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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Khanh Russo, Sr. Policy Advisor

Area Code/Phone Number	E-mail
408.535.4800	theofficeofmayorsamliccardo@sanjoseca.gov

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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)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 295.00

Event Description: Paul McCartney Concert *Provide Title/ Explanation*

Date(s) 7 / 10 / 19 ___/___/___

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:
Please see attached list.		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* San Jose Promise Donor + Partner Recognition
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

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	Print Name	Title	(month, day, year)
[signature]	Rhonda Hadnot	COO - Mayor's Office	7/15/19

Comment: _____

Date	Event	Name	Company	No. of tickets
7.10.19	Paul McCartney Concert	Sam Liccardo (wife, Garcia-Kohl, Jessica)	City of San Jose	2
7.10.19	Paul McCartney Concert	Khanh Russo	City of San Jose	2
7.10.19	Paul McCartney Concert	Steve Milligan	Western Digital	2
7.10.19	Paul McCartney Concert	Andy Ball	Rad Urban	2
7.10.19	Paul McCartney Concert	Gina Dalma	Silicon Valley Community Foundation	2
7.10.19	Paul McCartney Concert	Kr Sridhar	Bloom Energy	3

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

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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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)* Khanh Russo Policy Analyst

Area Code/Phone Number 408-535-4826

E-mail Khanh.Russo@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 476.00 and 252.00

Event Description: Sharks vs. Blues *(Provide Title/ Explanation)*

Date(s) 5/19/19 ___/___/___

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:
Sam Liccardo	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Recognition
Tak Odama	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Security

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
San Jose Promise	22	Recognition

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	Print Name	Title	*(month, day, year)*
KRusso	Khanh Russo	Policy Analyst	5/15/19

Comment: _____

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

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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 08/27/2018 *(month, day, year)*

1. Agency Name

City of San Jose

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

Mayor's Office

Designated Agency Contact *(Name, Title)*

Christopher Ratana - Policy Analyst

Area Code/Phone Number	E-mail
408-535-4829	christopher.ratana@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ $102.00

Event Description: Monster Jam - *Provide Title/ Explanation* Date(s) 09 / 01 / 18 ___/___/___

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: Ratana, Christopher *Official's Name (Last, First)*

3. Recipients

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

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

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

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Trash Punx - TheTrashPunx@gmail.com http://www.thetrashpunx.org/	24	Thank you to volunteers for hundreds of hours of volunteer service picking up trash and blight from our City.

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	Print Name	Title	*(month, day, year)*
	Dylan Simon	Deputy Chief of Staff	8/27/18

Comment: _____

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

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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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)* Khanh Russo, Sr. Policy Advisor

Area Code/Phone Number 408.535.4800

E-mail The Office of Mayor Liccardo@sanjoseca.gov

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☐ **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 $ 329.00

Event Description: U2 Concert *Provide Title/ Explanation* Date(s) 5/8/18 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Sports 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:
Please see attached list		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* San Jose Works Donor + Partner Recognition
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

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	Print Name	Title	*(month, day, year)*
	Jim Reed	Mayor's Chief of Staff	5/9/18

Comment: _____

Event	Date	Name of Individual (*Last, First*)	# of Tickets
U2 concert	5/8/2018	Liccardo, Sam (wife, Garcia-Kohl, Jessica)	2
U2 concert	5/8/2018	Trujillo, Ted (Mayor's security detail)	1
U2 concert	5/8/2018	Russo, Khanh Mayor's Sr. Policy Aide)	1
U2 concert	5/8/2018	Holguin, Ingrid (Mayor's Policy Advisor)	1
U2 concert	5/8/2018	Rademann, Jeff (Wells Fargo)	2
U2 concert	5/8/2018	Gonzalez, Raquel (Bank of America)	1
U2 concert	5/8/2018	Mahood, Matt (The Silicon Valley Organization)	1
U2 concert	5/8/2018	Cat Uong (The Silicon Valley Organization)	1
U2 concert	5/8/2018	Dalma, Gina (Silicon Valley Community Foundation)	1
U2 concert	5/8/2018	Melchor, Monique (+guest, Work2Future)	2
U2 concert	5/8/2018	Krell, Rebeka (City of San Francisco)	1

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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*
Shelley Opsal - Secretary to Mayor

Area Code/Phone Number
408 535-3899

E-mail
Shelley.Opsal@sanjoseca.gov

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☐ **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 $ $63.00

Event Description: US Figure Skating *Provide Title/ Explanation*

Date(s) 1/3/18 ___/___/___

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

If no: S.J. Sports 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:
Mayor Sam Liccardo Ted Trujillo (security) Jessica Garcia-Kohl (wife)	3	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Mayor to Speak - Welcome
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

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	Print Name	Title	*(month, day, year)*
	Sam Liccardo	Mayor	1/3/18

Comment: _____

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

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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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon, Deputy CoS

Area Code/Phone Number (408) 535-4825

E-mail dylan.simon@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 225 & 86

Event Description: Sharks v. Sabres
Provide Title/ Explanation

Date(s) 10/12/2017 ___/___/___

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
Christmas in the Park	24	Recognition

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	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)/ 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	Print Name	Title	*(month, day, year)*
[signature]	Sam Liccardo	Mayor	

Comment: _____

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

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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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*
Dylan Simon, Deputy CoS

Area Code/Phone Number (408) 535-4825
E-mail dylan.simon@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☒ Face Value of Each Ticket/Pass $ 225 ~~$486~~

Event Description: Sharks vs. Flyers *Provide Title/ Explanation* Date(s) 10/4/2017 ___/___/___

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
San Jose Conservation Corps	24	Recognition

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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)/ 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	Print Name	Title	*(month, day, year)*
	Sam Liccardo	Mayor	

Comment: _____

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

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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

1. Agency Name

Office of Mayor Sam Liccardo

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

Designated Agency Contact *(Name, Title)*

Dylan Simon - Deputy Chief of Staff

Area Code/Phone Number: (408) 535-4825

E-mail: dylan.simon@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 115 & 50

Event Description: Marvel Universe Live
Provide Title/ Explanation

Date(s) 8/19/2017 ___/___/___

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
McKinley Neighborhood Assn	24	Recognition

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	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)/ 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	Print Name	Title	*(month, day, year)*
[signature]	Dylan Simon	Deputy Chief of Staff	

Comment: _____

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

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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

1. Agency Name

City of San José

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

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon, Policy Analyst

Area Code/Phone Number: 408 535 4900

E-mail: dylan.simon@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: Disney on Ice *Provide Title/ Explanation*

Date(s) ___/___/___ ___/___/___

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
Red Cross (for Flood Victims)	38	Recognition

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	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)/ 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	Print Name	Title	*(month, day, year)*
	Sam Liccardo	Mayor	2/26/2017

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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon

Area Code/Phone Number	E-mail
408-535-4800	dylan.simon@sanjoseca.gov

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☐ **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 $ $222, $86

Event Description: SHARKS VS. KINGS *Provide Title/ Explanation* Date(s) 10 / 12 / 16 ___/___/___

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
San Jose Support Services for Veteran Families (SSVF) Agencies	24	Recognition

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	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)/ 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	Print Name	Title	*(month, day, year)*
	Sam Liccardo	Mayor	10-12-16

Comment: _____

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

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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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

1. Agency Name

City of San José

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

Office of Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Dylan Simon, Policy Analyst

Area Code/Phone Number: 408 535 4825

E-mail: dylan.simon@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 57 and $130

Event Description: Ringling Bros. Circus *(Provide Title/ Explanation)*

Date(s) 8/27/16 ___/___/___

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
McKinley Bonita Neighborhood Assn.	24	Recognition of service

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

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

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 _____ Print Name _____ Title _____ *(month, day, year)* _____

Comment: _____

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

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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 MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*

DYLAN SIMON, POLICY ANALYST

Area Code/Phone Number 408 535-4825

E-mail dylan.simon@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 667 and 324

Event Description: SHARKS STANLEY CUP GAME 4 *Provide Title/ Explanation*

Date(s) 6 / 6 / 16 ___/___/___

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:
LICCARDO, SAM	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Recognition
SANCHEZ, BRANDON	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Security

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
DESTINATION: HOME	22	Recognition

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	Print Name	Title	*(month, day, year)*
	SAM LICCARDO	MAYOR	6/6/16

Comment: _____

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

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2016 MAY -5 PM 3:00

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1. Agency Name
CITY OF SAN JOSE

Division, Department, or Region *(if applicable)*
OFFICE OF MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*
Dylan Simon, Policy Analyst

Area Code/Phone Number (408) 535-4800

E-mail dylan.simon@sanjoseca.gov

Date Stamp
SP OTC

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☐ **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 $ 148.00

Event Description: Stars on Ice
Provide Title/ Explanation

Date(s) 05 / 08 / 2016 ___ / ___ / ___

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

If no: SJ 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 ☐ Other ☐ Income ☐ *if checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
American Cancer Society	24	Recognition

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	Print Name	Title	*(month, day, year)*
	Sam Liccardo	Mayor	

Comment: _____

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

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Date Stamp

1. Agency Name
CITY OF SAN JOSE

Division, Department, or Region *(If Applicable)*
OFFICE OF MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*
Maggie Le, ASSISTANT CHIEF OF STAFF

Area Code/Phone Number: (408) 535-4800
E-mail: margaret.le@sanjoseca.gov

☐ **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 $ 222.00

Event Description: Sharks vs. Anaheim Ducks
Provide Title/Explanation

Date(s): 10 / 10 / 2015 ___/___/___

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? 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:
		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
DOWNTOWN STREETS TEAM	24	recognition

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	Print Name	Title	(Month, Day, Year)
	Sam Liccardo	Mayor	

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 MAYOR SAM LICCARDO

Designated Agency Contact *(Name, Title)*

Maggie Le, ASSISTANT CHIEF OF STAFF

Area Code/Phone Number: (408) 535-4800

E-mail: margaret.le@sanjoseca.gov

☐ **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 $ 502.00

Event Description: GOLDEN STATE WARRIORS GAME *(Provide Title/Explanation)*

Date(s): 10 / 05 / 2015

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? 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:
		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
SHOP WITH A COP	16	Recognition

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	Print Name	Title	(Month, Day, Year)
	Sam Liccardo	Mayor	

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 Mayor Sam Liccardo

Designated Agency Contact *(Name, Title)*

Maggie Le, Assistant Chief of Staff

Area Code/Phone Number: (408) 535-4800

E-mail: margaret.le@sanjoseca.gov

Date Stamp: 2015 AUG 12 PM 12:

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☐ **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 $ 82.00

Event Description: Saber Cats vs. Arizona Rattlers *(Provide Title/Explanation)*

Date(s): 07 / 31 / 15 ___/___/___

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? 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:
		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
Dumpster Day volunteers	24	recognition

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	Print Name	Title	(Month, Day, Year)
	Sam Liccardo	Mayor	

Comment: _____

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

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1. Agency Name

City of San Jose

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California Form **802**

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Division, Department, or Region *(If Applicable)*

Office of Mayor Chuck Reed

Designated Agency Contact *(Name, Title)*

Sara Wright, Agenda Services Manager

Area Code/Phone Number	E-mail
408-535-4800	mayoremail@sanjoseca.gov

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 01/29/13 *(Month, Day, Year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ Suite:$192,SRO:$95

Event Description Sharks Hockey/Econ Devo Outreach *Provide Title/Explanation*

Date(s) 01 / 24 / 13 ___/___/___

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: Reed, Chuck *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
Please see attached sheet	25	

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
" "		

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.

Chuck Reed	CHUCK REED	Mayor	1/30/13
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____

Business Appreciation Event, 1/24/13

A. Name of Agency, Department, or Unit	**# of Ticket(s)/ Pass(es)**	**Describe the public purpose made pursuant to the agency's policy**
Office of Mayor Chuck Reed	1	Economic development outreach (Council Policy Manual 9-11)
Police Department	1	Economic development outreach (Council Policy Manual 9-11)
Office of Economic Development	3	Economic development outreach (Council Policy Manual 9-11)
Planning, Building, and Code Enforcement	2	Economic development outreach (Council Policy Manual 9-11)
Information Technology	1	Economic development outreach (Council Policy Manual 9-11)
B. Name of Individual (Last, First)	**# of Ticket(s)/ Pass(es)**	**Identify one of the following:**
Reed, Chuck	2	Other (Elected Official; Mayor, City of San José)
C. Name of Outside Organization (include address and description)	**# of Ticket(s)/ Pass(es)**	**Describe the public purpose made pursuant to the agency's policy**
County of Santa Clara (Asset and Economic Development), 70 West Hedding Street, East Wing, 7th Floor, San Jose, CA 95110	1	Economic development outreach (Council Policy Manual 9-11)
State of California (Business Development), 1400 10th Street, 2nd Floor, Sacramento, CA 95814	1	Economic development outreach (Council Policy Manual 9-11)
Samsung, 75 West Plumeria Drive, San Jose, CA 95134 (Information Systems America (SISA) R&D Center)	13	Economic development outreach (Council Policy Manual 9-11)

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)*
MAYOR'S OFFICE

Designated Agency Contact *(Name, Title)*
JEREMY M. GOLDBERG DEP. CHIEF OF STAFF - CIVIC INNOVATION

Area Code/Phone Number: 408-535-4800
E-mail: mayoremail@sanjoseca.gov

Date Stamp: 2014 FEB -6 PM 4:07

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☐ **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 $ 192.00

Event Description SILICON VALLEY TALENT PARTNERSHIP APPRECIATION EVENT
Provide Title/Explanation

Date(s) 01/27/2014

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: REED, CHUCK
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:
REED, CHUCK (CITY OF SAN JOSÉ, MAYOR'S OFFICE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
TRUJILLO, TED (CITY OF SAN JOSÉ, MAYOR'S OFFICE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS

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.

Chuck Reed	CHUCK REED	Mayor	2/6/2014
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

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Agency Name
CITY OF SAN JOSE - OFFICE OF THE MAYOR

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:
GOLDBERG, JEREMY (CITY OF SAN JOSÉ, MAYOR'S OFFICE)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
SHIKADA, ED (CITY OF SAN JOSÉ OFFICE OF CITY MANAGER)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
NALESH, KIM (CITY OF SAN JOSÉ OFFICE OF ECONOMIC DEV)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS
SAMMETA, VIJAY (CITY OF SAN JOSÉ OFFICE OF IT)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS/PROGRAMS

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

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

California Form 802
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CITY OF SAN JOSE-OFFICE OF THE MAYOR
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)/ 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:
EDMUNDS-MARES, JULIE (CITY OF SAN JOSE) PRNS	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/ PROGRAMS
GUARDINO, CARL (SVLG)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS / PROGRAMS
BEYER, CASEY (SVLG)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS / PROGRAMS
MENDONCA, LENNY (McKINSEY & Co)	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RECOGNITION FOR DIRECT INVOLVEMENT IN CITY RELATED PROJECTS/ PROGRAMS

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

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

California Form 802
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City of San Jose - Office of the Mayor
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)/ 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:
MASRY, ALEX (McKinsey & Co)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
INGRAM, MRINALINI (CISCO)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
LIPSCOMB, MARK (STRYKER)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS
PIERCE, ANDY (STRYKER)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVEMENT IN CITY-RELATED PROJECTS / PROGRAMS

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

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

California Form 802
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CITY OF SAN JOSE - OFFICE OF THE MAYOR
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)/ 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:
GUIO, LAURA (IBM)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
GUIO, MICHAEL	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
ANDREWS, ANNE (PNC)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
VENNEWITZ-PIERCE, JULIE (eBay)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY RELATED PROJECTS/PROGRAMS

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

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

California Form 802
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CITY OF SAN JOSE - OFFICE OF THE MAYOR
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)/ 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:
KLEINBERG, JUDY (KNIGHT FOUNDATION)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
HERBERT, GARRETT (DELOITTE)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
GUTIERREZ, LENNIES (COMCAST)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
NOBLE, JONATHAN (MICROSOFT)	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY RELATED PROJECTS/PROGRAMS

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

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

California Form 802

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CITY OF SAN JOSE - OFFICE OF THE MAYOR

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)/ 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:
MARSHALL, COREY (SPLUNK)	2	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: RECOGNITION FOR DIRECT INVOLVMT IN CITY-RELATED PROJECTS/PROGRAMS
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:

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