3 II	If check	king "Ceremonial Role" or "Other" de	scribe below:
The state of the s	m ltrys m ltrys		nonial Role Other Ching "Ceremonial Role" or "Other" de	Income scribe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
West Evergreen Neighborhard	24	Recoo	gnition	Sandy on the graph production of the second
Association	ng skilig Bosnātas	postij sini i	er ni si-du ta feyeru.	The use in
4. Verification		purting soft	n and A milestrate	rage's Bh hittly etcha
I have read and understand FPPC Regulations 1894 with the requirements. Maya Signature of Agency Head or Designee	4.1 and 18942. I	have verified t	that the distribution set for	orth above, is in accordance [[]] [] [] [] [] [] [] [] [] [] [] [] []
Comment:	inouae8	bitser uit ti d, ilk c	g wedgindbillialist yan eurona 200 mga wo	(

Agency Report of: Ceremonial Role Events and Ticket/	Pass Distrik	outions	A.E.A.I	Public Document
1. Agency Name			Date Stamp 3 (California 802
Division, Department, or Region (if applicable)			2919.007.07	Form OUZ
^			2019 061 25	For Official Use Only
Designated Agency Contact (Name, Title)				
Mile Medina, Community Relat Area Code/Phone Number E-mail	Amendment (Must Pro	ovide Explanation in Part 3.)		
(408) 535-4997 mile medinal	00- 1400	6.44	Date of Original Filing: _	(month, day, year)
2. Function or Event Information	Sanjaeca	.900	Control on the least to the second one or a second one	
Does the agency have a ticket policy? Yes	s ☑ No ☐ Fa	ice Value of	Each Ticket/Pass \$	0.00
	75 - 3	ate(s) <u>\ 0</u>	130/19	1 1
Event Description: Barracuda V. Cando Provide Title/ Exp	lanation	_	Jose Arena	DH 1
Ticket(s)/Pass(es) provided by agency? Yes	s□ No 🔼 If i	10: <u>San</u>	Name of Source	HUThority
Was ticket distribution made at the behest γ_{es} of agency official?	s□ No戶 If y	/es:	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individent			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
			nonial Role Other other description of the descript	Income Income
			nonial Role Other Other Other Other Other Other Other Other	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
aptain Jason M. Dahl	24	Rec	ognition	
Flementary School		Constitution of the state of th		er hannen annen anglinen makerbe eur prinsen 15 keis eur anne 15 d. C. 1977 (1888).
4. Verification			5 W 925 C W25 Call	
I have read and understand FPPC Regulations 189. \[\begin{align*} \text{with the requirements.} \\ \eta \]	44.1 and 18942. I	have verified	that the distribution set fo	rth above, is in accordance
Jana Sorry Maya	Esparza		poncilmember	10/23/19
Signature of Agency Head of Designee	Print Name		ппе	(montn, day, year)

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distril	outions	Α	Public Document
1. Agency Name			Date Stamp	California OOO
City of San Jose		8	led with Clerk	Form OUZ
Division, Department, or Region (if applicable)	198516	framny	pop lato tra altra e	For Official Use Only
Council District 7		2313 007	21 AM 10: 30	
Designated Agency Contact (Name, Title)	4 (4/2)	4	u zau pohabil um l	in a man and second
Mike Medina, Community Rela	ations Ma	nager	Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail		4		County of the service of the county of the c
408 \ 535 - 499 7 mile. medina	Q. Saninse	4.001/	Date of Original Filing: _	(month, day, year)
2. Function or Event Information	oznio de	700		Page 1 March 194
Does the agency have a ticket policy? Yes [⊠ No □ Fa	ace Value of E	Each Ticket/Pass \$	153.00
// / / /		2FD/265500 ->	18,2014	20th te memoriehain
Event Description: Hnvel HH Provide Title/ Expla.	nation	ate(s)/.	10/2019	
Ticket(s)/Pass(es) provided by agency? Yes [□ No ☑ If	no: <u>San</u>	Name of Source	Authority
Was ticket distribution made at the behest Yes of agency official?	□ No DA If	yes:	Official's Name (Last, First)	e antice confidence of the e even into the confidence of the even of the confidence
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 identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		public purpose made purs	
B. Name of Individual	Number of Ticket(s)/	Isolio yansi	Identify one of the fo	llowing:
(Last, First)	Passes			_
	18.0 2.01 18.0 2.01		onial Role	Income L
് നയ്യുക കുഞ്ഞ് ക്രയം ഉറുവി പ്രവാശ് കുറയ്യ പ്രധാനത്തെ അന് സ്വാഹം ക്രവസ് അത്ത്ത്ത് സ്വാധ്യാന് കൊന്ന് പ്രത്യോഗ്യാ വര്യാന് വരുന്ന്		7.77	onial Role Other on "Other ong "Ceremonial Role" or "Other" desc	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
Santee Neighborhood Association	20	Reco	gnition	s fr padina:
Association	nj dino.j Susasta	, alica est	A company of the first	treport 100 out
4. Verification				
I have read and understand FPPC Regulations 18944	¹ .1 and 18942. I	have verified ti	hat the distribution set for	rth above, is in accordance
with the requirements. Signature of Agency Head or Designee	SPAY VA		not I member	month day year)
Comment:	na and	orms of yr	THE STATE OF THE S	(monus, vay, year)

eremonial Role Events and Ticket/	Pass Distrik	outions A Public Documen
Agency Name		5 In John Stamp Clark Form 802
Division, Department, or Region (if applicable)		Of C G For Official Use Only
Division, Department, of Region (II applicable)		2913 OCT 15 PM 1: 18 PROCESSE AND ADDRESS
Designated Agency Contact (Name, Title)	5-4-11 ^C	The state of the s
Mile Medine Communi	ity felati	Amendment (Must Provide Explanation in Part 3.)
8)535-4997 mike medin	0.	Date of Original Filing:
8) 535 - 4997 mike medin	ale sanjace	ca-gor L
	s ☑ No ☐ Fa	ace Value of Each Ticket/Pass \$
		ate(s) 10 / 13 / 19
Provide Title/ Exp	lanation	no: San Jose Arera Authority
sa, has lon-gibbs, pinnin a symmentant nami		Name of Source
Was ticket distribution made at the behest Yes of agency official?	□ No. A	YES:Official's Name (Last, First)
or agency official:	yrill	And the second will have a commence of the second
Recipients	. IV. C. d B II	
Use Section A to identify the agency's department or unit.	Number	entify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		Bonial Adigamus and to substitutions with might alternation
gernature, comprisade rigation	- Ligmo0	4177 T = 41 60 Kieitr =
	sew toxot	
R Name of Individual	Number	Identify one of the fallenting.
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
(2) Application (4)	7 fac9	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	compant!	il checking Ceremonial Role of Other describe below:
A company of the second	en rigietat	Ceremonial Role Other Income
	TACINAR	If checking "Ceremonial Role" or "Other" describe below:
"The Company of the state of th	3 7000	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
(motable address and description)	Passes	
Parking Campliance	24	Recognition
The second secon	mja oklau	- ,
See THERE IS SHOWN AND	g _a -rag	rungger set in additioner i love, until in 1905
Verification		Follow and referred a major of dails to a guar a biggs of reco.
have read and understand FPPC Regulations 189- with the requifements	14.1 and 18942. I	have verified that the distribution set forth above, is in accordance
May May 1	a Our a	(10/11/20
Signature of Agency Head on Designee	Print Name	Title (month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California e Gify Clark San Jos **Eorm** For Official Use Only 2019 SEP -4 PM 2:44 Designated Agency Contact (Name, Title) Mike Mediria (Area Code/Phone Number <u>(() () ()</u> r | E-mail Assistant ■ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: LUMA 1235-4997 (month, day, year) MIKE MEDINAL SANIAGECE 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes'⊠ No 🔲 Event Description: Monster Date(s) 👭 Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Was ticket distribution made at the behest Yes ☐ No.☑ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other 🔲 Ceremonial Role 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 24 alley Falm Unidos 4. Verification Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Agency Report of:

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	butions E	IVED	A Public Document
1.	Agency Name			san Jose (Ity C Date Stamp	0.116 :
	500 (CO) (CO) (CO)	Tose		STC JA	(2)	Form 802
	City of San Division, Department, or Reg	ion (if applicable)	21	19 JUL 22	PM 1:50	For Official Use Only
	Council Distri	7				
	Designated Agency Contact					*
	Andres G	untero				I Deside Feel selfen in Red 2)
	Area Code/Phone Number	E-mail And Ave	s. Quinte	ro P	Amendment (Mus	t Provide Explanation in Part 3.)
nna) 535 -4902				Date of Original Filing	g:(month, day, year)
_			eca.gov			(month, day, year)
2.	Function or Event Infor					69 50
	Does the agency have a tick	ket policy? Yes	No □ Fa	ace Value of	Each Ticket/Pass \$.	69.50
	Event Description: Frees	tyle Explosion Provide Title/ Expla	D	ate(s) of	13 / 2019	
	Ticket(s)/Pass(es) provided		creary are the	no: <u>San</u>	Jose Are	na Authority
	Was ticket distribution made of agency official?	at the behest Yes	□ No 🗵 If	yes:	Official's Name (Last, Firs	t)
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to id Number of Ticket(s)/ Passes		Arterior Intelligible	entify an outside organization. ursuant to the agency's policy
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	o following:
					nonial Role Other Other Other Other	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		. The			onial Role Other of the control of t	T. 0507 (C 50
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	D7 Voluntee	rs	24	Reco	gnition	
	Verification I have read and understand FPI with the requirements. Signature of Agency Read or Designe	M Maya	.1 and 18942. I	\circ	hat the distribution set Uncilmember Title	forth above, is in accordance O7 (month, day, year)

Agency Report of: Ceremonial Role Ev	ents and Ticket/P	ass Distri	butioñ\$05	IVEP	A Public	c Document
1. Agency Name Division, Department, or Designated Agency Conf	region (if applicable) 15 TV ict act (Name, Title)	Jose	San Jose 1019 MAY 15	Cify Chate Stamp STCC AM 9:44	1/4 Fo	ornia 802 orm 802 Official Use Only
Area Code/Phone Number		<u> </u>		Amendment (/	Must Provide Expla	nation in Part 3.)
408) <u>535-490</u>	2 andres que saviose b		<u></u>	Date of Original Fi	ling:(month,	day, year)
Ticket(s)/Pass(es) provi	formation a ticket policy? Yes [Sin + Yard Provide Title/ Explain	□ No □ F nation □ No □ If	ace Value of B ate(s)	Each Ticket/Pass 26, 2019 A Fence Name of Source Official's Name (Last,	Autho	50 wity
3. Recipients	agency's department or unit. •	Use Section B to i	lentify an individ	ual. • Use Section C to	identify an outsi	de organization.
	Department or Unit	Number of Ticket(s)/ Passes		public purpose mad		
terit at the second sec	Individual t, First)	Number of Ticket(s)/ Passes		Identify one of	the following:	
Stefa	ria Dian			onial Role Oth		Income
vrike v	redina	destina		onial Role Oth		Income 🗆
	de Organization and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuant to the	e agency's policy
Seven Trees	ommunity	14	Red	cognitio) <i>N</i>	
Center Teens 4. Verification	Program					
I have read and understand with the requirements. Signature of Agency Head of O	Maya M	1 and 18942. I		nat the distribution s Mendonial Mendo Title	et forth above	is in accordance, is in accord

	Agency Report of: Ceremonial Role Events and Ticket/	Pass Distri	butions
	1. Agency Name.	Spate Stemp City California Form 802	
	Division, Department, or Region (if applicable)	se	For Official Use Only
	Council District 7	2019 MAY 15 AM 9: 44	
	Designated Agency Contact (Name, Title)		
	Hndres Quin levo		Amendment (Must Provide Explanation in Part 3.)
A.	Area Code/Phone Number E-mail avalves . C	ovativis	Date of Original Filing:
4	01 303-4902 Sanjose C	a.gov	(month, day, year)
	2. Function or Event Information	<u> </u>	16A 30
	Does the agency have a ticket policy? Yes		ace Value of Each Ticket/Pass \$ 16 4
	Event Description: STONS ON ICC. Provide Title/ Expl		Pate(s)
	Ticket(s)/Pass(es) provided by agency? Yes	□ No X If	no: San Jose Hrena Hothonty
	Was ticket distribution made at the behest Yes	□ No IX If	yes:
	of agency official?	II NOTA	Official's Name (Last, First)
	3. Recipients		
	• ''	• Use Section B to i	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	
		Number	
	R. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
	22 month of the charge and a charge that the Albert charge and a proposed and the Albert Center of the Albert Center of the Control of the Co		Ceremonial Role Other Income Income
			If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role
	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
		04	
	Conxion To	124	Kecognition
	Community		<i>3</i>
	4. Verification		
١,	have read and understand FPPC Regulations 1894	4.1 and 18942. I	have verified that the distribution set forth above, is in accordance
M	Maria de l'equilibrille de la companio de la compan	Econ.	20 Consilmantair 5/14/19
,	Signature of Agency Head or Designee	Print Name	Title (month, day, year)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

1. Agency Name	ublic Document
in Agono, Hamo	California 202
City of San JOSe MAY 0.7 2019	Form OUZ
Division, Department, or Region (if applicable)	For Official Use Only
COUNCIL DISTRICT (City of San Jose Office of the City Clerk	
Designated Agency Contact (Name, Title)	
HNOVES QUINTERO Amendment (Must Provide	e Explanation in Part 3.)
Area Code/Phone Number E-mail	
108) 535-4902 Sanjose ca. 900 Date of Original Filing:	month, day, year)
2. Function or Event Information	1 00
Does the agency have a ticket policy? Yes No ☐ Face Value of Each Ticket/Pass \$ 20	
Event Description: Swrks v. Avalanche Date(s) 4,28,19	
Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes No No If no:	
Name of Source	
Was ticket distribution made at the behest Yes No No If yes:	
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	n outside organization.
Number	
A Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuan Passes	t to the agency's policy
B. Name of Individual Number of Ticket(s)/ Identify one of the follow	
B. Name of individual of Ticket(s)/ Identify one of the follow (Last, First) Passes	my.
Ceremonial Role Other	Income 🔲
If checking "Ceremonial Role" or "Other" describe i	below:
Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe to	below:
Name of Outside Organization Structure of Ticket(s)/ Describe the public purpose made pursuant	to the agency's policy
(include address and description) Passes	
Surall Middle Still Q Donn it is	
y variable i i i uale school of headyn i i on	
	·····
4. Verification	
	bove, is in accordance
have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth a	1 ,
With the requirements.	- de la pa
With the requirements. Maya Esparza Council member	5/6/2019
With the requirements.	5/6/2019 (month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** For Official Use Only Jose City Clark Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) 2019 MAY ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) 00 Function or Event Information Face Value of Each Ticket/Pass \$ 204 Does the agency have a ticket policy? Date(s) Event Description: Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗹 Name of Source If yes: Was ticket distribution made at the behest Yes □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 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)/ (include address and description) **Passes** 4. Verification nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance arza Council

Agency Report of:

	gency Report of: eremonial Role Events and Ticket/F	Pass Distri	butions	RECEIVEN	A Public Document			
-	Agency Name	27/20	£ 2 2 4 4	ose Chate Stamp	California 802			
	Division, Department, or Region (if applicable) To Official Use Only For Official Use Only							
Council District 1								
	Designated Agency Contact (Name, Title)	•						
	Hidres Quivilero)		Amendment (Must	Provide Explanation in Part 3.)			
(, ,	Area Code/Phone Number E-mail And 125	Trico.	@ ovs	Date of Original Filing				
<u>49</u>	3) 535-4904 sanjosa	va a	OV	Date of Original Filing	(month, day, year)			
2.	Function or Event Information				50.∞			
	Does the agency have a ticket policy? Yes	No□ F	ace Value of	Each Ticket/Pass \$ _	30.40			
	Eveni Description.		ate(s) 5	<u> 29, 2019</u>				
	Same Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Yes	\ /	no: San	JOSE AVE	ana Authority			
				Name of Source				
	Was ticket distribution made at the behest γ_{es} of agency official?	□ w j X "	yes:	Official's Name (Last, First	9			
 3.	Recipients							
J.	• Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpose made pi	ursuant to the agency's policy			
	A second	Passes	10 E #8					
	B. Name of Individual	Number of Ticket(s)/		Identify one of the	following:			
	(Last, First)	Passes		in Die Committee				
				nonial Role Other Other or "Other" of "Ot				
				onial Role Other				
			If check	ing "Ceremonial Role" or "Other" o	lescribe below:			
		Number						
	C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	e public purpose made pu	irsuant to the agency's policy			
	01 02:11	04		. ~				
	HIMA Weighborhood	24	- K	ecognitic	<u> </u>			
	Association			0				
<u>_</u>	Verification	I						
	I have read and understand FPPC Regulations 18944	.1 and 18942. I	have verified t	hat the distribution set :	forth above, is in accordance			
()	with the reduirements—				. 1			
V	Mala Mala	ES DON.	<u>29 Lio</u>	uncilmeml	<u>1914 12019</u>			
	Signature of Agency Head or Designee Pr	int Nampe		utie	(month, day, year)			
	Comment:				And the second s			

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distrii	butions	DEAS D	A Public Document
1. Agency Name C+ + F	Theo	<u> </u>	Date Stamp	California 802
Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)	7		2019 MAR - 7 PM 2	For Official Use Only
Area Code/Phone Number E-mail And Ves.	Quinte	<u>ი@</u>	☐ Amendment (Must F	Provide Explanation in Part 3.)
2. Function or Event Information	2 ca. 9	ion		(month, day, year)
	hawks Da lation No 120 If		Each Ticket/Pass \$	115°
3. Recipients • Use Section A to identify the agency's department or unit.	Use Section B to id	entify an individ	lual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	. જાલક વધારો		suant to the agency's policy
		· · · · · · · · · · · · · · · · · · ·		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Wei Trans	Identify one of the f	ollowing:
			nonial Role Other C king "Ceremonial Role" or "Other" de	
			nonial Role Other Cing "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Los Lagos Neighborhad Residents	18	R	ecognition	
4. Verification Player read and understand FPPC Regulations 18944, with the requirements. Signature of Agency Head or Designee. Comment:	1 and 18942. I I	have verified t	that the distribution set for the distribution	orth above, is in accordance 3/4/19 (nonth, day, lyear)

Agency Report of: Ceremonial Role Events and Ticket/	Pass Distri	ibutions	EFFORM AP	ublic Document
1 Agency Name	ose	San	JoBate Stamp Clark	California 802
Division, Department or Region (if applicable) Designated Agency Contact (Name, Title)		2019 M.	AR - 7 PM 2: 18	For Official Use Only
Andres Quintero			Amendment (Must Provi	ide Explanation in Part 3.)
Area Code/Phone Number E-mail Andre 408) 535-4902 Sanjos	s wint	evo © Da	te of Original Filing: —	(month, day, year)
2. Function or Event Information			ിക	1/2-1-4
Event Description: Show S V. Cay a	anation	Date(s) 3 /	n Ticket/Pass \$ 225	A. Havity
Ticket(s)/Pass(es) provided by agency? Yes	□ No 🔀 It	no: <u>AN</u>	lame of Source	
Was ticket distribution made at the behest Yes of agency official?	□ No If	yes:	iicial's Name (Last, First)	·
3. Recipients• Use Section A to identify the agency's department or unit.		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 pub	olic purpose made pursua	nt to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follo	wing:
		Ceremonial If checking "Ce	Role Other Other or "Other" describe	Income le below:
		Ceremonial I If checking "Ge	Role Other Other Other Other describe	Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the pub	lic purpose made pursua	nt to the agency's policy
Rebuilding Together	24	Reco	gnition	
Silicon Valley				
4. Verification				
I have read-and understand FPPC Regulations 1894 with the requirements. Signature of Agency Head or Designee	4.1 and 18942. I	nave verified that the Za Coun	ci Member	above, is in accordance 3/5/19 (month, day, lear)
Comment: V				

Agency Report of: Ceremonial Role Events and Ticket/	Pass Distri	butions RECEIVED	A Public Document
1. Agency Name		Date Stamp	California 802
City of San	<u> </u>	2019 MAR - 7 PM 2: 18	Form OUZ For Official Use Only
Division, Department, or Region (if applicable)	. 7	7 111 2. 18	, 0, 0, 1, 2, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Designated Agency Contact (Name, Title)			
Designated Agency Contact (Name, Me)			
Area Code/Phone Number E-mail		Garage Amendment (Mc	ust Provide Explanation in Part 3.)
108) 535-4902 andres a	uintero e	Sanjase Date of Original Filling	ng:(month, day, year)
2. Function or Event Information			6000
Does the agency have a ticket policy? Yes	No □ F	ace Value of Each Ticket/Pass \$	50
Event Description: Dawacuda V. Cov	idov5	Pate(s) 3 6 2019	
Ticket(s)/Pass(es) provided by agency? Yes	□ NoXO If	no: San Jose H	eva Authority
Was ticket distribution made at the behest Yes of agency official?	I No 🗗 If	yes:Official's Name (Last, Fi	rst)
3. Recipients			
• Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individual. • Use Section C to id	dentify an outside organization.
A Name of Agency, Department or Unit	Number	Describe the public purpose made	
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe tile public purpose made	pursuant to the agency's poincy
	Number		
B. Name of Individual (Last, First)	of Ticket(s)/	Identify one of the	ne following:
	- rassus	Ceremonial Role Other	Income 🗆
		If checking "Ceremonial Role" or "Other	
		Ceremonial Role Other	Income 🗌
		If checking "Ceremonial Role" or "Other	" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public purpose made	pursuant to the agency's policy
(include address and description)	Passes		
Ichavahlin Tevants Associati	1) 14	1/ Scoon it in	•
Chavantin levants Pissocian	10.0 2 1	- necognition	1
~		•	
Varification	1		
I. Verification These read and understand EPPC Regulations 1804	11 and 10010	have varified that the distribution	t forth chough in in committee
Thave read and understand FPPC Regulations 1894 with the requirer fients.			ı ıorun above, is in accordance ı
1 TAMATROMINA MONO	FSDAY.	29 Councilment	nor 3/4/20
Signature of Agency Head ov Designee	Print Name	Title	(morth, day, year)
, , , , , , , , , , , , , , , , , , ,			(
Comment:	•		(, 22,, 3 2 2 2)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document								
1. Agency Name	1.24	*	A Date Stamp an Jose City/Clerk	California 802				
Division, Department, or Region (if applicable)	. /		OTC FOR	For Official Use Only				
Council Statrict		201	9 FEB 13 AM 9: 43					
Designated Agency Contact (Name, Title)								
A Quin terro			Amendment (Must Provid	le Explanation in Part 3.)				
Area Code/Phone Number E-mail				,				
4085354902 andres-9	wint	CND	· ·	month, day, year)				
2. Function or Event Information	Santt	use ca-	Ser 1	3201				
	√No□ F	ace Value of	Each Ticket/Pass \$	7 3 55				
Event Description: Di Svey on I ce Date(s) 6 125/19								
Provide Title/ Explanate Ticket(s)/Pass(es) provided by agency? Yes □		no: <u>Sar</u>	a. Tisc A	Anthorit				
Horot(g)/1 ass(cs) provided by agency:	NO ESC.	110	Name of Source					
Was ticket distribution made at the behest Yes □	No'Q ∕ ^{lf}	yes:	Official's Name (Last, First)	 				
of agency official?	X		, , ,					
3. Recipients • Use Section A to identify the agency's department or unit. • Use	o Soction P to i	dontify on individ	unal A Han Sention C to identify a					
ose section A to identify the agency's department of dimt.	Number	L L L L L L L L L L L L L L L L L L L	uai. • Ose section C to identify a	l outside organization,				
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursuan	t to the agency's policy				
	The Control of the Co							
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ring:				
(Edot, Fried)	Passes	Cerem	onial Role Other	Income				
	i	1	ing "Ceremonial Role" or "Other" describe					
		Cerem	onial Role Other	Income				
		lf checki	ng "Ceremonial Role" or "Other" describe	below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the	public purpose made pursuan	t to the agency's policy				
(morace address and description)	Passes							
10000000000000000000000000000000000000	24	160						
Top reach could		1-61	JA TIO					
eighborhood Assoc								
4. Verification								
↑ I have read and understand FPPC Regulations 18944.1	and 18942. I	have verified th	aat the distribution set forth a	above, is in accordance				
with the requirements.	+	101	2 2 1	a alahar				
VIUNTSOXY MAYA	JE 34	HVIH (COUNTIMENBE	K 2/12/10/9				
Signature of Agency Head or Designee Print I	Name		l itle	(mdnth, day, year)				
Comment:								

A Public I. Agency Name Designated Agency Contact (Name, Title)	Documer
Area Code/Phone Number E-mail Date of Original Filling: (month, day Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: Frovide Title/Explanation Date(s) Dat	
Date of Original Filing:	on in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description:	; year)
Event Description: Growde Titlet Explanation	>
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes	HURI
A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the age	organization.
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Outside Organization of Ticket(s)/ Of Ticket(s)/ Describe the public purpose made pursuant to the age.	jency's policy
If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the age	Income
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the ag	Income
	ency's policy
tranklim Mckmley 16 Recognitie	
School District	
Verification They are distributed ERRO Regulations 19044.1 and 19042. They averified that the distribution set forth above is	in accordan
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is with the requirements. COUNCILLUP Print Name COUNCILLUP Print Name Title Comment:	In accordance 12/2/ conth, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pa	ass Distri	butions _{មិន}	of the state of	A Public Do	cument
1. Agency Name Office of Ouncil went	ser 55	San Jo	OC FO	California Form	OUZ
Division, Department, or Region (if applicable)		2019 FEB	13 AM 9: 43	For Official	Use Only
Designated Agency Contact (Name, Title)					
Area Code/Phone Number E-mail			Amendment (Me	ust Provide Explanation i	n Part 3.)
408 535-4907 andres Guir	tena	San Josep	Date of Original Fili	ng:(month, day, ye	ar)
2. Function or Event Information			Da	50.	E 2
Does the agency have a ticket policy? Yes ✓			ach Ticket/Pass \$	S	-
Event Description: LACIDA USUL 1.	S D	ate(s)/.	101/01	Λ——/——	/
Ticket(s)/Pass(es) provided by agency? Yes □] No [If	no:	Name of Source	Henaf	totar
Was ticket distribution made at the behest γ_{ϵ}	No X If	yes:			
of agency official?			Official's Name (Last, Fi	irst)	
3. Recipients • Use Section A to identify the agency's department or unit. • U	se Section B to i	lentify an individu	al. • Use Section C to i	dentify an outside orga	nization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		public purpose made	•	
	Passes				7 . 7
	· · · · · · · · · · · · · · · · · · ·				
	Number				
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	he following:	
			nial Role Othe		Income
			9		
			nial Role Othe	· —	Income
		lf checkin	g "Ceremonial Role" or "Other	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 agend	:y's policy
0 11/	211	0			
Kolk Springs	4	100	cognit	jour	
eighborhood Assoc					
4. Verification		h 16" 144	-44 N-49-11		
I have read and understand FPPC Regulations 18944.1 with the requirements.	and 18942. I	nave verified th	at the distribution se	et forth above, is in	accordance
Signature of Agency flead or Designee Print	ESPA7	REAL CO	UNCLUME!	MBPR 2/	2/20 h, day, year)
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions	A Public Docume
. Agency Name	City Clark California Form 80
Division, Department, or Region (if applicable) 2019 FEB 1	For Official Use Only
Council District +	J AM 9: 43
Designated Agency Contact (Name, Title)	
Area Code/Phone Number E-mail	Amendment (Must Provide Explanation in Part 3.)
18 53 5 4907 andres a J. ntina	Date of Original Filing:(month, day, year)
. Function or Event Information / Gam Jose Co	a-ger /1 (0
Does the agency have a ticket policy? Yes No ☐ Face Value of	Each Ticket/Pass \$
Event Description: Date(s)	1819
Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no:	m Jose Arena Au
	Name of Source
Was ticket distribution made at the behest Yes ☐ No If yes: of agency official?	Official's Name (Last, First)
. Recipients	
Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number	dual. • Use Section C to identify an outside organization.
	he public purpose made pursuant to the agency's polic
Number	
B. Name of Individual of Ticket(s)/ (Last, First) Passes	Identify one of the following:
	monial Role Other Incom
и спес	жилд Ceremoniai Role of Other describe below.
Corpo	monial Role Other III
	cking "Ceremonial Role" or "Other" describe below:
• (include address and description)	ne public purpose made pursuant to the agency's polic
(include address and description) Passes	
05 Lagos Neighborhold Rel	Cos withou
7-11-0	
residents	
Verification	
	that the distribution set forth above, is in accorda
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified	s i
	/ cilc engillory / 12/
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified	OUNCIAMEURER 2/12/

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributionsse City Clerk

A Public Document

1	Agency Name			***	Date Stamp	California OOO
••	City of San Jose			2014 APA -	9 P 1: 01	Form 802
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Council District 7					
	Designated Agency Contact (Name.Title)				
	Louansee Moua, Chief of St Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	408-535-4985	Louansee.M	oua@sanios	seca.gov	Date of Original Filing:	(Marylly Day Varia)
2	Function or Event Infor		oua (goarrjot	3004.901		(Month, Day, Year)
۷.	Does the agency have a ticke		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$ _	139
	- -	•				
	Event Description Sharks vs.	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by			If no. San Jo	ose Arena Authority	
	ricket(s)/rass(es) provided by	agency:	Yes 🗌 No	X 1110.	Name of So	ource
	Was ticket distribution made a	t the behest	No 🛛 Yes	☐ If yes:		
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
			Pass(es)			
					· · · · · · · · · · · · · · · · · · ·	12.4.1.4VI2.4VI4.1VI
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	or and the second se
	(Last, First)		Pass(es)		identity one of the follow	ving.
				Ceremonial Role		Income
				if checking "Geremon	nial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
						•
			No. of Sec. 5			The state of the s
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	it to the agency's policy
			Pass(es)			
	Operation Prom Dress Volu	nteers	8	Volunteer Apprecia	ation	
	Mr					A STATE OF THE STA
4.	Verification I have read and understand FPPC Regu	datione 19044 1	118012 hours	arified that the distribution set	forth shoup is in secondaries	with the requirements
	And I A A A A A A A A A A A A A A A A A A	11 //				
	Signature of Agency Head or Designed	<u> </u>	Louansee Print Nan		Chief of Staff	04/08/2014 (Month, Day, Year)
	() Signal of Figure 1		, 1111, 1401	.		(
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributionslose City Clerk

A Public Document

				- Gan see	So Sid and	A I ublic bocullent
1.	Agency Name		Date Stamp	California 802		
	City of San Jose		-4 AM 9:50	Form 002		
	Division, Department, or Regi	ion (If Applicable)		For Official Use Only		
	Council District 7					
	Designated Agency Contact (Name, Title)				
	Louansee Moua, Chief of St	aff				
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	408-535-4985	Louansee.Mo	oua@sanjos	seca.gov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation				
	Does the agency have a ticke	t policy?	Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	82
	Event Description Disney on	Ice		Deta(a) 2	, 22 , 14	
	Event Description	Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	⊠ If no: San Jo	se Arena Authority	
				<u></u>	Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes	☐ If yes:	Official's Name (I	ast First)
	*				1	
3.	Recipients • Use Section A to identify the agency	v¹s denartment or u	ınif alls e Ser	etion B to identify an individu	ial • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant	The state of the s
	Name of Agency, Departing		Ticket(s)/ Pass(es)	Describe the pub	iic purpose made pursuam	to the agency's policy
	B. Name of Individua	al e Name of the second	Number of Ticket(s)/		Identify one of the follow	ing:
		ESSNIPER(SESS)	Pass(es)	Ceremonial Role	Other 🔲	Income 🔲
					ial Role" or "Other" describe below:	ilicolle
					·····	
				Ceremonial Role	Other D	Income
				ii checking Celemoni	al Noie of Other describe below.	
	C. Name of Outside Organ	ization	Number of	Mark's Restrict association		
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	McLaughlin Area Tenants A	ssociation		Volunteer Apprecia	tion	
	v		16			
	/					The Control of the Co
4.	Verification					
	I have read and understand FPPC Regu	lations 18944,1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	Latrul On	W	Louansee	Moua	Chief of Staff	3/4/2014
	Signature of Agency Head or Designee)	Print Nan	ne	Title	(Month, Day, Year)
	Comment:					
		·				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of San Jose 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 Date of Original Filing: . 408-535-4985 louansee.moua@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 163 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Event Description Harlem Globetrotters Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest No ⊠ Yes □ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization, Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income Moua, Louansee If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) District 7 Youth Commission Advisory Volunteer Recognition 15 Board Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head of Designee Print Name Title (Month, Day, Year)

Louansee Moua

Comment:

1/21/2014

FPPC Form 802 (4/12)

Chief of Staff

ency Report of: remonial Role Events and Ticl	ket/Pass D	istributions _{់ា}	RECEIVED	A Public Documen
Agency Name		4. 2. 1. 1	Date Stamp	California 802
City of San Jose		2013		proprieta de la Calendaria de la compansión de la compans
Division, Department, or Region (If Applicable)	1,5 (4) 3, 141	ACT 1 2011 (1.4.2)	For Official Use Only
Council District 7				
Designated Agency Contact (Name, Title)		-		
_ouansee Moua, Chief of Staff				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(408) 535-4985 louansee.mc	oua@sanjoseca	a.gov	Date of Original Filing: -	(Month, Day, Year)
Function or Event Information			Wall was a second and a second	
Does the agency have a ticket policy?	Yes⊠ No□	Face Value o	f Each Ticket/Pass \$	
Event Description Selena Gomez		Date(s)11	, 10 , 13	
Provide Title/Expl	anətion			
Ficket(s)/Pass(es) provided by agency?	Yes ☐ No 🏻	If no: San Jo	ose Arena Authority Name of Sou	ırce
Vas ticket distribution made at the behest	No⊠ Yes 🗆	16		
of agency official?	NO M Yes L	ir yes:	Official's Name (L	ast, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Quyen Ngo		Ceremonial Role If checking "Ceremor.	Other Dial Role" or "Other" describe below:	Income
· · ·		Ceremonial Role If checking "Ceremon	Other Interpretable of the control o	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Operation Prom Dress Volunteers 2013	15	Volunteer Recogni	tion ·	
Verification	d 18942. I have verifi	ed that the distribution set	forth above, is in accordance wi	th the requirements
have read and understand EDDC Regulations 180// 1 and				
have read and understand FPPC Regulations 18944.1 and	Louansee Me		Chief of Staff	11/7/2013

eremonial Role Events and Tick	\&UF d33		ico City Clark	A Public Documen
Agency Name		033 \$45 £1051	Date Stamp	California 802
City of San Jose Division, Department, or Region (If Applicable)		2013 MOL		For Official Use Only
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 (408) 535-4985 louansee.mo	แล <i>เ</i> กรลกiดร	eca dov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	aaceoanjoo	004.90 •		(Month, Day, Year)
1	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	
- · ·	103 🖂 110	—		
Event Description Disney on Ice Provide Title/Explain	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	⊠ If no: San Jo	se Arena Authority	
		_	Name of So	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	∐ If yes:	Official's Name	(Last, First)
Use Section A to identify the agency's department or use. A. Name of Agency, Department or Unit.	nit. • Use Sec Number of Ticket(s)/		al. • Use Section C to ider lic purpose made pursuan	
·				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Ticket(s)/		Identify one of the follow Other Grant describe below:	Income [
	Ticket(s)/	If checking "Ceremon	Other	Income [
	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income [
(Last, First) Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other describe below. Other Other describe below.	Income [
C. Name of Outside Organization (include address and description) Senter Creekside NAC	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other Other Other describe below. Other Other describe below.	Income [
C. Name of Outside Organization (include address and description) Senter Creekside NAC	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put Volunteer Recognit	Other ial Role" or "Other" describe below. Other ial Role" or "Other" describe below. ial Role" or "Other" describe below. iic purpose made pursuar	Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put Volunteer Recognit erified that the distribution set is	Other ial Role" or "Other" describe below. Other ial Role" or "Other" describe below. ial Role" or "Other" describe below. iic purpose made pursuar	Income In

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

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П	Joce	$\{i\}\{y\}$	Oh

City Clock A Public Document 📑

1.	Agency Name		فالمحدوم ومحيسان بمشاهدا الأناسانية ومتروسا	/", /", /	Da <u>t</u> e Stamp	California O O O
•	City of San Jose			201	Date Stamp	Form OUZ
	Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only
	Council District 7					
	Designated Agency Contact (Name, Title)				
	Louansee Moua, Chief of St	aff				<u></u>
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	408-535-4985	louansee.m	noua@sạnjose	eca.gov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				402.00
	Does the agency have a ticke		Yes□ No	☐ Face Value o	f Each Ticket/Pass \$	192.00
	Event Description Sharks vs	Vancouver		Date(s)10	, 03 , 13	
	·	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No	☑ If no: San JC	ose Arena Authority Name of Soul	rce
	Was ticket distribution made a	at the behest	No⊠ Yes	☐ If yes:		
	of agency official?		110 [2] 103		Official's Name (La	ast, First)
3.	Recipients				**************************************	MICHIGAN CONTRACTOR OF THE CON
	Use Section A to identify the agency	y's department o		tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	FARCE COLUMN DAMES DE L'ESTA MESTA MESTA DE L'ESTA		Pass(es)			
						•
			Number of			
	B. Name of Individual (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following	ig:
	\$ 800 \$ 700 mm and the religion of the second of the secon		(2004 A2004 2015 21 Chin 2017 4017	Ceremonial Role	Other 🗌	Income [
	Madison Nguyen		1	-	ial Role" or "Other" describe below:	
				Puck Toss and rec	ognition of City of San .	Jose
				Ceremonial Role	Other	Income
			1		ial Role" or "Olher" describe below:	
	*		'			
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	2013 Vouth Joh Fair Volunt	aare		Volunteer Recognit	tion .	
	2013 Youth Job Fair Volunteers 24		24	Volunteer Recognition		

4.	Verification					
	I have lead and understand FPPC Regu	lations 18944.1 a	nd 18942. I have ve	nified that the distribution set f	orth above, is in accordance with	the requirements.
	LaAU Mai	A)	Louansee	Moua	Chief of Staff	10/2/2013
	Signature of Agency Head or Designee		Print Nam	ie .	Title	(Month, Day, Year)
			•			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Mill: 18 Form City of San Jose 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 Date of Original Filing: 408-535-4985 louansee.moua@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 38 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ☐ No ☐ Event Description Ringling Brothers Barnum&Bailey Circu Provide Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Was ticket distribution made at the behest No X Yes □ If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🗵 Other 🔲 Income Quyen Ngo If checking "Ceremonial Role" or "Other" describe below: 1 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 1 Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Lucretia Area Neighborhood Group Volunteer Recognition 16 Verification

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

Louansee Moua

Print Name

8/29/2013

(Month, Day, Year)

Chief of Staff

Title

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	Distributions	RECEIVED San Jose Chy Ch	A Public Document
Agency Name City of San Jose	egganger en		Date Stamp	California OAA
Division, Department, or Region (If Applicable, Council District 7)			
Designated Agency Contact (Name, Title)				,
Louansee Moua, Chief of Staff			☐ Amendment (Must prov	vide explanation in Part 3.)
Area Code/Phone Number E-mail 408-535-4985 louansee.mo	ua@saniose	eca.gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes ☐ No	☐ Face Value o	of Each Ticket/Pass \$	92.50
Event Description The Package Tour		Date(s)07	<mark>7 , 12 , 13</mark>	
		San Jo	ose Arena Authority	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: San or	Name of Source	ca
Was ticket distribution made at the behest of agency official?	No⊠ Yes	☐ If yes:	Official's Name (La	st, First)
3. Recipients • Use Section A to Identify the agency's department or u				A - 1 - 1 - A
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to	o the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	g:
		i	nial Role" or "Other" describe below:	
		Caramonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant t	o the agency's policy
Lanai Cunningham Neighborhood Assoc	16	Volunteer Recogni	ition	
4. Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I hava v	arifiad that the distribution set	forth abova, is in accordance with	the requirements.
Signature of Agency Heed or Pesignee	Louansee Print Nar	Moua	Chief of Staff	10/2/2013 (Month, Day, Year)
Comment:		INCOME.	and the second s	Million de Marie (des

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass/Distributions A Public Document 1. Agency Name Date Stamp California 2013 AUG 29 ANTI: 19 Form City of San Jose 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.moua@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 45 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No No Event Description Super Freestyle Explosion Date(s) _ Provida Title/Explanation If no: San Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest No X Yes □ If yes: __ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Pass(es) Caramonial Role Other \square Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (Include address and description) Pass(as) Volunteer Recognition RockSprings Neighborhood Group 16

4. Verification

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

Comment:

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **Form** City of San Jose For Official Use Only Division, Department, or Region (If Applicable) Council District 7 Designated Agency Contact (Name, Title) Noelle Vergara, Policy Analyst ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (408) 535-4961 noelle.vergara@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information 166/103 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No No Event Description Sharks vs. Canucks Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No No Name of Source Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other Income Inzunza, Diego If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) McLaughlin Area Tenants/ FMCI Youth volunteer recognition for youth fair and litter pick up 14 Group Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Louansee Moua Chief of Staff 05/13/13 Print Name (Month, Day, Year)

Comment:

Agency Report of: Ceremonial Role Events and Tick	et/Pass	Distributions	RECEIVED San Jose City Clert	A Public Document
1. Agency Name			Date Stamp	California QA2
City of San Jose		21	13 MAR 18 PM 2:3	Form OUZ
Division, Department, or Region (If Applicable)				For Official Use Only
Council District 7				
Designated Agency Contact (Name, Title)				
Noelle Vergara, Policy Analyst			Amendment (Must prov.	ido avalanction in Part 2)
Area Code/Phone Number E-mail				de explanation in Fart 5.)
(408) 535-4907 noelle.vergar	a@sanjose	ca.gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				130
	Yes 🗌 No		f Each Ticket/Pass \$	
Event Description Sharks vs. Kings		Date(s)03	14 / 13	
Provide Title/Explai	nation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Source	9
Was ticket distribution made at the behest	No ☐ Yes	☐ If yes:	•	
of agency official?	110 🖂 163	ш пуез	Official's Name (Las	t, First)
3. Recipients • Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an Individu	ral. ◆ Use Section C to identify	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
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
	Pass(es)	Ceremonial Role If checking "Ceremon	☐ Other ☐ iel Role" or "Other" describe below:	Income [
		Ceremonial Role If checking "Ceremon	Other I ial Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
Rocksprings Neighborhood Association	8	Recognition for the	ir volunteer clean up effo	orts
4. Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve Louansee		orth above, is in accordance with t	he requirements. 03/18/2013
Signature of Agency Head or Delignee Comment:	Print Nan		Title	(Month, Day, Year)

Agency Report of:

RECEIVED

Ceremonial Role Events	and Tick	et/Pass	Distributions	an Jose City Clerk	A Public Document
1. Agency Name			0.5.1	Date Stamp	California 802
City of San Jose			201	1 MAR 20 PM 3: 08	I-OIII
Division, Department, or Region	(If Applicable)				For Official Use Only
Council District 7					
Designated Agency Contact (Nam	ne, Title)				
Noelle Vergara, Policy Analyst					
Area Code/Phone Number E-r	nail			Amendment (Must pro	ovide explanation in Part 3.)
(408) 535-4907 no	elle.vergara	@sanjose	ca.gov	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Informat	tion				80
Does the agency have a ticket po		es 🗌 No		of Each Ticket/Pass \$	
Event Description Disney on Ice	:Dare to Dre	am ation	Date(s)	2	
Ticket(s)/Pass(es) provided by ag	jency? Y	es⊠ No	☐ If no:	Nama of Sou	rce
Was ticket distribution made at the of agency official?	e behest	No ☐ Yes	☐ If yes:	Official's Nama (La	ast, First)
3. Recipients • Use Section A to identify the agency's di	enartment or un	if. • Use Sec	ction B to identify an individ	lual. ◆ Use Section C to identi	fy an outside organization.
A. Name of Agency, Department o	r Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant t	esessivitible bestima set il.
B. Name of Individual	. Arres Walley	Number of Ticket(s)/	Haniley or desired to	Identify one of the following	ngt
(Last, First)		Pass(es)		identity one of the following	19
Moua, Louansee		2	Ceremonial Role If checking "Ceremo	Other Intel Role" or "Other" describe below:	Income
			Ceramonial Role If checking "Ceremo	Other on other of other describe below:	Income
C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
Santee Youth Group		14	Volunteer recognit	tion	
4. Verification I have yead and understand FPPC Regulation	no 19044 d	2042 have	applied that the distribution and	forth shows is in secondaries will	h the requirements
mave lead and understand FPPC Regulation		Louansee		Chief of Staff	March 20, 2013
Signature of Agency Head or Designee		Print Nari	пе	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions an Jose City Clerk

						A I abile becamen
1.	Agency Name				FEB 13 PH 3: 04	California 802
	City of San Jose				FEB 13 PH 3. U4	Form OUZ
	Division, Department, or Region (If Applicable)				OUY C	For Official Use Only
	Council District 7					
	Designated Agency Contact (Name, Title)					
,	loelle Vergara, Policy Analyst					
	Area Code/Phone Number			Date of Original Filing: (Month, Day, Year)		
	noelle.vergara@sanjoseca.gov					eca.gov
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes ☐ No ☐			☐ Face Value o	f Each Ticket/Pass \$	130.00
	Event Description Sharks vs. Coyotes Date(s)					
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			If no:		
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes:			• •		
	of agency official?			Official's Name (Last, First)		
3.	Recipients					
	• Use Section A to identify the agency's department or unit. ◆ Use Section B to identify an individual. ◆ Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
	(Lest, First)		Pass(es)		<u> </u>	
				Ceremonial Role If checking "Ceremonial Ceremonial Ceremonia Ceremonia Cerem	Other L. el Role" or "Other" describe below:	Income
				Ceremonial Role	· ·	Income
				ii checking Geremoni	ial Role" or "Other" describe below:	
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	D7 Youth Advisory Council		8		ir efforts in hosting litter pick-up, graffiti clean	
	Verification Verification					
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the			erified that the distribution set fo	orth above, is in accordance with .	the requirements.
	Jankrus (X Jan	<u>) </u>	Louansee	Moua	Chief of Staff	02/12/13
	Signature of Agency Heeld of Designee Print Name Title (Month, Day, Yea					
	Comment:					