

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

A Public Document

| | | | |
|---|-----------------------------------|--|---|
| 1. Agency Name City of San Jose | | Date Stamp RECEIVED San Jose City Clerk <i>OTC VM</i> 2018 APR 19 PM 2:06 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) Council District 6 | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>April 19, 2018</u> <small>(month, day, year)</small> | |
| Designated Agency Contact (Name, Title) Dev Davis, Councilmember | | | |
| Area Code/Phone Number 408-535-4906 | E-mail district6@sanjoseca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 170

Event Description: San Jose Sharks Game Date(s) 04 / 18 / 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: Davis, Dev
Official's Name (Last, First)

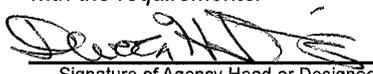
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 |
| D6 Leadership Group | 8 | Recognizing the D6 Leadership Group for their involvement in the community to support all neighborhood in District 6. |

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 | Dev Davis Print Name | Councilmember Title | April 19, 2018 <small>(month, day, year)</small> |
|--|-------------------------|------------------------|---|

Comment: _____

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

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↑ RM

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Council District 6

Designated Agency Contact (Name, Title)

Dev Davis, Councilmember

Area Code/Phone Number

408-535-4906

E-mail

district6@sanjoseca.gov

Date Stamp
2018 FEB 16 PM 1:48

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 02/16/2018
(month, day, year)

2. Function or Event Information

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

Event Description: San Jose Sharks Game Date(s) 02 / 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: Davis, Dev
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 |
|---|-----------------------------|---|
| SJPD BFO Patrol | 17 | Recognizing the SJPD BFO Patrol officers who made over 350 arrests within prostitution operations and continuing to keep our communities safe. |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Navarro, Jennifer Executive Assistant | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Host of recognition event |
| Garavaglia, Christina Council Assistant | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Host of recognition event |
| 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

Dev Davis
Print Name

Councilmember
Title

02/16/18
(month, day, year)

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)

Council District 6

Designated Agency Contact (Name, Title)

Dev Davis, Councilmember

Area Code/Phone Number

408-535-4906

E-mail

district6@sanjoseca.gov

San Jose City Clerk

Date Stamp

2018 JAN 24 PM 1:12

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 01/24/18
(month, day, year)

2. Function or Event Information

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

Event Description: San Jose Sharks Game Date(s) 01 / 25 / 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: Davis, Dev
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: |
| Groen, Mary Anne Chief of Staff | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Host of recognition event |
| Izquierdo, Nohely Council Assistant | 2 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Host of recognition event |
| 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 |
| SJPD Homicide and Crime Scene Units | 20 | Recognizing the SJPD officers for their diligent work in apprehending the suspect who shot the Oakland Firefighter. The SJPD Homicide and Crime Scene Units arrested the suspect the same night the incident occurred. |

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

Dev Davis
Print Name

Councilmember
Title

01/24/18
(month, day, year)

Comment: _____

**Agency Report of:
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| | | |
|---|---|---|
| 1. Agency Name <u>City of San Jose</u> Division, Department, or Region (if applicable) | RECEIVED Date Stamp San Jose City Clerk JFW OTC 2017 MAY 16 PM 2:47 | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) <u>Mary Anne Green</u> | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number E-mail <u>(408) 535-4952</u> <u>maryanne.green@sanjoseca.gov</u> | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$73, \$83

Event Description: Gabriel Iglesias Date(s) 05/13/17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Davis, Devora
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 |
|---|-----------------------------|--|
| <u>Council District 6</u> | <u>11</u> | <u>Host Participants</u> |
| <u>San Jose Police Department Intelligence and K-9 Units</u> | <u>13</u> | <u>Recognition of service</u> |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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.

Mary Anne Green Mary Anne Green Chief of Staff 05/16/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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| | | | |
|---|---|--|---|
| 1. Agency Name Office of Council member Dev Davis Division, Department, or Region (if applicable) District 10 | | San Jose City Clerk Date Stamp Alw OTC 2017 APR -5 AM 11:41 | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) Christina Mauro | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| Area Code/Phone Number 408 535 4957 | E-mail Christina.mauro@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 \$ \$222 & \$86

Event Description: SJS Sharks vs Capitals Date(s) 3/9/17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Jose Arena Authority
Name of Source

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

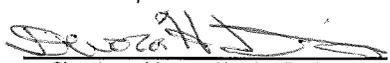
3. Recipients

• 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: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| | | |
| 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 |
| <u>Willow Glen Library + IT Staff</u> | <u>24</u> | <u>Recognition</u> |
| | | |

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.

 Dev Davis Council member 4/5/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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|---|----------------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| City of San Jose | | 2013 FEB 12 AM 9 | |
| Division, Department, or Region (If Applicable) | | | |
| City Council District 6, City of San Jose | | | |
| Designated Agency Contact (Name, Title) | | | |
| Pierluigi Oliverio, Councilmember | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| (408) 535-4906 | pierluigi.oliverio@sanjoseca.gov | Date of Original Filing: 2/8/2013 (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 119.00

Event Description SAP Open Tennis Date(s) 02 / 15 / 13 02 / 17 / 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: Oliverio, Pierluigi
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: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 |
| Willow Glen Community Center Tennis Club | 20 | The group promotes healthy and social living for seniors and have dedicated a lot of time on volunteer hours for the the club. |

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.

Pierluigi Oliverio Councilmember 2/9/2013
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)