#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name San J California Form -n City of San Jose For Official Use Only Division, Department, or Region (if applicable) 2023 APR AM 10: 08 14 City Council - District 8 Designated Agency Contact (Name, Title)

 Domingo Candelas - Councilmember
 Image: Amendment (Must Provide Explanation in Part 3.)

 Area Code/Phone Number
 E-mail

 408-799-2762
 domingo.candelas@sanjoseca.gov

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

#### 2. Function or Event Information

I direction of Event information			447.04
Does the agency have a ticket policy?	Yes 🔳 No 🗌	Face Value of Each Ticket/Pass \$	417.61
Event Description: SJ Sharks vs COL Ava	alanche	Date(s) 04 / 06 / 202	1
Provide Tit	le/Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳	If no: SJ Arena Authority	
		If yes: <u>Candelas</u> , Domingo	
Was ticket distribution made at the behest of agency official?	Yes 🔳 No 🗌	Official's Name (Last, First)	

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Tully Rd-Eastridge Business Association	24	Recognizing assoc that promotes econ. development

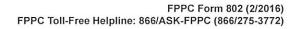
#### 4. Verification

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.

	Domingo Cambelas	Councilmenter	04/13/2023
Signature of Agency Head or Designee	Ø Print Name	Title	(month, dåy, year)

Comment:





	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVED	A Public Document
1.	Agency Name			San.	Date Stamp	California 802
	City of San Jose				sTc-m	Form OOZ
	Division, Department, or Reg	ion (if applicable)		2023 AP	RIL AMIN: N	For Official Use Only
	City Council - District 8				and millor 0.	ur -
	Designated Agency Contact	(Name, Title)			1	
	Domingo Candelas - Counc	ilmember			Amondmont //	Aust Dravida Evaluation in Dart 21
	Area Code/Phone Number	E-mail				<i>Aust Provide Explanation in Part 3.)</i>
	408-799-2762	domingo.candelas(	@sanjoseca.	gov	Date of Original Fil	ling:
2.	Function or Event Infor	mation				100
	Does the agency have a tic	ket policy? Yes	No 🗌 🖡	Face Value of	Each Ticket/Pass	\$129
	Event Description: Los Tigr	es del Norte	[	Date(s)	<u>, 01 , 202</u>	//
		Provide Title/ Explai		f no: _SJ Arei	na Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Course	
	Was ticket distribution made	e at the behest Yes		f yes: Candel	as, Domingo	
	of agency official?				Official's Name (Last, )	First)
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	e pursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of	f the following:
					monial Role Otl Cking "Ceremonial Role" or "Ot	her Income Income her" describe below:
					monial Role Dtl Otl	her Income Income her" describe below:
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe ti	he public purpose mad	le pursuant to the agency's policy
	Wel <b>c</b> h Neighborhood Ass	sociation	12	Recognizin	ng work/effort of ne	eighborhood association
_	MACLA		12	Recognizir	ng work/effort of co	ommunity art advocates

#### 4. Verification

a den ca	Dorango Cundelas	Councilmenter	04/13/2023
Signature of Agency Head or Designee	O Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED **A Public Document** San Juse 1. Agency Name California - mad Form City of San Jose 2018 JUN 28 AM 10: 52 For Official Use Only Division, Department, or Region (if applicable) Office of Councilmember Sylvia Arenas Designated Agency Contact (Name, Title) Matt Savage, Council Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 408-535-4908 matthew.savage@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$62.88 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Da Bangg Date(s) \_\_\_\_06 30 20 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 D No X If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization

(include address and description)	of licket(s)/ Passes	Describe the public purpose made pursuant to the agency signify
South Asian Activities League	1 X	Recognition of the organization's service to the community.

#### 4. Verification

mandrul	Sylvia Arenas	Councilmember	06/20/2018
Signature of Agency Head or Designee	Print Name	Title,	(month, day, year)
Comment:			

-	ncy Report of: emonial Role Even	its and Ticket/Pass Distr	ibutions	AI	Public Document
1. Aç	gency Name			REC <b>Pate St</b> amp	California 802
Cit	ty of San Jose		Sal	I Jose City Clark	Form OUZ
Div	vision, Department, or Reg	<b>jion</b> (if applicable)		OTCA	For Official Use Only
Of	fice of Councilmember Sy	vlvia Arenas, District 8	20101	MAR 13 AM 11:38	
De	signated Agency Contact	(Name, Title)			
Sy	lvia Arenas, Councilmem	ber		Amondmont (Must Pre	vide Explanation in Part 3.)
Are	ea Code/Phone Number	E-mail			wide Explanation in Part 3.j
40	8-535-4908	district8@sanjoseca.gov		Date of Original Filing: _	(month, day, year)

#### 2. Function or Event Information

Does the agency have a ticket policy?	Yes 🛛	No 🗖	Face Value of Each Ticket/Pass \$ <u>163.50</u>
Event Description: Ricardo Arjona			Date(s) 03 / 11 / 18
Provide Ti Ticket(s)/Pass(es) provided by agency?	tle/ Explanatio		If no: San Jose Arena Authority
Was ticket distribution made at the behest of agency official?	Yes 🛛	No 🗌	If yes: Official's Name (Last, First)

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role D Other I Income I Inco
		Ceremonial Role Dother D Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Meadowfair and TOCKNA Neighborhood Associations in District 8	6	Recognition of service to the community

4. Verification			
I have read and understand FPPC Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
with the requirements.			
ma ux	Sylvia Arenas	Councilmember	03/13/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			_

1.	Agency Name				Date Stamp CEIVI California 000
	City of San Jose				San Jose Cit Form 802
	Division, Department, or Regio	n (if applicable)	0		OTC A For Official Use Only
	Council District 8				2018 FEB 28 A.111:53
	Designated Agency Contact (N	ame, Title)			
11	Sylvia Arenas, Councilmembe	ər			Amendment (Must Provide Explanation in Part 3.)
38	Area Code/Phone Number E	E-mail			
	408-535-4908	district8@sanjoseca	a.gov		Date of Original Filing: (month, day, year)
	Function or Event Inform	ation			
	Does the agency have a ticke	t policy? Yes	No 🗆 🖡	Face Value of	Each Ticket/Pass \$ <u>149.95</u>
	Event Description: Demi Lova	to & DJ Khaled	Г	Date(s)02	, 28 , 18 , , ,
		Provide Title/ Explan	nation	1	
	Ticket(s)/Pass(es) provided by	y agency? Yes [		f no: San Jose	Arena Authority
	Was ticket distribution mode	at the behast v		f ves	Name of Source
	Was ticket distribution made a of agency official?	it the benest Yes	△ No 🗌 👘	i yes	Official's Name (Last, First)
	of agency official:				
3.	Recipients				
3.		's department or unit. •		identify an individ	ual. • Use Section C to identify an outside organization.
5.		The second second second	Use Section B to Number of Ticket(s)/ Passes	T CHER FOR LESS	ual. • Use Section C to identify an outside organization. e public purpose made pursuant to the agency's policy
3.	• Use Section A to identify the agency	The second second second	Number of Ticket(s)/	T CHER FOR LESS	
5.	• Use Section A to identify the agency	ment or Unit dual	Number of Ticket(s)/	T CHER FOR LESS	
3.	Use Section A to identify the agency     A. Name of Agency, Depart     B. Name of Individ	ment or Unit dual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's policy
<b>i.</b>	Use Section A to identify the agency     A. Name of Agency, Depart     B. Name of Individ	ment or Unit dual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's policy Identify one of the following: Income
3.	Use Section A to identify the agency     A. Name of Agency, Depart     B. Name of Individ	dual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pursuant to the agency's policy  Identify one of the following:  Income
3.	Use Section A to identify the agency A. Name of Agency, Depart B. Name of Indivio (Last, First) C Name of Outside Org	anization escription)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy  Identify one of the following:  Ionial Role  Other  Income  Inc

2	Sylvia Arenas	Councilmember, District 8	03/01/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: MA Louis	1	-	-
~/):	0		
$\mathcal{O}$		F FPPC Toll-Free Helpline: 866/AS	PPC Form 802 (2/2016) K-EPPC (866/275-3772)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	RECEIVED	A Public Document
	Agency Name	· · · · · · · · · · · · · · · · · · ·		<u>ई ता</u>	JOS eDate Stamp	
	City of San Jose					Form OUZ
	Division, Department, or Reg	ion (if applicable)		2016 I	IOV 23 AM 9:	38 For Official Use Only
	Council District 8				SP OTC	
	Designated Agency Contact	(Name, Title)				
	200 E. Santa Clara ST. 18th	1 Floor		*		
	Area Code/Phone Number	E-mail				lust Provide Explanation in Part 3.)
	408-535-4908	maryanne.groen@	sanjoseca.go	VV	Date of Original Fil	ing:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	<pre>ket policy? Yes [</pre>		ace Value of	Each Ticket/Pass	\$
	Event Description: Sharks v				<u>, 21 , 16</u>	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	] No⊠ I	f no: <u>S.J. Arer</u>	a Authority Name of Source	
	Was ticket distribution made	at the behast var r				
	of agency official?	at the benest Yes L		, y co	Official's Name (Last, I	First)
	• Use Section A to identify the agen A. Name of Agency, Depa D8 Day in the Park Comm	artment or Unit	Number of Ticket(s)/ Passes 24	T	e public purpose made	e pursuant to the agency's policy
			Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of	the following:
					nonial Role D Oth king "Ceremonial Role" or "Oth	er Income Income
					nonial Role D Oth king "Ceremonial Role" or "Oth	er I Income Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	e pursuant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
				1		· · · · · · · · · · · · · · · · · · ·

#### 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.

Maryanne Grocn Chief of Staff Print Name Title tron 16 24 nne Signature of Agency Head or Designee

Comment:

NAME	SEAT	SECTION	Parking Pass	]
Vice Mayor Rose Herrera	C1	C11	1	sent
Matt Wahlin	C2	C11		sent
David Lovato	C3	C11	2	sent
David Lovato	C4	C11		sent
Josh Barousse	C5	C11	3	sent
Josh Barousse	C6	C11		sent
Sean O'Kane	C7	C11	4	sent
Sean O'Kane	C8	C11		sent
Angie Nunn	C9	C11	41	sent
Angie Nunn	C10	C11		sent
Kim Nguyen	C11	C11	42	sent
Kim Nguyen	C12	C11		sent
Diane Catbagan	C13	C11	43	sent
Diane Catbagan	C14	C11		sent
Ben Naranjo	C15	C11	44	sent
Ben Naranjo	C16	C11		sent
Jim Zito	3	113, Row 23	45	sent
Jim Zito	4	113, Row 23		sent
Jennifer Navarro	5	113, Row 23	46	printed
David Navarro	6	113, Row 23	48	printed
Louella Sevegan	7	109, Row 23		]printed
Shelley Opsal	8	109, Row 23	47	printed
Carly Comer	9	109, Row 23		]printed
Austin McComb	10	109, Row 23		]printed

Parking passes 46 - 48 for staff

gency Report of: Ceremonial Role Events and Ticket/P	ass Distri		RECEIVED	APuk	lic Document
	05e		Date Stamp TH mail	са 286 А <del>ос</del>	Form 802
Division, Department, or Region (if applicable)	-	2010 8	UG' L AITU	. 25	
Designated Agency Contact (Name, Title)		2			
JOU F. Janta Cava	57 18	FL.			
Area Code/Phone Number   E mail	211	1	Amendment	(Must Provide E	explanation in Part 3.)
08 535-4908 Maryanne. gr	peh@San	Joseccigu	Date of Original F	iling:	nth, day, year)
Function or Event Information				67	200
Does the agency have a ticket policy? Yes [		ace Value of I	Each Ticket/Pass	s \$	/ <u>),                                     </u>
Event Description: Barbara Stre1501		ate(s)	4,16		_//
Provide Title/ Explar Ticket(s)/Pass(es) provided by agency? Yes [		no:			
			Name of Source		
Was ticket distribution made at the behest Yes of agency official?	∃ No⊡ If	yes:	Official's Name (Last,	, First)	
Recipients • Use Section A to identify the agency's department or unit.		dentify an individ	ual. • Use Section C t	o identify an o	utside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose ma	de pursuant te	o the agency's policy
Rose Herrira		De	8	ALL	1 [
Loca 230 5.1. Five	fighter	5		att	ached
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one o	f the followin	g: <sub>mal</sub> e subset
			onial Role D Ot ing "Ceremonial Role" or "O	ther  ther' describe below	Income
			onial Role D ing "Ceremonial Role" or "O	ther  ther' describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose mac	le pursuant to	o the agency's policy
			<b>.</b> .		

#### 4. Verification

é

Mary Anne Groen Print Name H n Signature of Agency Head or Designee (month, day, year)

Comment: \_

Names	Seats	Sec	Park
Rose Herrera & Guest	14	11	X
Bien Doan (2)	5,6	11	X
Scott Trabert (2)	7,8	11	X
Kim Borreson (2)	9,10	11	X
Walter Rivera (2)	11,12	11	X
Brian Madison (2)	13,14	11	X
Ben Naranjo (2)	15,16	11	X
		<u> </u>	
		ļ	
		<u> </u>	
·		<u> </u>	l

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions	RECEIVED	A Public D	ocument
1. Agency Name <u>Uty of San DSL</u> Division, Department, or Region ( <i>if applicable</i> ) <u>Council</u> District 8			APR 19 AM 10	Form	a <b>802</b> al Use Only
Designated Agency Contact (Name, Title) 200 E. Santa (Yawa St. 18 Area Code/Phone Number E-mail 408 535-4905 Mawyanne.9	TIDEV	L Infoseca	Amendment <i>(I</i> )	Must Provide Explanation	
2. Function or Event Information		<u>, , , , , , , , , , , , , , , , , , , </u>		an opt as	00
Does the agency have a ticket policy? Yes [ Event Description: <u>Shavks</u> Playa Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [ Was ticket distribution made at the behest Yes [ of agency official?	<u>off</u> D <sup>nation</sup> D □ No Ø If	ace Value of I pate(s) no: yes:	Each Ticket/Pass	<u>4,18</u> n. <u>Auth</u> e	<u>16</u> witz
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 org	șanization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose mad	e pursuant to the age	ncy's policy
See Attached	24	5:1.	Pabli 8 Operni	Libra	rs_
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of	the following:	
	· · · ·		onial Role D Oth ng "Ceremonial Role" or "Oth	her  her" describe below:	Income
			onial Role Oth ng "Ceremoníal Role" or "Oth	ner 🔲 her" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made	e pursuant to the ager	ncy's policy
4. Verification					

<u>Graen</u> Ame arut De hm Signature of Agency Head or Designee Print Name (month, day, year) Title Comment:

Names	Seats	Sec 🐋	Park
Rose Herrera & Matt Wahlin	1,2	B11	x
Kim Nguyen	3	B11	
Patrick Fong	4	B11	
Diep Nguyen	5	B11	
Benjamin Fernandez	6	B11	
Liezel Jackson	7	B11	
Candice Tran	8	B11	
Lisa Valerio	9	B11	
Elizabeth Castaneda	10	B11	
Moises Moreno	11	B11	
Adriana York	12	B11	
Cris Johnson	13	B11	
Yvonne Cabral	14	B11	
Wayne Dore	15	B11	
Jaime Hernandez	16	B11	
Kristy Bell	3	113	
Kelly Hubbard	4	113	
Vidya Kilambi	5	113	
Luis Rodriguez	6	113	
Lenora Morris	9	109	
Austin Carrell	10	109	
Shelley Opsal	7	109	х
Rose Dhaliwal	8	109	

Agency Report of: Ceremonial Role Events and	Ficket/Pass	Distributions	RECEIVED	A Public Documen	
1. Agency Name Division, Department, or Region (If Applic	Agency Name Uth of San DSC Division, Department, or Region (If Applicable)				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
200 E. Santa Clava 5. Area Code/Phone Number E-mail	F. 18th	HOOR	Amendment (Must pr	ovide explanation in Part 3.)	
	ne.groch@	SanJose ca.gov	Date of Original Filing: _	(Month, Day, Year)	
<b>2. Function or Event Information</b> Does the agency have a ticket policy?	Yes 🗌 No	E Face Value o	of Each Ticket/Pass \$	\$ 68.73	
Event Description <u>Gavth</u> B	racks	Date(s) _//	<u>13, 15</u>	11 , 13, 15	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	⊠ If no: <u><i>JAN</i></u>	1 DSL HV-LNA Name of Sou	A UHHOVILY	
Was ticket distribution made at the behe of agency official?	st No 🏹 Yes	□ If yes:	Official's Name (L	ast, First)	
<ul> <li>B. Recipients</li> <li>• Use Section A to identify the agency's department</li> </ul>	t or unit. ● Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
See Attached		D8 Days	n the Park	. Voluenteer	
······	Number of			Commi Hee	
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followir	ıg:	
		Ceremonial Role If checking "Ceremon	Other Conternation Conternatio	Income	
		Ceremonial Role If checking "Ceremoni	Other Dia 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 t	o the agency's policy	
L. Verification I have read and understand FPPC Regulations 18944.1 Mary Come Decome M. Signature of Agency Head or Designee		rified that the distribution set for <u>GVOLN</u> <u>CM</u>		the requirements. ///////5 (Month, Day, Year)	

Comment:
----------

	А	В	С	D
1	NAME	SEAT	SECTION	TICKETS
2	Vice Mayor Rose Herrera	1	C11	1
-3	Matt Wahlin	2	C11	1
4	Larry Samarron	3	C11	1
5	Larry Samarron	4	C11	1
6	Steve Ryan	5	C11	1
7	Steve Ryan	6	·C11	1
8	Mike Montonye	7	.C11	1
9	Carol Montonye	8	C11	1
10	Candice Tran	9	C11	1
11	Candice Tran	10	C11	1
12	Albert Rodriguez	11	C11	1
13	Albert Rodriguez	12	C11	1
14	Andre Morrow	13	C11	1
15	Andre Morrow	14	C11	1
16	Siddharth Venkatraman	15	C11	1
17	Siddharth Venkatraman	16	C11	1
18	Mary Anne Groen	15	101	1
19	Mary Anne Groen	16	101	1
20	Shelley Opsal	17	101	1
21	Shelley Opsal	18	101	1
22	Jennifer Gonzales	19	101	1
23	Jennifer Gonzales	20	101	1
24	Dan Block	21	101	1
25	Dan Block	22	101	1
26				
27				
28				
29				
30				

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

REC	EIVE	D				
5 · ·	14 8			-	1.12.	

Ceremonial Role Events and Ticke	eurass	Distributions	San Jose City Cle	riA Public Document
1. Agency Name			Date Stamp	California 802
City of San 10	75L	21	15 JUN 23 AM 9:	
Division, Department, or Region (If Applicable)	~3			For Official Use Only
Conneil District	8			
Designated Agency Contact (Name, Title)	alh	1		
200 E. Janta Clava St. 1	9	FLOOR		ovide explanation in Part 3.)
Area Code/Phone Number E-mail	Acres in	a contras no v		
408-535-4908 Maryanne.	groen	e surger gov	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Information			, t	43.50
Does the agency have a ticket policy? Y	es 🔲 No	Face Value o	f Each Ticket/Pass \$	
Event Description Super Web Fyle Provide Title/Explana	<u> </u>	05.00 Date(s)	126, 15	
		- Kan har	1 have Aven	, sichnyity
Ticket(s)/Pass(es) provided by agency? Ye	es 🗌 No		Name of Sol	rce 74 011/01/04
Was ticket distribution made at the behest	No 🗹 Yes	If yes:		
of agency official?	7	•	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or uni		ction B to identify an individu	al. • Use Section C to ident	fy 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
See Attached		STP	D Distri	ct Paul
Sheet				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıâ:
			Other D	Income
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
( Name of Outside Organization )	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
(include address and description)	Pass(es)			
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.

Acry Chine Arden Mary Anne Signature of Agency Head or Designee Print Name Groen\_ Chief of Sta 6 22 (Month, Day, Year)

Comment: \_

Name	Tickets	Section	Seat
Rose Herrera & Matt Wahlin	2	C11	1&2
Michael & Carolyn Montonye	2	C11	3&4
Sean & Nancy Pritchard	2	C11	5&6
Danny & Ramona Navarro	2	C11	7&8
Marc & Susan Taylor	2	C11	9&10
Duc & Julie Ngo	2	C11	11&12
Eric & Stephanie Calderon	2	C11	13&14
Jesus & Elvia Mendoza	2	C11	15&16
Mary Anne Groen	2	110	9&10
Lisa Tindall & Roger Semore	2	110	11&12
Sandra & Manny Diaz	2	110	13&14
Rafael & Ruby Nieves	2	110	15&16
			L.

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#### Agency Report of: RECEIVED San Jose City ClarPublic Document **Ceremonial Role Events and Ticket/Pass Distributions** 1. Agency Name California Date Stamp 2013 OCT 25 20 Form For Official Use Only Division, Department, or Region (If Applicable, Designated Agency Contact (Name, Title Ú 71 Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: MaMANNE V DEIN Kan, DSECES (Month, Day, Year) **Function or Event Information** 2. 00 Does the agency have a ticket policy? Yes 🛛 No 🗖 Face Value of Each Ticket/Pass \$ Event Description Date(s) Provide Title/Explanatio If no: Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🕮 Name of Source 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. Number of Α. 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 Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Caremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

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

Many Chus Alben Mary Anne Groen Chief of Staff 10/25/13 Signature of Agency Head or Designae Print Name Title (Month, Day/Year)

Comment:

y Report of: onial Role Events and Tic on, Department, or Region (f Applicable ated Agency Contact (Name, Title) (AGOS E-mail Margary tion or Event Information the agency have a ticket policy? Description Sharks V6. Provide Title/Exp s)/Pass(es) provided by agency?	le) S IGHh ne.groent Yes□ No[ IS]and	Date Stamp     California     802       2014 0CT 2     California     802       OT e     Tedr Othicitat/Use Only       Form     Image: Stamp of the othicitat/Use Only       Image: Stamp of the other ot
onial Role Events and Tic The partment, or Region (If Applicable ated Agency Contact (Name, Title) E. Santa (Inva 54) Gode/Phone Number E-mail Margary tion or Event Information he agency have a ticket policy? Description Margary Provide Title/Exp	le) S IGHh ne.groent Yes□ No[ IS]and	Distributions       San Jose A Public Document         Date Stamp       California 802         2014 0CT 2       Form         OT e       Pfor Official/Use Only         For of official/Use Only       Date of Original Filing:         Official/Use of Original Filing:       (Month, Day, Year)         Face Value of Each Ticket/Pass \$       2000.000
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tion or Event Information he agency have a ticket policy? Description <u>Sharks</u> VG. Provide Title/Exp	Yes No [	Face Value of Each Ticket/Pass \$ _ 266.00
he agency have a ticket policy? Description <u>Sharks V6.</u> Provide Title/Exp	IS and	Face Value of Each Ticket/Pass \$
Description <u>Sharks</u> VB. Provide Title/Exp	IS and	Talk 11 11
Provide Title/Exp	B and	toille it the
s)/Pass(es) provided by agency?		100 Date(s) 11 1 10 10 10 10 10 10 10 10 10 10 10 1
	Yes 🗌 🛛 No 🖡	If no: Jan Jose Avena AHMOVING Name of Source
cket distribution made at the behest ency official?	No 🛱 Yes [	If yes: Official's Name (Last, First)
bients		
ection A to identify the agency's department or		ion B to identify an individual. • Use Section C to identify an outside organization.
Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
ee Attached	24	Foothill División
Sheet		S.J. Police
Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
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
	Attached Sheet Name of Individual (Last, First)	Pass(es)       2e Attached     H       Sheet     H       Name of Individual (Last, First)     Number of Ticket(s)/ Pass(es)       Name of Outside Organization (include address and description)     Number of Ticket(s)/

iC

Mary Anne Groen Chief of Tho<u>en</u> Signature of Agency Head or Designee Title

Comment: \_

Name	Seat/Row	Box/Sec
Rose Herrera	1	11
Matt Wahlin	2	11
Danny Navarro	3	11
Mark Natwick	4	11
Geeno Gular	5	11
Mark Taylor	6	11
Thuy Le	7	11
Nate Trang	. 8	11
Bryant Washington	9	11
Brian Meeker	10	11
Robert Labarbera	11	11
Mauricio Jimenez	12	11
Nick Byrd	13	11
Topui Fonua	14	11
Tim Young	15	11
Jason Dwyer	16	11
Mary Anne Groen	3/row 23	113
Shelley Opsal	4/row23	113
Greg Barth	5/row23	113
Michael Montonye	6/row23	113
Mike King	7/row23	109
Tom Sims	8/row23	109
Ed Schroder	9/row23	109
John Tompkins	10/row23	109
	·	

eremonial Role Events and Tick	LEUF ass L	source a port of the state of t	men
Agency Name	Kl	Date Stamp 2013 SEP 19 PM 1: 46 Form 8	D
Division, Department, or Region (If Applicable)	0	For Official Use On	ıly
Council Distric	78		
Designated Agency Contact (Name, Title) 200 E. MM A A W U	5f.	BH Flock Amendment (Must provide explanation in Part 3.	
Area Code/Phone Number E-mail - 535 - 4909 Maryanne	.gvoen l	Date of Original Filing:(Month, Day, Year)	,
Function or Event Information		d dia dia dia dia dia dia dia dia dia di	
Does the agency have a ticket policy?	Yes 🗌 No 🗌	Face Value of Each Ticket/Pass \$ /92.50	
Event Description <u>Sharks V5.</u> Provide Title/Explain	ucles	Date(s) <u>D9_1_20_113</u>	
Ticket(s)/Pass(es) provided by agency?	Yes□ No 🗹	If no: <u>Sam Jose Avana Autho</u> Name of Source	K
Was ticket distribution made at the behest of agency official?	Not A Yes	If yes: Official's Name (Last, First)	
Recipients • Use Section A to Identify the agency's department or u	nit. • Use Sectio	n B to identify an individual. • Use Section C to identify an outside organization	n.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Dot a	18	Service about & beyond	d
Code Enforcement	s	for DO	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Rose Herrera	2	Ceremonial Role Other Denominal Role Incon	me [
Matt Wahlin		Conneilmember_	
shelley opsal	4	Ceremonial Role U Other Incor	me L
Aavon Quigly	l Number of	statting for DO	
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	
Verification	400.40 ( bear if	ed that the distribution set forth above, is in accordance with the requirements.	
I have read and understand FPPC Redulations 18944 1 and	18942, I nave venii	eu mai me uismpulon sel lonn above. Is in accordance win me renorements	

Comment: \_\_\_\_



#### Agency Name

## 3. Recipients

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

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		1 433(63)	Ceremonial Role Other I Income Income
			Ceremonial Role Other I Income I Income I Income I Income II the checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Cher I Income I Income I Income I Income II Income III Income II Income II Income II Incom
<u>с.</u>	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

Sharks Game 9/20/13	Tickets Seats & Tickets #
Rose Herrera And Matt Wahlin	2
Brigitte Marquis	2
Dorothy Abeyta	2
Lily Lim-Tsao	. 2
Joseph Hatfield	2
Anna Le	2
Joe Horwedel	2
Ray Salvano	2
Kevin O'Connor	2
John Meltzer	2
Aaron Quigley	2
Shelley Opsal	2

Total tickets

24

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

RECEIVED San Jose City Cla**A Public Document** 

. Agency Name			
City of Ja	n los	K	2013 MAY 17 PM 3: 31 Form 802
Division, Department, or Region (if applic	able)	-1	For Official Use Only
COUNCIL DE	strict	J	
Street Address 200 F. Janta I	Java	. 5t.	18 FLOOR
Designated Agency Contact (Name, Title)	1.1	0 1/	Amendment (Must provide explanation in Part 3.)
Mary Anno Gropen	- Chief	- ofs	Tuff
Area Code/Phone Number E-mail			Date of Original Filing:
18-535-4908 Mary	janne of	roen e	Jam Joseca,
Function, Event, or Ceremonial F	Role Informat	ion	Gad
Shaving Hade	es la	10 4 11	\$ 19000
Title <u>JIANS</u> HOCK	4 50	M	Face Value of Each Admission \$( ( )
Description Sharks V	5. King	<u>15</u>	Date(s) 5, 18, 13
Was the distribution to persons ider			(If no: <u>San Jose Anena Hutho</u> Name of Source
Yes □ No ↓ If yes: The identity of recipient(s) and the Name			First) and Title <ul> <li>Check the income box if the agency official claims admission as</li> </ul>
The identity of recipient(s) and t			First) and Title
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency	<ul> <li>First) and Title</li> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremoniai roles, performed by an agency official, individual, or</li> </ul>
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency Official	<ul> <li>First) and Title</li> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency Official Yes 🗖	<ul> <li>First) and Title</li> <li>Check the income box if the agency official claims admission as texable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremoniai roles, performed by an agency official, individual, or organization.</li> </ul>
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency Official Yes No	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremoniai roles, performed by an agency official, individual, or organization.</li> </ul>
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency Official Yes No Yes Yes	<ul> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremoniai roles, performed by an agency official, individual, or organization.</li> </ul>
P <sup>→</sup> The identity of recipient(s) and the Name (Last, First) or Organization	ne explanatio Number of Admission(s)/	Agency Official Yes No Yes No	-irst) and Title  Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.  If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.  ncome Income
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency Official Yes No Yes No Yes Yes Yes	<ul> <li>Check the income box if the agency official claims admission as texable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremoniai roles, performed by an agency official, individual, or organization.</li> </ul>
The identity of recipient(s) and the second	ne explanatio Number of Admission(s)/	Agency Official Yes No Yes No Yes No Yes No	First) and Title • Check the Income box if the agency official claims admission as texable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.   ncome   Income   Income
The identity of recipient(s) and the identity of recipient (s) and the Name (Last, First) or Organization	ne explanatio Number of Admission(s)/	Agency Official Yes No Yes No Yes No Yes Yes Yes	First) and Title • Check the Income box if the agency official claims admission as texable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.   Income   Income   Income   Income   Income   Income   Income

#### 3. Verification

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

Mary Anne Groch Chief ma Signature of Agency Head or Designee

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

eremonial Role Events and Tick		OBIT JUSE OTTA CHARK
Agency Name		Date Stamp California 802
(ity of Jan 105l		2014 FEB 20 ANTI: 05 Form OUZ
Division, Department, or Region (If Applicable)		
Council District 8		
Designated Agency Contact (Name, Title)	. /	
200 E. Santa Clava St	. 18H	Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number E-mail		
1535-4908 Maryann	e.gvben	Sun pseCarapy Date of Original Filling(Month, Day, Year)
Function or Event Information	9	191
Does the agency have a ticket policy?	Yes 🗌 🛛 No 🕻	Face Value of Each Ticket/Pass \$
Event Description Disney on	Ice	Date(s) <u></u>
Prøvide Title/Expla	nation	6 miles Arena Anthonya
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No 🗄	A If no: <u>200 000 AILIN HUT ID IN</u> Name of Source
Was ticket distribution made at the behest		·
of agency official?	No Y Yes [	If yes:
Recipients	1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 - 1972 -	
	nit. • Use Sect	lon B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	Pass(es)	
City 61	17	
UM DJ J. I.		
City, Noska Attico		
May care office	Number of	
B. U Name of individual (Last, First)	Ticket(s)/ Pass(es)	identify one of the following:
Dood blackaka		Ceremonial Role 🔲 Other 🔲 Income
RUDE NEITHER	2	If checking "Ceremonial Role" or "Other" describe below:
Matt Wahlen	0	
staft	6	Ceremonial Role L Other L Income L If checking "Ceremonial Role" or "Other" describe below:
J1001	<sup>.</sup>	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
(include address and description)	Pass(es)	- course are barrie by bage under building to the different a bound

Many Anne Groen Chief of Staff 02/20/14 Signature of Agency Head or Designee (Print Name Groen Chief of Staff (Month, Day, Vear)

Comment: \_

Disney on Ice 2/1/14		
Name	Ticket	Seats
Pam Caronongan	2	6&7 box 11
Charu Thiyagarajan	3	89&10 box 11
Cecilia McDaniel	3	1112&13 box11
Toni Taber	3	3,4&5 box 11
Kathy Carillo	2	14&15 box11
Ethan	2	16 box 11 & 19 Row 12
Kara	2	17 7 18 Row 12
staff TBD	5	13,14,15,16,20 Row 12
Councilmember Herrera	2	1&2 box 11
Total		· · ·
	24	

# Agen Ceren Ticke

Agency Report of:			RECEIVED
Ceremonial Role Events and Licket/Admission Distribution	•		San Jose City Clark
	5	98-127-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	A Public Documen
. Agency Name Lite At San Inc	ie		2013 JARterstampAM 10: California 802
Division, Department, or Region (#applic	able) (		For Official Use Only
Street Address	iht. 1	gth F	Tisn 10
Designated Agency Contact (Neme, Title)			Amendment (Must provide explanation in Part 3.)
Mary Anne Groen -	Chief 1	of Sta	IT
Area Code/Phone Number E-mail	unne.groe	h@ 5an	Date of Original Filing:
. Function, Event, or Ceremonial F	Role Informat	tion	
Title <u>Shavks</u> V5 Vil	evs		Face Value of Each Admission \$
Description			Date(s) 1 31 13
Description			
Ticket(s)/Admission(s) provided by	agency? Yes	□ № )∅	Edas Inco Aran Mulhavite
Ticket(s)/Admission(s) provided by			If no: <u>Sam Jose Arena Authority</u> Name of Source
			If no: <u>Sam Jose Arena Authority</u> Name of Source
Ticket(s)/Admission(s) provided by	ntified below n	nade at the	If no: <u>Sam Jose Arena Huffmrity</u> Name of Source
Ticket(s)/Admission(s) provided by Was the distribution to persons ider Yes □ No ☆ If yes:	ntified below n Official's i	nade at the Name (Ləst, F	If no: <u>Sam Jose Arena Authority</u> Name of Source
Ticket(s)/Admission(s) provided by Was the distribution to persons ider	ntified below n Official's i	nade at the Name (Ləst, F	If no: <u>Sam Jose Arena Huffmrity</u> Name of Source
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Ticket(s)/Admission(s) provided by Was the distribution to persons ider Yes □ No ☆ If yes: The identity of recipient(s) and the Clast, First) or Organization (Name, Address, Description)	ntified below n Official's i ne explanatio Number of Admission(s)/	nade at the Name (Ləst, F on: Agency Official Yes 🗖	If no: <u>Sam Jose Arena Hutmyrity</u> Name of Source behest of an agency official? irrst) and Title • Check the Income box If the agency official claims admission as taxable Income. If the agency official performed a ceramonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
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Ticket(s)/Admission(s) provided by Was the distribution to persons ider Yes □ No ☆ If yes: The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	ntified below n Official's i ne explanatio Number of Admission(s)/	Name (Last, F Name (Last, F on: Agency Official Yes Yes Yes Yes	If no: <u>Sem Jose Arena Authority</u> Name of Source behest of an agency official? First) and Title Check the Income box If the agency official claims admission as taxable Income. If the agency official performed a ceramonial role, also provide a description. If not income, describe tha public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes □ No ☆ If yes: The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	ntified below n Official's i ne explanatio Number of Admission(s)/	nade at the Name (Last, F on: Agency Official Yes No Yes Yes Yes Yes	If no: <u>Sem Jose Arena Authority</u> Name of Source behest of an agency official? irst) and Title • Check the Income box If the agency official claims admission as taxable Income. If the agency official performed a ceramonial role, also provide a description. • If not Income, describe the public purpose, including ceremonial roles, performed by an agency official, Individual, or organization. Income Income
Ticket(s)/Admission(s) provided by Was the distribution to persons iden Yes □ No ☑ If yes: The identity of recipient(s) and th Name (Last, First) or Organization (Name, Address, Description)	ntified below n Official's i ne explanatio Number of Admission(s)/	nade at the Name (Last, F on: Agency Official Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes	If no: <u>Sem Jose Arena Hutting</u> Name of Source behest of an agency official? irst) and Title • Check the Income box If the agency official claims admission as taxable Income. If the agency official performed a ceremonial role, also provide a description. • If not Income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. Income Income

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

Mary Anne Green Print Name nu Ne Signature of Agency Head or Designee (month, day, year, Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)