

**Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED  **A Public Document**

<b>1. Agency Name</b> City of San Jose		San Jose City Seal <i>e-mail - M</i> 2023 JUN -9 PM 4:08	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Attorney		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Kim Jackson, Legal Services Administrator			
Area Code/Phone Number 408.535.1933	E-mail kim.jackson@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$195.95

Event Description: Duran Duran Concert    Date(s) 05 / 28 / 23    05 / 28 / 23  
Provide Title/ Explanation


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

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

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

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

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


Kim Jackson
Legal Services Administrator
06/5/2023

Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

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

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

Agency Name

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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Day, Cameron	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Grimme, Catherine	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Manjares Duffy, Joy	2	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Douglas-Fry, Joan	1	Employee Recognition- Suite
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

**Print** **Clear**

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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Zazueta, Daniel	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition- Suite
Yuan, Diana	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition- Suite
Reak-Zeljck, Cristin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition- Suite
Nasseri, Tina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition- Suite
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

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		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Burgueno-Tapia, Rosalia	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Forsythe, Deanna	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Washington, LaVerne	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Delaney, Steven	2	Employee Recognition- Suite
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

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		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Ward, Brian	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Laskowska, Margo	1	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Chaffe, Terra	2	Employee Recognition- Suite
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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**Clear**

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<b>1. Agency Name</b> CITY OF SAN JOSE		Date Stamp San Jose City Clerk D.J. - KJM 2019 JUN 20 PM 3:10	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) OFFICE OF THE CITY ATTORNEY			
Designated Agency Contact (Name, Title) KIM JACKSON, LEGAL SERVICES ADMINISTRATOR		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 408-535-1933	E-mail KIM.JACKSON@SANJOSECA.GOV		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 299.95

Event Description: JENNIFER LOPEZ CONCERT    Date(s) 6 / 13 / 19  
Provide Title/Explanation

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

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

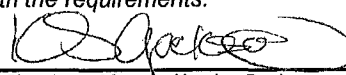
**3. Recipients**

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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
FISHER, KEVIN	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> EMPLOYEE RECOGNITION- SUITE
SANDOVAL, AMPARO	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> EMPLOYEE RECOGNITION- SUITE
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	KIM JACKSON	LEGAL SVCS ADMIN	6/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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CITY OF SAN JOSE

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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:
MOHAMMADI, COURTNEY	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
LARA, STEPHANIE	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
MARTINEZ, VERONICA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
VALIENTE, SUSANA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
SILVA, ARLENE	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
FIELDS, ELENA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
WALTERS, KATHERINE	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
NASSERI, TINA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
LAMM, KARA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
WASHINGTON, LA VERNE	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
LASKOWSKA, MARGO	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
ACOSTA, NORMA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
TODOROV, VERA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: EMPLOYEE RECOGNITION- SUITE
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

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Date Stamp  
*Tom ea*  
2019 JAN 31 PM 3:43

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<b>1. Agency Name</b> CITY OF SAN JOSE		<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> OFFICE OF THE CITY ATTORNEY		
<b>Designated Agency Contact (Name, Title)</b> KIM JACKSON, LEGAL SERVICES ADMINISTRATOR		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (Month, Day, Year)
<b>Area Code/Phone Number</b> 408-535-1933	<b>E-mail</b> KIM.JACKSON@SANJOSECA.GOV	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$225suite/\$82ticket

Event Description SHARKS V PITTSBURGH Date(s) 01 / 15 / 19  
*Provide Title/Explanation*

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

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

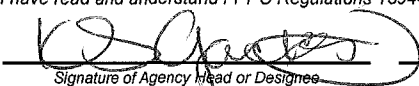
**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
MORAN, EDUARDO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
SANDOVAL, AMPARO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- TICKETS
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 \_\_\_\_\_ **KIM JACKSON** \_\_\_\_\_ **Legal Services Admin.** \_\_\_\_\_ **1/28/2019**  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*

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B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
HILL, EGAN	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
CHOW, YUE-HAN	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
LEE, KEVIN	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
GILLESPIE, ROXANNE	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- TICKETS

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

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<b>B.</b> Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Tsongtaatarii, Rosa	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
Schwarzbach, Glenn	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
WEBSTER, NADIA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
ACOSTA, NORMA	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- TICKETS
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LARA, STEPHANIE	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
Mohammadi, Courtney	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
O'KEEFE, JOAN	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- SUITE
NIELSEN, CHRISTOPHER	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> EMPLOYEE RECOGNITION- TICKETS
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NGUYEN, JULIE	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> EMPLOYEE RECOGNITION- SUITE
KLIMCZAK, WESLEY	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> EMPLOYEE RECOGNITION- SUITE
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<b>1. Agency Name</b> City of San Jose		<b>Date Stamp</b> San Jose City Clerk <i>OTC</i> 2018 MAY 17 PM 4:04	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Kim Jackson, Legal Services Administrator			
Area Code/Phone Number 408-535-1933	E-mail Kim.Jackson@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 194

Event Description: Stars on Ice    Date(s) 05 / 13 / 18  
Provide Title/Explanation

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


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

**3. Recipients**  
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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:
Ferrera, Arti	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
Todorov, Vera	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Kim Jackson	Legal Services Administrator	05/14/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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



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

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**1. Agency Name**

City of San Jose

Division, Department, or Region (if applicable)

Office of the City Attorney

Designated Agency Contact (Name, Title)

Ed Moran, Assistant City Attorney

Area Code/Phone Number

408-535-1900

E-mail

Ed.Moran@sanjoseca.gov

San Jose Date Stamp

2018 APR -2 PM 3:09

**California Form 802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 90

Event Description: Cirque Du Soleil Crystal Date(s) 03 / 31 / 18  
Provide Title/Explanation

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

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

**3. Recipients**

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

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

**4. Verification**

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

\_\_\_\_\_ Ed Moran Assistant City Attorney April 2, 2018  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

Agency Name

City of San Jose

**3. Recipients**

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

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

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

**A Public Document**

**1. Agency Name**

City of San Jose

Division, Department, or Region (if applicable)

Office of the City Attorney

Designated Agency Contact (Name, Title)

Ellen Donnelly, Legal Services Administrator

Area Code/Phone Number

408-535-1933

E-mail

Ellen.Donnelly@sanjoseca.gov

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2018 MAR 13 PM 1:36

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$225-suite \$86-ticket

Event Description: Sharks v. Redwings Date(s) 3 / 12 / 18  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
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:
Doyle, Richard	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition - Suite
Moran, Ed		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition - Suite
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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



Signature of Agency Head or Designee

Ellen Donnelly

Print Name

Legal Services Administrator

Title

3-13-18

(month, day, year)

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

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

Agency Name

City of San Jose

**3. Recipients**

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Nielsen, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition - Suite
	Klotz, Elizabeth	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition - Suite
	Winchester, Colleen	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition - Suite
	Chow, Yue-Han	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition - Tickets
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

Agency Name

City of San Jose

**3. Recipients**

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

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

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

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**California Form 802**  
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Amendment (Must Provide Explanation in Part 3.)

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

**1. Agency Name**  
City of San Jose  
Division, Department, or Region (if applicable)  
Office of the City Attorney  
Designated Agency Contact (Name, Title)  
Ellen Donnelly, Legal Services Administrator  
Area Code/Phone Number | E-mail  
408-535-1933 | Ellen.Donnelly@sanjoseca.gov

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 149.50

Event Description: Neil Diamond - Concert Date(s) 07 / 30 / 17  
Provide Title/ Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Chaffee, Terra	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
Donnelly, Ellen	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

*Ellen Donnelly*      Ellen Donnelly      Legal Services Administrator      7-31-17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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

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

Agency Name

City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Laskowska, Margo	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Mitchell, Carl	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Silva, Arlene	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Tsongtaatarii, Rosa	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ 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:
Winchester, Colleen	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy



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

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<b>1. Agency Name</b> City of San Jose		Date Stamp 2017 JAN 23 PM 3:15 <i>JW</i> <i>OTC</i>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Ellen Donnelly, Legal Services Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-535-1933	E-mail Ellen.Donnelly@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$222.00

Event Description: Sharks v. Avalanche Date(s) 01 / 21 / 17  
Provide Title/Explanation

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

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

**3. Recipients**

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

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

**4. Verification**

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

*Ellen Donnelly*  
 Signature of Agency Head or Designee      Ellen Donnelly      Legal Services Administrator      1-23-17  
Print Name      Title      (month, day, year)

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

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

Agency Name

City of San Jose

**3. Recipients**

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

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

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
City of San Jose		2016 JAN 19 PM 1:1	For Official Use Only
<b>Division, Department, or Region (If Applicable)</b>			
Office of the City Attorney		<input type="checkbox"/> <b>Amendment (Must provide explanation in Part 3.)</b> <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Designated Agency Contact (Name, Title)</b>			
Ellen Donnelly, Legal Services Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
408 535-1933	Ellen.Donnelly@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 222.00

Event Description Sharks v. Stars    Date(s) 01 / 16 / 16 \_\_\_\_\_  
Provide Title/Explanation

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

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

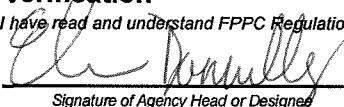
**3. Recipients**

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

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

**4. Verification**

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


Ellen Donnelly
Legal Services Administrator
1-19-16  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

Agency Name

City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Calegari, Jon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Phan, Johnny	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Hutchins, Suzanne	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Todorov, Vera	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Agency Name

City of San Jose

**3. Recipients**

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

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

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

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<b>1. Agency Name</b>		Date Stamp 2015 APR - 2 PM 4:05 OTC	California Form <b>802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Office of the City Attorney			
Designated Agency Contact (Name, Title)			
Ellen Donnelly, Legal Services Administrator			
Area Code/Phone Number	E-mail		
408-535-1933	Ellen.Donnelly@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 125

Event Description Maroon 5    Date(s) 3 / 31 / 15  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Creech, Christopher	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Greenberg, Cliff	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Ellen Donnelly    Ellen Donnelly    Legal Services Administrator    4-2-15  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

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

Agency Name

City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Klotz, Elizabeth	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Moran, Ed	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Murtha, Tom	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Richardson, Nkia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

**A Public Document**

<b>1. Agency Name</b> City of San Jose		<b>RECEIVED</b>  APR 02 2015  City of San Jose Office of the City Clerk	<b>California Form 802</b>
<b>Division, Department, or Region (If Applicable)</b>  Office of the City Attorney			<i>For Official Use Only</i>
<b>Designated Agency Contact (Name, Title)</b>  Ellen Donnelly, Legal Services Administrator		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> 408-535-1933	<b>E-mail</b> Ellen.Donnelly@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 125

Event Description Maroon 5    Date(s) 3 / 31 / 15  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smyth-Mendoza, Shannon	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
Silva, Arlene	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Ellen Donnelly	Legal Services Administrator	4-2-15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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



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

Agency Name

City of San Jose

**3. Recipients**

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

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

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

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San Jose City Clerk

**A Public Document**

<b>1. Agency Name</b> City of San Jose		Date Stamp 2015 FEB -3 PM 3:26 <i>PS ROUTE</i>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Ellen Donnelly, Legal Services Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-535-1933	E-mail Ellen.Donnelly@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 \$ 206.00

Event Description Sharks v. Blackhawks Date(s) 01 / 31 / 15  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

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

**4. Verification**

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

*Ellen Donnelly* Ellen Donnelly Legal Services Administrator 2-2-15  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*

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

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

Agency Name

City of San Jose

**3. Recipients**

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

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

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

<b>1. Agency Name</b> City of San Jose		Date Stamp 2015 FEB -3 PM 3: 26 <i>ROUTE</i>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Office of the City Attorney		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Designated Agency Contact (Name, Title) Ellen Donnelly, Legal Services Administrator			
Area Code/Phone Number 408-535-1933	E-mail Ellen.Donnelly@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 206.00

Event Description Sharks v. Blackhawks    Date(s) 01 / 31 / 15  
Provide Title/Explanation

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

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

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

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

**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.

*Ellen Donnelly*    Ellen Donnelly    Legal Services Administrator    2-2-15  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

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

Agency Name

City of San Jose

**3. Recipients**

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

<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B. Name of Individual <i>(Last, First)</i></b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Identify one of the following:</b>
Schwarzbach, Glenn	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Goldberg, Leah	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Acosta, Norma	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
North, Richard	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
<b>C. Name of Outside Organization <i>(Include address and description)</i></b>	<b>Number of Ticket(s)/ Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

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

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San Jose City Clerk

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<b>1. Agency Name</b>		Date Stamp 2014 DEC 17 PM 2:	<b>California Form 802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Daniel Tong, Chief of Staff			
Area Code/Phone Number (408) 535-1931	E-mail daniel.tong@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 199.50

Event Description Fleetwood Mac Date(s) 11 / 25 / 14  
Provide Title/Explanation

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

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

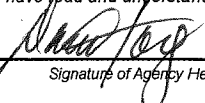
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Deignan, Patty	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Dippell, Steve	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Signature of Agency Head or Designee
 
 DANIEL TONG  
 Print Name
 

 CHIEF OF STAFF  
 Title
 

 12/15/14  
 (Month, Day, Year)

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

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

**Agency Name**  
City of San Jose

**3. Recipients**

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

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

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

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<b>1. Agency Name</b> City of San Jose		Date Stamp 2014 APR 21 A 8:42 routing AM	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Timothy Birch, Legal Services Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>04/16/14</u> (Month, Day, Year)	
Area Code/Phone Number 408/535-1931	E-mail tim.birch@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 65.50

Event Description Kings of Leon Concert Date(s) 03 / 25 / 14  
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	16	Employee Recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Tolentino, Elisa	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Klotz, Elizabeth	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

	<u>Timothy Birch</u>	<u>Legal Services Administrator</u>	<u>04/16/14</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: The Office of the City Attorney received 16 tickets, but only 4 of the recipients are designated employees.



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

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Date Stamp

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**1. Agency Name**

California Form **802**

For Official Use Only

2014 APR 21 A 8:42  
routrigjmv

Division, Department, or Region (If Applicable)

Office of the City Attorney

Designated Agency Contact (Name, Title)

Timothy Birch, Legal Services Administrator

Area Code/Phone Number

408/535-1931

E-mail

tim.birch@sanjoseca.gov

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 04/16/14

(Month, Day, Year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 55

Event Description Gabriel Iglesias Comedy Show  
Provide Title/Explanation

Date(s) 02 / 28 / 14

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

If no: \_\_\_\_\_  
Name of Source

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

If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	10	Employee Recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Calegari, Jon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
Murtha, Tom	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


Timothy Birch
Legal Services Administrator
04/16/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: The Office of the City Attorney received 10 tickets, but only 2 of the recipients are designated employees.

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

Agency Name

City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Deignan, Patricia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Smyth-Mendoza, Shannon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

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<b>1. Agency Name</b> City of San Jose		Date Stamp 2014 FEB 26 AM	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> Office of the City Attorney			
<b>Designated Agency Contact (Name, Title)</b> Timothy Birch, Legal Services Administrator		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> <u>02/24/14</u> <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> 408/535-1931	<b>E-mail</b> tim.birch@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 189

Event Description Eagles Concert    Date(s) 01 / 29 / 14  
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	16	Employee Recognition
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Doyle, John Richard	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
McGee-Davies, Kendra	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

 <small>Signature of Agency Head or Designee</small>	Timothy Birch <small>Print Name</small>	Legal Services Administrator <small>Title</small>	02/24/14 <small>(Month, Day, Year)</small>
--	--	--	---

Comment: The Office of the City Attorney received 16 tickets, but only 5 of the recipients are designated employees.

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

Agency Name  
City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Deignan, Patricia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Dippell, Steven	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Birch, Timothy	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

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San Jose City Clerk  
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<b>1. Agency Name</b> City of San Jose		Date Stamp 2014 FEB 26 AM	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> Office of the City Attorney			
<b>Designated Agency Contact (Name, Title)</b> Timothy Birch, Legal Services Administrator		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> 02/24/14 <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> 408/535-1931	<b>E-mail</b> tim.birch@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 189

Event Description Eagles Concert    Date(s) 01 / 29 / 14  
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	16	Employee Recognition
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Doyle, John Richard	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
McGee-Davies, Kendra	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

 <small>Signature of Agency Head or Designee</small>	Timothy Birch <small>Print Name</small>	Legal Services Administrator <small>Title</small>	02/24/14 <small>(Month, Day, Year)</small>
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Comment: The Office of the City Attorney received 16 tickets, but only 5 of the recipients are designated employees.

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

Agency Name  
City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Deignan, Patricia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Dippell, Steven	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Birch, Timothy	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

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A Public Document

<b>1. Agency Name</b> City of San Jose		Date Stamp 2014 FEB 26 AM 9:21	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Timothy Birch, Legal Services Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>02/24/14</u> (Month, Day, Year)	
Area Code/Phone Number 408/535-1931	E-mail tim.birch@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 192

Event Description San Jose Sharks vs. Minnesota Wild Date(s) 01 / 25 / 14  
Provide Title/Explanation


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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	24	Employee Recognition
<b>B. Name of Individual (Last, First)</b>		
		Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Nielsen, Christian	2	Employee Recognition
Schwarzbach, Glenn	2	Employee Recognition
<b>C. Name of Outside Organization (include address and description)</b>		
		Describe the public purpose made pursuant to the agency's policy

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

 Timothy Birch Legal Services Administrator 02/24/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: The Office of the City Attorney received 24 tickets, but only 5 of the recipients are designated employees.

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

Agency Name  
City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Moran, Edmundo	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Acosta, Norma	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Todorov, Vera	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy



**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<p><b>1. Agency Name</b>                  City of San Jose                  Division, Department, or Region (If Applicable)                  Office of the City Attorney                  Designated Agency Contact (Name, Title)                  Timothy Birch, Legal Services Administrator                  Area Code/Phone Number      E-mail                  408/535-1931                      tim.birch@sanjoseca.gov</p>		<p>RECEIVED                  San Jose City Clerk                  Date Stamp                  2013 MAY 28 AM 10:22</p>	<p><b>California Form 802</b>                  For Official Use Only</p>
		<p><input type="checkbox"/> Amendment (Must provide explanation in Part 3.)                  Date of Original Filing: <u>05/23/13</u>                  (Month, Day, Year)</p>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 149.50

Event Description Concert - Fleetwood Mac      Date(s) 05 / 22 / 13  
Provide Title/Explanation

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	16	Employee Recognition
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Birch, Timothy	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
Dippell, Steve	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee Recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Timothy Birch	Legal Services Administrator	05/23/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: The Office of the City Attorney received 16 tickets, but only seven of the recipients are designated employees.

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

Agency Name  
City of San Jose

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Greenberg, Cliff	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
McGee-Davies, Kendra		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Mitchell, Carl	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
Tolentino, Elisa	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Employee Recognition
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Agency Name  
City of San Jose

**3. Recipients**

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

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

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

A Public Document

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b> <small>For Official Use Only</small>
City of San Jose			
Division, Department, or Region <i>(If Applicable)</i>			
Office of the City Attorney			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> <b>Date of Original Filing:</b> <u>04/11/13</u> <small><i>(Month, Day, Year)</i></small>	
Timothy Birch, Legal Services Administrator			
Area Code/Phone Number	E-mail		
408/535-1931	tim.birch@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 192

Event Description San Jose Sharks vs. Dallas Stars      Date(s) 04 / 07 / 13 \_\_\_\_\_  
*Provide Title/Explanation*

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

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


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	24	Employee Recognition
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Moran, Edmundo	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> Employee Recognition
Nielsen, Christian	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> Employee Recognition
C. Name of Outside Organization <small><i>(Include address and description)</i></small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Timothy Birch	Legal Services Administrator	04/11/13
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: The Office of the City Attorney received 24 tickets, but only six of the recipients are designated employees.

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

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

A Public Document

<b>1. Agency Name</b> City of San Jose		Date Stamp 2014 MAR 28 P 12:17 SL	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Office of the City Attorney			
Designated Agency Contact (Name, Title) Timothy Birch, Legal Services Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>03/05/2013</u> (Month, Day, Year)	
Area Code/Phone Number 408/535-1931	E-mail tim.birch@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 143

Event Description Stars on Ice Date(s) 03 / 03 / 13  
Provide Title/Explanation

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

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


**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Office of the City Attorney	16	Employee Recognition
<b>B. Name of Individual (Last, First)</b>		
		Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Deignan, Patricia	1	Employee Recognition
Brennen, Richard	1	Employee Recognition
<b>C. Name of Outside Organization (include address and description)</b>		
		Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Timothy Birch	Legal Services Administrator	03/05/2013
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: The Office of the City Attorney received 16 tickets, but only three of the recipients are designated employees.

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

Agency Name

City of San Jose

**3. Recipients**

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

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