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

### 1. Agency Name

City of San Jose

### Division, Department, or Region (if applicable)

Council District 1

### Designated Agency Contact (Name, Title)

Chappie Jones, Councilmember

### Area Code/Phone Number

(408) 535-4901

### E-mail

district1@sanjoseca.gov

### Amendment (Must Provide Explanation in Part 3.)

☐ Amendment

### Date of Original Filing:

5/3/18

### California Form 802

A Public Document

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### 2. Function or Event Information

Does the agency have a ticket policy? Yes □ No ☒

Event Description: Sharks vs. Knights

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

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

---

### 3. Recipients

- **A.** Name of Agency, Department or Unit
  - Number of Ticket(s)/Passes
  - Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- **B.** Name of Individual (Last, First)
  - Number of Ticket(s)/Passes
  - Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Robledo</td>
<td>4</td>
<td>Constituent who has provided invaluable service in volunteer time to his community</td>
</tr>
</tbody>
</table>

- **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

<table>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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</table>

---

### 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.

Chappie Jones, Councilmember, District 1

5/3/18

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Chappie Jones, Councilmember

Area Code/Phone Number E-mail
(408) 535-4901 district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No □
Event Description Sharks Vs. Blue Jackets
Face Value of Each Ticket/Pass $
Date(s) 03 / 04 / 18
Ticket(s)/Pass(es) provided by agency? Yes [X] No □
Was ticket distribution made at the behest of agency official? No □ Yes [X]

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
--- | --- | ---
Project Hope | 8 | Team of city staff members who support the CWNA neighborhood in community engagement and activation

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
--- | --- | ---
Ceremonial Role □ Other □ Income □

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
--- | --- | ---
Cadillac Winchester Neighborhood Association (CWNA) | 16 | Tickets provided for the CWNA’s efforts to activate their neighborhood through community engagement

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942.1 and have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Chappie Jones Councilmember, District 1 03/02/18

Comment:
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: City of San Jose

Division, Department, or Region (if applicable): Council District 1

Designated Agency Contact (Name, Title): Chappie Jones, Councilmember

Area Code/Phone Number: (408) 535-4901

E-mail: district1@sanjoseca.gov

Event Description: Enrique Iglesias & Pitbull Concert

Date(s): 06 / 09 / 17

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

Was ticket distribution at the behest of agency official?: Yes ☑️ No □

Name of Outside Organization: Williamsburg/Cadillac Neighborhood Association

Number of Tickets/Passes: 13

Describe the public purpose made pursuant to the agency’s policy:

Verification:

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

Signature of Agency Head or Designee: [Signature]

Print Name: Chappie Jones

Councilmember, District 1

6/13/17 (month, day, year)

Comment: 

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
City of San Jose

Division, Department, or Region (if applicable)
Council District 1

Designated Agency Contact (Name, Title)
Chappie Jones, Councilmember

Area Code/Phone Number
408-535-4901
E-mail
district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 50

Event Description: Barracuda Game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:

Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Jones, Chappie
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.

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<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Ed Community Relations Director</td>
<td>1</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Host of recognition event</td>
</tr>
</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<tbody>
<tr>
<td>Cadillac &amp; Lynhaven RPP Block Captains</td>
<td>23</td>
<td>Recognize volunteers for their hard work in assisting their neighbors and getting the word out about a Pilot RPP</td>
</tr>
</tbody>
</table>

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.

Chappie Jones
Councilmember, District 1

Comment: 
Case Closed - Fraud Investigation - Fraudulent Police Report

1. Agency Name
   City of San Jose

2. Function or Event Information
   Event Description: Sharks Vs. Carolina Hurricanes
   Ticket(s)/Pass(es) provided by agency? Yes ☑
   Was ticket distribution made at the behest of agency official? Yes ☑
   Face Value of Each Ticket/Pass $ ___________________
   Date(s) 12/10/16
   If yes: Jones, Chappie
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
      _____________________

   B. Name of Individual
      Number of Ticket(s)/Pass(es) Identify one of the following:
      _____________________
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
      _____________________
      Disability Awareness Day Planning Committee Members 8 Recognize the planning committee members for their hard work in planning the Annual Disability Awareness Day Event.

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.
   Chappie Jones Councilmember, District 1 12/14/16
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____________________

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

1. Agency Name
   City of San Jose

   Division, Department, or Region (if Applicable)
   Council District 1

   Designated Agency Contact (Name, Title)
   Chappie Jones, Councilmember

   Area Code/Phone Number
   (408) 535-4901

   E-mail
   district1@sanjoseca.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description: Holiday Triple Ho Show
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   Face Value of Each Ticket/Pass $149.50
   Date(s): 12/03/16

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
      Chelsey Seagraves, Public Relations & Policy Advisor
      1
      Host of Recognition Event.

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Disability Awareness Day Volunteers
      15
      To recognize the volunteers who volunteered at this annual event to help raise awareness about various disabilities.

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
   Chappie Jones

   Print Name
   Councilmember, District 1

   Title
   Date
   12/14/16

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 1. Agency Name
City of San Jose

**Division, Department, or Region (If Applicable)**
Council District 1

**Designated Agency Contact (Name, Title)**
Chappie Jones, Councilmember

**Area Code/Phone Number**
(408) 535-4901

**E-mail**
district1@sanjoseca.gov

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description** Kanye West - Saint Pablo Tour
- **Face Value of Each Ticket/Pass** $146.50
- **Date(s)** 11/17/16

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

- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

**Official's Name (Last, First)**
Jones, Chappie

### 3. Recipients

**A. Name of Agency, Department or Unit**
- Jerad Ferguson, Chief of Staff, Office of CM Jones
  - **Number of Ticket(s)/Pass(es)** 1
  - **Describe the public purpose made pursuant to the agency's policy**
    - Host of recognition event.

- Christina Pressman, Policy and Legislative Director, Office of CM Jones
  - **Number of Ticket(s)/Pass(es)** 1
  - **Describe the public purpose made pursuant to the agency's policy**
    - Host of recognition event

**B. Name of Individual (Last, First)**

- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐ Income ☐

  **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**
Chappie Jones  Councilmember, District 1  11/29/16

**Comment:**

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
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.

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<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Do, Department of Transportation</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
</tr>
<tr>
<td>Doug Moody, Department of Transportation</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
</tr>
<tr>
<td>Jessica Zenk, Department of Transportation</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
</tr>
<tr>
<td>Zahir Gulzadah, Department of Transportation</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<th>C. Name of Outside Organization</th>
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### 3. Recipients

* Use Section A to identify the agency's department or unit.  
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<tbody>
<tr>
<td>Karen Huynk, Planning Department</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
</tr>
<tr>
<td>Lesley Xavier, Planning Department</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
</tr>
<tr>
<td>Martina Davis, Planning Department</td>
<td>2</td>
<td>Recognition event for planning department and department of transportation for help with community meetings &amp; workshops.</td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐  Other ☐  Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
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1. Agency Name
City of San Jose

Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Chappie Jones, Councilmember

Area Code/Phone Number E-mail
(408) 535-4901 district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐

Event Description
Ringling Bros & Barnum Bailey Circus

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

Was ticket distribution made at the behest of agency official?

Face Value of Each Ticket/Pass $ n/a

Date(s) 08 / 27 / 16 /

If no: ____________________________

Name of Source

If yes: Chappie Jones, Councilmember

Official's Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description)
Number of Ticket(s)/Pass(es)

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

Great American Litter Pick Up Volunteers 16

To recognize the volunteers from our Litter Pick Up Event. We picked up tons of trash in D1 with all of their help.

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.

Chappie Jones Councilmember, District 1 09/07/16

Print Name (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San Jose

Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Chappie Jones, Councilmember

Area Code/Phone Number E-mail
(408) 535-4901 district1@sanjoseca.gov

Date Stamp
2016 AUG -3 PM

San Jose City Clerk

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 08/03/16

2. Function or Event Information

Does the agency have a ticket policy? Yes □ No □

Event Description
U.S. Olympic Team Trials Gymnastics

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

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

Face Value of Each Ticket/Pass $ 275.00

Date(s) 07 / 08 / 16 07 / 10 / 16

Name of Source

Official's Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role □ Other □ Income □

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

C. Name of Outside Organization (include address and description)

Number of Ticket(s)/Pass(es)

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

Winchester and Stevens Creek Advisory Group Members & D1 Volunteers 8

Recognize the hard working members of this group for their commitment, dedication and input regarding D1 and other areas.

4. Verification

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

Chappie Jones, Councilmember, District 1 08/03/16

Comment:
## Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**  
City of San Jose

**Division, Department, or Region (If Applicable)**  
Council District 1

**Designated Agency Contact (Name, Title)**  
Chappie Jones, Councilmember

**Area Code/Phone Number**  
(408) 535-4901

**E-mail**  
district1@sanjoseca.gov

### 2. Function or Event Information

- **Does the agency have a ticket policy?**  
  Yes ☑ No ☐

- **Event Description**  
  Sharks Playoffs- Round 2 Game E.

- **Face Value of Each Ticket/Pass** $ n/a

- **Date(s)**  
  04/29/16

- **Ticket(s)/Pass(es) provided by agency?**  
  Yes ☑ No ☐

- **Was ticket distribution made at the behest of agency official?**  
  Yes ☑ No ☐

### 3. Recipients

- **A. Name of Agency, Department or Unit**

- **Number of Ticket(s)/Pass(es)**

- **Describe the public purpose made pursuant to the agency’s policy**

- **B. Name of Individual (Last, First)**

- **Number of Ticket(s)/Pass(es)**

- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐ Income ☐
  - Ceremonial Role ☐ Other ☐ Income ☐

- **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**

  - Catholic Charities & Mayor’s Gang Prevention Task Force Outreach Team.  
    - 24  
    - To recognize the hard working members of this group who have assisted city departments w/ gang suppression, intervention, etc.

### 4. Verification

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date of Original Filing**  
05/25/16

**Comment:**

---

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

**1. Agency Name**
City of San Jose

**Division, Department, or Region (If Applicable)**
Council District 1

**Designated Agency Contact (Name, Title)**
Chappie Jones, Councilmember

**Area Code/Phone Number**
(408) 535-4901

**E-mail**
district1@sanjoseca.gov

---

**2. Function or Event Information**

*Does the agency have a ticket policy?*
Yes [X] No [ ]

**Event Description**
Sharks vs. Stars

**Face Value of Each Ticket/Pass** $188.00

**Date(s)**
03/26/16

**Ticket(s)/Pass(es) provided by agency?**
Yes [X] No [ ]

**Was ticket distribution made at the behest of agency official?**
No [ ] Yes [X]

**Name of Source**
Jones, Chappie

**Official's Name (Last, First)**

---

**3. Recipients**

* Use Section A to identify the agency's department or unit.  
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosemary Elementary School Parent Project Volunteers</td>
<td>8</td>
<td>To recognize the volunteers who have participated in this highly effective program that focuses on adolescent behaviors.</td>
</tr>
</tbody>
</table>

---

**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**

**Chappie Jones**
Councilmember, District 1

**Date**
05/25/16

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

1. Agency Name
City of San Jose

Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Chappie Jones, Councilmember

Area Code/Phone Number E-mail
(408) 535-4901 district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑

Event Description
Rock This Country: Shania Twain

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

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

Face Value of Each Ticket/Pass $151.00
Date(s) 08 / 17 / 15

3. Recipients

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Winchester Neighborhood Action Coalition Members 15 To recognize the members for being so involved in community and helping the group grow over the past few months.

Ticket not used.

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.

Chappie Jones Councilmember, District 1 08/27/18

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

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

1. Agency Name
City of San Jose

Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Chappie Jones, Councilmember

Area Code/Phone Number  E-mail
(408) 535-4901 district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐

Event Description
Marvel Universe Live!

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

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

Face Value of Each Ticket/Pass: $152.00

Date(s) 03 / 21 / 15

Name of Source
Jones, Chappie

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:

Ed Brooks, Community Relations Director

Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Host of recognition event.

Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

PASSION Program Volunteers 15

To recognize the members who helped kick off this pilot project. We want to recognize their dedication to keeping kids safe in SJ.

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
Chappie Jones Councilmember, District 1

Print Name  Title

04/16/15 (Month, Day, Year)

Comment:
# Agency Report of:

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

**1. Agency Name**
City of San Jose

**Division, Department, or Region (If Applicable)**
Council District 1

**Designated Agency Contact (Name, Title)**
Chappie Jones, Councilmember

**Area Code/Phone Number**
(408) 535-4901

**E-mail**
district1@sanjoseca.gov

**Date of Original Filing:** 04/16/15

---

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☑️ No ☐

**Event Description**
Trey Songz Concert

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

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

**Face Value of Each Ticket/Pass $** 125.75

**Date(s)** 03/06/15

**Name of Source**
Jones, Chappie

**Official's Name (Last, First)**

---

**3. Recipients**

- **A. Name of Agency, Department or Unit**
  - Number of Ticket(s)/Pass(es)
  - Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **B. Name of Individual (Last, First)**
  - Number of Ticket(s)/Pass(es)
  - Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑️ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Awareness Day Volunteers (Group from SJSU)</td>
<td>16</td>
<td>Recognize volunteers for their hard work at our event and to encourage them to stay connect and volunteer at future events.</td>
</tr>
</tbody>
</table>

**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.

Chappie Jones, Councilmember, District 1

Signature of Agency Head or Designee: ___________________________

Print Name: ___________________________

Title: ___________________________

Date of Original Filing: 04/16/15

Comment: ___________________________

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**  

1. **Agency Name**  
   City of San Jose  
   
   **Council District 1**  
   
   **Councilmember**  
   Pete Constant, Councilmember  
   
   **Designated Agency Contact (Name, Title)**  
   Pete Constant, Councilmember  
   
   **Area Code/Phone Number**  
   (408) 535-4901  
   
   **E-mail**  
   district1@sanjoseca.gov  

2. **Function or Event Information**  
   
   **Does the agency have a ticket policy?**  
   Yes ☑ No ☐  
   
   **Event Description**  
   Walking with Dinosaurs  
   
   **Ticket(s)/Pass(es) provided by agency?**  
   Yes ☑ No ☐  
   
   **Was ticket distribution made at the behest of agency official?**  
   No ☐ Yes ☑  
   
   **Face Value of Each Ticket/Pass $**  
   73.00  
   
   **Date(s)**  
   12/27/14  

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.**  

   **Section A**  
   
   **Name of Agency, Department or Unit**  
   
   **Number of Ticket(s)/Pass(es)**  
   
   **Describe the public purpose made pursuant to the agency's policy**  
   
   **Section B**  
   
   **Name of Individual**  
   (Last, First)  
   
   **Number of Ticket(s)/Pass(es)**  
   
   **Identify one of the following:**  
   
   **Ceremonial Role** ☑ **Other** ☐ **Income** ☐  
   
   **If checking "Ceremonial Role" or "Other" describe below:**  
   
   **Section 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**  
   
   Starbird Youth Center  
   16  
   To recognize the staff for all of their hard work at the center, and all of the youth who attend the center to stay out of trouble.  

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**  
   Pete Constant  
   
   **Councilmember, District 1**  
   Pete Constant  
   
   **Date**  
   12/22/14  
   
   **Comment:**  
   
   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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Pete Constant, Councilmember
Area Code/Phone Number
E-mail
district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description
Sharks v. Calgary Flames
Face Value of Each Ticket/Pass $ 206.00
Date(s) 11/26/14
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☑
Name of Source
Constant, Pete

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
n/a

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Members of the D1 Candidate Forum Debates 24 To recognize the volunteers who planned the D1 Candidate and D1 Mayor Forum that was a citywide event.

4. Verification
I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Print Name
Title
Date

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Council District 1

Designated Agency Contact (Name, Title)
Pete Constant, Councilmember

Area Code/Phone Number E-mail
(408) 535-4901 district1@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Brantley Gilbert
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 35.00
Date(s) 11/21/14

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)
Council District 1 1 Host of the recognition event.

B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Seagraves, Chelsey 1 D1 Staff hosting the event/also member of the planning committee.

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
   Members of the Disability Awareness Day Planning Committee 15 To recognize the planning committee for their work in planning for the Disability Awareness Day event on 10/10/14 at City Hall.

4. Verification
I have read and understand FPPC regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Pete Constant
Print Name
Title Councilmember, District 1
(Month, Day, Year) 12/17/14

Comment:
<table>
<thead>
<tr>
<th>Initial</th>
<th>Last Name</th>
<th>First Name</th>
<th>Organization</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleman</td>
<td>Cynthia</td>
<td></td>
<td>Santa Clara County Office of Education</td>
<td>740 Jackson Street</td>
<td>San José, CA 95112</td>
<td>408-453-6556</td>
<td><a href="mailto:Cynthia_Alemant@sccoe.org">Cynthia_Alemant@sccoe.org</a></td>
</tr>
<tr>
<td>Best</td>
<td>Liz</td>
<td></td>
<td>City of San José, All Access Sports and Recreation</td>
<td>2039 Kammerer Ave</td>
<td>San José, CA 95116</td>
<td>408-794-1065</td>
<td><a href="mailto:Liz.Best@sjncoseca.gov">Liz.Best@sjncoseca.gov</a></td>
</tr>
<tr>
<td>Bryant</td>
<td>Rashida</td>
<td></td>
<td>Department of Rehabilitation</td>
<td>100 Paseo de San Antonio, Ste 324</td>
<td>San José, CA 95113</td>
<td>408-277-1377</td>
<td><a href="mailto:Rashida.Bryant@dor.ca.gov">Rashida.Bryant@dor.ca.gov</a></td>
</tr>
<tr>
<td>Choi</td>
<td>Janny</td>
<td></td>
<td>Jody Wilfong Music Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homer</td>
<td>Nick</td>
<td></td>
<td>Miceli Financial Partners</td>
<td>101 Metro Dr. Ste. 550</td>
<td>San José, CA 95110</td>
<td>408-487-1544</td>
<td><a href="mailto:whomer@finsvcs.com">whomer@finsvcs.com</a></td>
</tr>
<tr>
<td>Hepp</td>
<td>Donna</td>
<td></td>
<td>City of San José</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irvin</td>
<td>Mel</td>
<td></td>
<td>Melvin E. Irvin Disability Representative, Inc.</td>
<td>1101 S. Winchester Blvd., A105</td>
<td>San José, CA 95128</td>
<td>408-247-7538</td>
<td><a href="mailto:mel@melirvin.com">mel@melirvin.com</a></td>
</tr>
<tr>
<td>Moore</td>
<td>Pamela</td>
<td></td>
<td>Department of Rehabilitation</td>
<td>100 Paseo de San Antonio, Ste 32</td>
<td>San José, CA 95113</td>
<td>(408) 277-9626</td>
<td><a href="mailto:PJ.Moore@dor.ca.gov">PJ.Moore@dor.ca.gov</a></td>
</tr>
<tr>
<td>Navarra</td>
<td>Ray</td>
<td></td>
<td>HOPE Services</td>
<td>3080 Alfred Street</td>
<td>San José, CA 95054</td>
<td>(408) 859-2139</td>
<td><a href="mailto:ynavarra@hopeservices.org">ynavarra@hopeservices.org</a></td>
</tr>
<tr>
<td>Pacolba</td>
<td>Dominque</td>
<td></td>
<td>City of San José, All Access Sports and Recreation</td>
<td>6445 Camden Ave</td>
<td>San José, CA 95120</td>
<td>408-268-1567</td>
<td><a href="mailto:dominique.pacoiba@sjncoseca.gov">dominique.pacoiba@sjncoseca.gov</a></td>
</tr>
<tr>
<td>Reynolds</td>
<td>Debbie</td>
<td></td>
<td>City of San José, Grace Community Center</td>
<td>484 E. San Fernando St</td>
<td>San José, CA 95112</td>
<td>408-293-0422 or 79</td>
<td><a href="mailto:debbie.reynolds@sjncoseca.gov">debbie.reynolds@sjncoseca.gov</a></td>
</tr>
<tr>
<td>Salazar</td>
<td>Torro</td>
<td>Otila</td>
<td>Disability Advisory Community Liaison</td>
<td>3167 Senter Road</td>
<td>San José, CA 95111</td>
<td>408-648-9097</td>
<td></td>
</tr>
<tr>
<td>Seagraves</td>
<td>Chelsey</td>
<td></td>
<td>Office of Councilmember Pete Constant</td>
<td>200 E. Santa Clara St, 18th floor</td>
<td>San José, CA 95113</td>
<td>408-535-4914</td>
<td><a href="mailto:chelsey.seagraves@sjncoseca.gov">chelsey.seagraves@sjncoseca.gov</a></td>
</tr>
<tr>
<td>Shields</td>
<td>Scott</td>
<td></td>
<td>Valley Medical Center</td>
<td>757 S. Bascom Ave</td>
<td>San José, CA 95128</td>
<td>408-885-4435</td>
<td><a href="mailto:scott.shields@hhs.sccgov.org">scott.shields@hhs.sccgov.org</a></td>
</tr>
<tr>
<td>Strasilla</td>
<td>Karen</td>
<td></td>
<td>Services for Brain Injury</td>
<td>60 Daggett Dr.</td>
<td>San José, CA 95134</td>
<td>408-715-2205</td>
<td><a href="mailto:kstrasilla@SBilcares.org">kstrasilla@SBilcares.org</a></td>
</tr>
<tr>
<td>Valenzuela</td>
<td>Francisco</td>
<td></td>
<td>San Andreas Regional Center</td>
<td>300 Orchard City Drive, Suite 170</td>
<td>Campbell, CA 95008</td>
<td>408-210-5963</td>
<td><a href="mailto:savalenz@sarc.org">savalenz@sarc.org</a></td>
</tr>
<tr>
<td>Vidt</td>
<td>Karl</td>
<td></td>
<td>Human Services Commission</td>
<td>251 N. 14th Street</td>
<td>San José, CA 95112</td>
<td>408-693-1495</td>
<td><a href="mailto:kvidt@yahoo.com">kvidt@yahoo.com</a></td>
</tr>
<tr>
<td>Wilfong</td>
<td>Jody</td>
<td></td>
<td>Jody Wilfong Music Therapy</td>
<td>7100 Rainbow Dr. #31</td>
<td>San José, CA 95129</td>
<td>408-599-8419</td>
<td><a href="mailto:jodymtbc@gmail.com">jodymtbc@gmail.com</a></td>
</tr>
<tr>
<td>Yarwasky</td>
<td>Lauri</td>
<td></td>
<td>City of San José, Therapeutic Services</td>
<td>3050 Berryessa Rd</td>
<td>San José, CA 95132</td>
<td>408-251-6392</td>
<td><a href="mailto:lauri.yarwasky@sjncoseca.gov">lauri.yarwasky@sjncoseca.gov</a></td>
</tr>
</tbody>
</table>
## Agency Name
City of San Jose

### Council District
Council District 1

### Designated Agency Contact
Pete Constant, Councilmember

### Area Code/Phone Number
(408) 535-4901

### E-mail
district1@sanjoseca.gov

## Function or Event Information

### Does the agency have a ticket policy?
Yes ☑  No ☐

### Event Description
Sharks vs. NY Islanders

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

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

### Face Value of Each Ticket/Pass
$153.00

### Date(s)
11/01/14

## Recipients

### A. Name of Agency, Department or Unit
n/a

### Number of Ticket(s)/Pass(es)
0

### Describe the public purpose made pursuant to the agency's policy
n/a

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
<th>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant, Pete</td>
<td>8</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization
Disability Awareness Day Planning Committee

### Number of Ticket(s)/Pass(es)
8

### Describe the public purpose made pursuant to the agency's policy
To recognize the most active planning committee members for their work with the Disability Awareness Day event on 10/10/14.

## Verification

I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Pete Constant

Print Name
Councilmember, District 1

Print Name
Title
12/17/14 (Month, Day, Year)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Council District 1
Designated Agency Contact (Name, Title)
Pete Constant, Councilmember

Area Code/Phone Number | E-mail
------------------------|------------------
(408) 535-4901          | district1@sanjoseca.gov

#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Armin van Buuren</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒ No ☐</td>
<td>Provide Title/Explanation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Date(s)</th>
<th>Face Value of Each Ticket/Pass $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ☒ No ☐</td>
<td>05/01/14</td>
<td>179.00</td>
</tr>
</tbody>
</table>

**Comment:** The original group we requested tickets for were not available so we had to recognize another group.

#### 3. Recipients

- **A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

- **B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerad Ferguson, Chief of Staff</td>
<td>1</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>Host of recognition event.</td>
</tr>
</tbody>
</table>

- **C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the Leadership San Jose Class- hosted by SJSV Chamber.</td>
<td>To recognize the members for their dedication to the program and their commitment to the San Jose community.</td>
</tr>
</tbody>
</table>

#### 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: Pete Constant, Councilmember, District 1
Date: 06/06/14

Comment: The original group we requested tickets for were not available so we had to recognize another group.
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
City of San Jose

2. **Function or Event Information**
- Does the agency have a ticket policy? Yes [X] No [ ]
- Event Description: *Nitro Circus Live*
- Face Value of Each Ticket/Pass $79.00
- Date(s) 01/22/14
- Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
- Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
- If yes: Name of Source: Constant, Pete
- Official's Name (Last, First): Constant, Pete

3. **Recipients**

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynhaven PTA</td>
<td>8</td>
<td>To recognize the members of the Lynhaven PTA for all of their volunteer work that benefits the children of Lynhaven Elementary.</td>
</tr>
</tbody>
</table>

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: 
Pete Constant
Councilmember, District 1
01/22/14

Comment: 

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

**1. Agency Name**
City of San Jose
Division, Department, or Region (If Applicable)
Council District 1
Designated Agency Contact (Name, Title)
Pete Constant, Councilmember
Area Code/Phone Number (408) 535-4901
E-mail district1@sanjoseca.gov

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Wild Jam Concert
Face Value of Each Ticket/Pass $ 97.50
Date(s) 12 / 15 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Name of Source
Name of Official (Last, First)
Constant, Pete

**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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council District 1</td>
<td>1</td>
<td>Host of the recognition event.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1 interns</td>
<td>10</td>
<td>To recognize our interns for all of their hardwork in the District 1 office.</td>
</tr>
<tr>
<td>Unused tickets</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**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 Pete Constant Councilmember, District 1 01/21/14

Comment:
**1. Agency Name**  
City of San Jose  
Division, Department, or Region (if applicable): 
Council District 1  
Street Address:  
200 E. Santa Clara Street, Tower 18th Floor  
Area Code/Phone Number:  
(408) 535-4901  
E-mail:  
district1@sanjoseca.gov  
Agency Contact (name and title):  
Chelsey Seagraves, Community Relations Coordinator

**2. Event For Which Tickets Were Distributed**  
Date(s) of Event: 07/07/13  
Description of Event: The Package Tour: NKOTB, 98 Degrees & Boyz II Men  
Face Value of Ticket: $92.50  
Agency Event: Yes  
Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority  
Number of Tickets Received: 16  
Ticket(s) Provided to Agency: Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**  
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seagraves, Chelsey</td>
<td>1</td>
<td>Host of Community Recognition Event</td>
</tr>
<tr>
<td>--unused tickets--</td>
<td>3</td>
<td>****</td>
</tr>
</tbody>
</table>

**4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**  
Name of Behesting Agency Official:  
Name of Individual or Organization: 8th Annual West Valley Senior Walk volunteers  
Number of Tickets: 12  
Description of Organization: Student volunteers from the 8th Annual West Valley Senior Walk event held on 04/05/13.  
Address of Organization: n/a  
Purpose for Distribution: To recognize our volunteers for their contribution to our successful event.

**5. Verification**  
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
Signature of Agency Head or Designee:  
Pete Constant  
Councilmember  
07/12/13  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

1. **Agency Name**
   - City of San Jose
   - Division, Department, or Region (if applicable): Council District 1
   - Street Address: 200 E. Santa Clara Street, Tower 18th Floor
   - Area Code/Phone Number: (408) 535-4901
   - E-mail: district1@sanjoseca.gov
   - Agency Contact (name and title): Rhovy Antonio, Chief of Staff

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 02/24/13
   - Description of Event: Disney on Ice: Dare to Dream
   - Face Value of Ticket: $80.00
   - Agency Event: □ Yes  □ No (Identify source of tickets below.)
     - Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority
     - Number of Tickets Received: 16
     - Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)**
   - Name of Official (Last, First): Antonio, Rhovylynn
   - Number of Tickets: 2
   - State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:
     - Host of Community Recognition Event

4. **Individual or Organization Receiving Ticket(s)**
   - Name of Behesting Agency Official: 
   - Name of Individual or Organization: Walk n' Roll Program at Meyerholz Elementary
   - Number of Tickets: 14
   - Description of Organization: Students, parents, faculty, & community volunteers raising awareness of pedestrian safety.
   - Address of Organization: 6990 Melvin Drive, San Jose, CA 95129
   - Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Pete Constant
   - Title: Councilmember
   - Date: 03/04/13
   - Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## Tickets Provided by Agency Report

**A Public Document**

### 1. Agency Name

City of San Jose

Division, Department, or Region (If applicable)

Council District 1

Street Address

200 E. Santa Clara Street, Tower 18th Floor

Area Code/Phone Number

(408) 535-4901

E-mail
district1@sanjoseca.gov

Agency Contact (name and title)

Rhovy Antonio, Chief of Staff

**Date of Original Filing:**

(5/05/13)

**Date of Original Filing:**

(5/05/13)

**Face Value of Ticket:** $130.00

**Agency Event:**

☐ Yes

☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:

San Jose Arena Authority

Number of Tickets Received:

8

Ticket(s) Provided to Agency:

☐ Gratuitously

☒ Pursuant to Contract

### 3. Agency Official(s) Receiving Ticket(s) *(use a continuation sheet for additional names)*

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s) *(Provided at the behest of an agency official)*

Name of Behesting Agency Official:

Community United @ Starbird Teen Center

Number of Tickets: 8

Description of Organization:

Non-profit organization serving at-risk youth members

Address of Organization:

1050 Boynton Avenue

San Jose, CA 95117

### 5. Verification

*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*

Pete Constant

Councilmember

03/04/13

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