

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk Date Stamp OTC 2018 DEC -7 PM 3:05	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Transportation			
Designated Agency Contact (Name, Title) John Ristow, Acting Director of Transportation		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 408-535-3845	E-mail john.ristow@sanjoseca.gov		

2. Function or Event Information

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

Event Description: Sharks v Devils Date(s) 12 / 10 / 18
Provide Title/Explanation

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

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

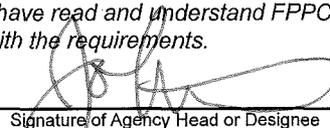
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list for names	23	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Green Trip Challenge Staff Recognition
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.


 _____ John Ristow _____ Acting Director of DOT _____ 12/7/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Sharks Game - Sharks vs Devils @ 7:30 PM
Monday, December 10, 2018

<u>First Name</u>	<u>Last Name</u>	Quantity of Tickets
David	Sanchez	1
Diana	Reyes	1
Scott	Ogilvie	1
Katherine	Estrada	1
Sharon	Lee	2
Dennis	Yu	1
Tesfu	Medhin	1
Kevin	O' Connor	1
Florin	Lapustea	1
Joseph	Tran	1
Jesse	Alvarez	1
Thomas	Martinez	1
Peter	Bennett	1
Michael	Coelho	1
Cordell	Bailey	1
Eric	Newton	1
Tina	Smith	1
Jose	Guerra	1
Frank	Cody	1
Russel	Hansen	1
John	Ristow	1
Jim	Bittner	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)

Transportation

Designated Agency Contact (Name, Title)

Jim Ortbal, Director of Transportation

Area Code/Phone Number

408-535-3845

E-mail

jim.ortbal@sanjoseca.gov

Date Stamp
San Jose City Clerk
IOM
2018 APR 24 AM 10:30

California Form **802**
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

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

Event Description: Sharks vs Ducks Date(s) 4 / 16 / 18
Provide Title/Explanation

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

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

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	See Attached List for names	24	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Staff Recognition
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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: [Signature] Print Name: Jim Ortbal Title: Director of Transportation Date: 4/23/18
(month, day, year)

Comment: _____

Sharks Game – Sharks vs Ducks @ 7:30 pm
Monday, April 16, 2018

<u>First Name</u>	<u>Last Name</u>	<u>Quantity of Tickets</u>
Marty	Fontes	2
Shawn	Johnson	2
Joe	Silvers	2
Juan	Reyes	2
Martel	Villagomez	2
Michael	Dominguez	2
Eric	Newton	1
Joe	Pomeroy	1
Michael	Calderon	1
Eric	Hon	2
Angel	Alvarez	2
Tony	Ortiz (retiree)	2
Don	Ernst (retiree)	2

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

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San Jose City Clerk
Date/Stamp
2017 DEC 15 AM 11:08
SP OTC

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1. Agency Name		California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
City of San Jose		
Division, Department, or Region (if applicable) Transportation, Auditor's & Environmental Services		
Designated Agency Contact (Name, Title) Jim Ortbal, Director of Transportation		
Area Code/Phone Number 408/535-3845	E-mail Jim.Ortbal@sanjoseca.gov	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$77 (8) \$86 (16)

Event Description: Sharks v. Senators Date(s) 12 / 9 / 17
Provide Title/Explanation

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

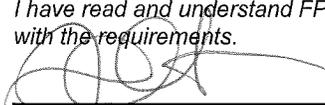
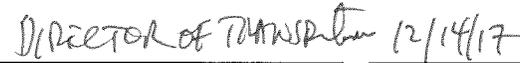
Was ticket distribution made at the behest of agency official? Yes No If yes: Sykes, Dave
Official's Name (Last, First)

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
Transportation, Environmental Services, & Auditor's (see attached list)	24	Employee recognition in connection with the City's 2017 Green Trip Challenge
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

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: JIM ORTBAL Title: DIRECTOR OF TRANSPORTATION (month, day, year): 12/14/17

Comment: _____

SHARKS VS. SENATORS

December, 9, 2017

Department of Transportation Attendees

Last Name	First Name
Bailey	Cordell
Novello	Gina
Estrada	Katherine
Lapuesta	Florin
Ristow	John
Qayoumi	Ahmad

SHARKS VS. SENATORS

December, 9, 2017

Environmental Services Department

Last Name	First Name
Wong	Wanda
Begiebing	Maria
Velasquez	Carlos
Preto-Gomez	Jose
Gire	Jon
Cisneros	Kiela
Magday	Behilma
Mora	Rebecca
Ody	Phillip

SHARKS VS. SENATORS

December, 9, 2017

Auditor's Department

Last Name	First Name
Rodrock	Robert
Harvey	Brittney
Janssen	Jourdan
Yani	Eli
Houston	Michael

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

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1. Agency Name City of San Jose		San Jose Date Stamp 2017 NOV -7 PM 1:49 Clerk ATC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Transportation			
Designated Agency Contact (Name, Title) Jim Ortbal, Director		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 408/535-3845	E-mail Jim.Ortbal@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 \$ 225 (16), \$86 (8)

Event Description: Sharks v. Maple Leafs game Date(s) 10 / 30 / 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: Sykes, Dave
Official's Name (Last, First)

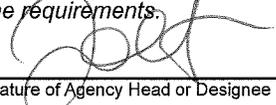
3. Recipients

• 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
Department of Transportation (See attached list)	24	Employee recognition in connection with the City's 2017 Green Trip Challenge
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.

Signature of Agency Head or Designee:  Print Name: Jim Ortbal Title: Director Date: 11/3/17
(month, day, year)

Comment: _____

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

Agency Name

City of San Jose

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> (SEE ATTACHED SHEET FOR ADDITIONAL NAMES)
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

**Sharks vs. Maple Leafs
October 30, 2017**

Department of Transportation Attendees

Last Name	First Name
Stanke	Brian
Qayoumi	Ahmed
Athavale	Anjali
Berryhill	Katherine
Vu	Nguyet
Castro	Vanessa
Bittner	Jim
Collado	Emil
Smith	Tina
Avila	Armando
Tanhueco	Kyle
Bailey	Cordell
Alog	Reena
Moody	Doug
Lapuesta	Florin
Duong	Kenneth
Ogilvie	Scott
Abarca	Angel
Ristow	John
Moresco	Shawn
Lee	Sharon

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

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San Jose City Clerk **A Public Document**

1. Agency Name		Date Stamp 2013 APR 16 AM 10:10	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Department of Transportation			
Designated Agency Contact (Name, Title)			
Jim Ortbal, Assistant Director			
Area Code/Phone Number	E-mail		
408/535-3845	jim.ortbal@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 253.00

Event Description Employee Recognition Date(s) 4 / 20 / 13
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? No Yes If yes: Figone, Debra
Official's Name (Last, First)

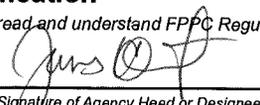
3. Recipients

• 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
Department of Transportation, Sewer Line Cleaning Crew	24	Employee recognition
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

4. Verification

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


James Ortbal
Assistant Director
4/16/13
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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

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San Jose City Clerk

A Public Document

1. Agency Name		Date Stamp 2013 APR - 3 AM 5:08	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Department of Transportation			
Street Address 200 E. Santa Clara Street		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Jim Ortbal Assistant Director			
Area Code/Phone Number 408-535-3845	E-mail jim.ortbal@sanjoseca.gov		

2. Function, Event, or Ceremonial Role Information

Title Sabercats v. Predators Face Value of Each Admission \$ 82.00

Description Employee Recognition Date(s) 3/29/13

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Debra Figone, City Manager
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Larsen, Hans	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition <input type="checkbox"/>
Ortbal, Jim	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition <input type="checkbox"/>
Doyle, Kelly	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition <input type="checkbox"/>
Azevedo, Alice	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition <input type="checkbox"/>
* Bernes, Rosemary	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition <input type="checkbox"/>

3. Verification

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

Signature of Agency Head or Designee: [Signature] Print Name: JAMES ORTBAL Title: ASSISTANT DIRECTOR Date: 4/2/2013
(month, day, year)

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

* See attached form for additional names

**Agency Report of:
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Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ _____

Description _____ Date(s) ____/____/____

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Chang, Cher	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
Do, Vivian	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
McDaniels, Cecilia	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
Mitchell, Dawn	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
*Silva, Joe	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>

3. Verification

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

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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Division, Department, or Region <i>(if applicable)</i>			For Official Use Only
Street Address			
Designated Agency Contact <i>(Name, Title)</i>			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ _____

Description _____ Date(s) ____/____/____

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization <i>(Name, Address, Description)</i>	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Garcia, Joe	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
Collen, Arion	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
Gulzadah, Zahir	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
Khattab, Zahi	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Employee Recognition Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

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

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