

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

**A Public Document**

<b>1. Agency Name</b> <u>City of San Jose</u>		RECEIVED San Jose City Clerk OTC 2017 NOV -2 PM 4: 44	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Public Works / Fleet Division</u>			
Designated Agency Contact (Name, Title) <u>Dan Sunseri, Fleet Manager</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number <u>408-975-7266</u>	E-mail <u>dan.sunseri@sanjoseca.gov</u>	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 \$ 104

Event Description: Professional Bull Riders Date(s) 10/22/17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: SAP / CSJ  
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
<u>City of San Jose Public Works / Fleet Division</u>	<u>9</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>
<u>See Attached List</u>		
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] Dan Sunseri Fleet Manager 10/25/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

Agency Name

*City of San Jose*

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		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>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

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1. Agency Name <u>City of San Jose</u>		Date Stamp 2017 SEP 28 AM 10:46	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Public Works / Fleet Division</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title) <u>Dan Sunseri, Fleet Manager</u>			
Area Code/Phone Number <u>408-975-7266</u>	E-mail <u>dan.sunseri@sanjoseca.gov</u>	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 \$ 303 + 203

Event Description: Bellator MMA Date(s) 9, 23, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: SAP / CSJ  
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
<u>City of San Jose Public Works / Fleet Division</u>	<u>24</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>
<u>See Attached List</u>		
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] Dan Sunseri Fleet Manager 9/21/17  
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 <u>City of San Jose</u>		Date Stamp 2015 APR 27 PM 3:55 <i>(Date)</i>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Public Works Department</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Alice Arevalo, Assoc. Engr. Technician</u>			
Area Code/Phone Number <u>408-535-8303</u>	E-mail <u>alice.arevalo@</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 179.75

Event Description Barry Manilow concert Date(s) 04/18/2015  
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: Pam Antil / Ed Shikada  
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
<u>2014 Giving Campaign</u>	<u>14</u>	
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Dave Sykes</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Interim Assist. City Manager</u>
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

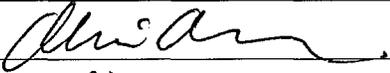
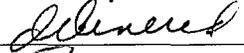
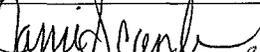
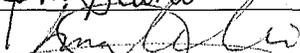
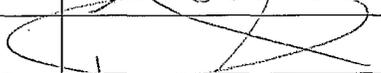
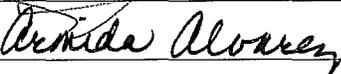
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

ALICE AREVALO ASSOC. ENGR TECH 4-27-15  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

SAP ARENA USE FOR 2014 GIVING CAMPAIGN TEAM – PW Committee Members

Date of Event: April 18, 2015 – Barry Manilow Concert

	Name	RSVP	Signature
1	Alice Arevalo	Yes	
2	Dave Sykes	Yes	
3	Roxanne Cook	Yes	
4	Zoe McChesney	Yes	
5	Janie Scanlan	Yes	
6	Amanda Lei	Yes	
7	Dave Mesa	Yes	
8	Armida Alvarez	Yes	

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

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**1. Agency Name**

CITY OF SAN JOSE

Division, Department, or Region (If Applicable)

PUBLIC WORKS DEPARTMENT

Designated Agency Contact (Name, Title)

ALICE AREVALO, ASSOC. ENGR. TECH.

Area Code/Phone Number

E-mail

408-535-8303

alice.arevalo@sanjoseca.gov

San Jose City Clerk

2015 JAN 22 AM 8:42

(PS) Routing

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 \$ 206.00

Event Description SHARKS GAME  
Provide Title/Explanation

Date(s) 01, 17, 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: PAM ANTIL / ED SHIKAOA  
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
2014 GIVING CAMPAIGN DEPT. COORDINATORS	22	EMPLOYEE RECOGNITION PER THE ATTACHED MEMO

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
BARRY NG	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: INTERIM PUBLIC WORKS DIRECTOR

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.

 ALICE AREVALO ASSOC. ENGR. TECH. 1-21-15  
 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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San Jose City Clerk  
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1. Agency Name <u>CITY OF SAN JOSE</u> Division, Department, or Region (If Applicable)		Date Stamp 2014 AUG 27 PM 1 AT OTC	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) <u>PUBLIC WORK DEPT.</u> <u>ALICE AREVALO, ADMIN. ASSISTANT</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-8334</u>	E-mail <u>alice.arevalo@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 130.50

Event Description BRUNO MARS CONCERT Date(s) 08/15/2014  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: 3 SAN JOSE AERIAL AUTHORITY  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: FIGONE, DEBRA - (MEMO ATTACHED)  
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
<u>2013 GIVING CAMPAIGN COMMITTEE MEMBERS</u>	<u>12</u>	<u>EMPLOYEE RECOGNITION PER ATTACHED APPROVAL MEMO</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>DAVID SYKES</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>DIRECTOR</u>
<u>BARRY NG</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>ACTING ASSISTANT DIRECTOR</u>
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] ALICE AREVALO ADMIN. ASSISTANT 8-27-14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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1. Agency Name <u>Public Works - Facilities Management City of SJ</u>		Date Stamp MAY 21 PM 2:51	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Public Works dept. - Facilities Division</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>Marc Freitas - Building Superintendent</u>			
Area Code/Phone Number <u>408-829-0516</u>	E-mail <u>marcofreitas@ca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description: Sharks games  
Provide Title/Explanation

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 \$ \$82 & \$192 & \$139

Date(s) 2, 7, 2014 3, 4, 2014

If no: 3/27/2014  
Name of Source

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
<u>City of San Jose</u> <u>Public Works - Facil Manag</u>	<u>40</u>	<u>Employee Appreciation Event</u>
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 FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Marc Freitas Signature of Agency Head or Designee  
Marc Freitas Print Name  
Building Superintendent Title  
2/16/14 (Month, Day, Year)

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

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

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<b>1. Agency Name</b> CITY OF SAN JOSE Division, Department, or Region (If Applicable)		Date Stamp 2014 JAN 28 PM 3:24 SZ/MAIL	<b>California Form 802</b> For Official Use Only
FLEET DIVISION, PUBLIC WORKS Designated Agency Contact (Name, Title) DAN SUNSERI		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408 975-7266	E-mail dan.sunseri@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 69.00

Event Description NITROCIRCUS Date(s) 1, 22, 14  
Provide Title/Explanation

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

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
CITY OF SAN JOSE <small>Public Works</small>	16	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>
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.

Michael O'Connell Michael O'Connell Deputy Director 01/21/14  
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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<b>1. Agency Name</b> <u>City of San Jose Public Works</u>		Date Stamp <u>2013 JUN -6 AM 10</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Fleet Division</u>			
Street Address <u>1661 Senter Rd.</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) <u>Matt Morley</u>			
Area Code/Phone Number <u>(408) 535-1298</u>	E-mail <u>MAT.Morley@sanjoseca.gov</u>		

**2. Function, Event, or Ceremonial Role Information**

Title Sharks Playoff game Face Value of Each Admission \$ 300-

Description Sharks v. Kings Date(s) 5, 26, 13

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	Income
<u>City of San Jose</u>	<u>16</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Employee Recognition</u> <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	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.

Matthew Morley Matthew Morley Deputy Director 5/30/13  
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**

1 of 2

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San Jose City Clerk  
2013 MAR 22  
PM 1:03  
pc/otc

**A Public Document**

**California Form 802**

For Official Use Only

**1. Agency Name**  
 City of San Jose,  
 Division, Department, or Region (if applicable)  
 Dept. of Public Works, CFAS Div.  
 Street Address  
 200 E. Santa Clara St.,  
 Designated Agency Contact (Name, Title)  
 Domenic Onorato, Assoc. Arch.  
 Area Code/Phone Number | E-mail  
 408-535-8407 | domenic.onorato@sanjoseca.gov

Date Stamp  
 Amendment (Must provide explanation in Part 3.)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

**2. Function, Event, or Ceremonial Role Information**

Title San Jose Sharks vs St. Louis Face Value of Each Admission \$ 192

Description Hockey Game Date(s) 03/09/13

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: City Manager Office  
 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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Lorimer Ancheta	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Mark Damey	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Tony Andary	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Domenic Onorato	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Gary Zatkin	2	Yes <input checked="" 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.

 Domenic Onorato Assoc. Arch. 03/08/2013  
 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**

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**A Public Document**

**1. Agency Name**

San Jose City Clerk  
Date Stamp  
2013 MAR 22 11:03  
gc/ote

**California Form 802**

For Official Use Only

City of San Jose,  
Division, Department, or Region (if applicable)  
Dept. of Public Works, CFAS Div.  
Street Address

200 E. Santa Clara St.,  
Designated Agency Contact (Name, Title)

Domenic Onorato, Assoc. Arch.  
Area Code/Phone Number E-mail  
408-535-8407 domenic.onorato@sanjoseca.gov

Amendment (Must provide explanation in Part 3.)  
Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function, Event, or Ceremonial Role Information**

Title San Jose Sharks vs St. Louis Face Value of Each Admission \$ 192

Description Hockey Game Date(s) 03 / 09 / 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: City Manager Office  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Ignacio Preciado	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income

**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.

 Domenic Onorato Assoc. Arch. 03/08/2013  
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.)