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

A Public Document

RECEIVED
San José City Clerk
2020 MAR 12 PM 12:43

Date Stamp

California Form 802

For Official Use Only

☐ **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)*

Council District 07

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408)535-4997

E-mail: mike.medina@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 50.00

Event Description: Barracuda v. Heat *Provide Title/ Explanation*

Date(s) 04/04/20 04/04/20

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

If no: San Jose Arena Authority *Name of Source*

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

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Lairon Food Distribution	24	Recognition
Volunteer Group		

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.

Maya Esparza — Signature of Agency Head or Designee

Maya Esparza — Print Name

Councilmember — Title

_____ *(month, day, year)*

Comment: _____

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)*

Council District 07

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997

E-mail: Mike.Medina@sanjoseca.gov

Date Stamp: 2020 FEB 18 AM 11:09 OTC LA

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 $ 50.00

Event Description: Barracuda v. Eagles *Provide Title/ Explanation* Date(s) 03/17/20 03/17/20

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Alma Community Youth Group	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)
Maya Esparza	Maya Esparza	Councilmember	02/13/20

Comment: _____

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

A Public Document

California Form 802
For Official Use Only

Date Stamp
RECEIVED
San Jose City Clerk
2020 FEB 27 A 9:52
OTC LA

☐ **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)*

Council District 07

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997

E-mail: mike.medina@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 117.00

Event Description: Sharks v. Devils *Provide Title/ Explanation* Date(s) 02/27/20 02/27/20

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Los Bomberos	8	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.

Maya Esparza — Signature of Agency Head or Designee

Maya Esparza — Print Name

Councilmember — Title

02/25/20 *(month, day, year)*

Comment: _____

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)*

Council District 07

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number	E-mail
(408) 535-4997	mike.medina@sanjoseca.gov

Date Stamp

RECEIVED San Jose City Clerk 2020 FEB 18 AM 11:09 OTC LA

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 $ 67.00

Event Description: Disney on Ice *Provide Title/ Explanation* Date(s) 02/22/20 02/22/20

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Los Pollitos	20	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)
Maya Esparza	Maya Esparza	Councilmember	02/12/20

Comment: _____

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

A Public Document

California Form 802
For Official Use Only

Date Stamp: RECEIVED San Jose City Clerk 2020 FEB -4 PM 1:09 OTC 6

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations

Area Code/Phone Number: (408) 535-4997

E-mail: mike.medina@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 50.00

Event Description: Barracuda v. Roadrunners *(Provide Title/ Explanation)* Date(s) 02/17/20 02/17/20

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

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

3. Recipients

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Rockspring Neighborhood Association	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)
	Maya Esparza	Councilmember	02/03/20

Comment: _____

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)*

Council District 07

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997

E-mail: mike.medina@sanjoseca.gov

Date Stamp: RECEIVED San Jose City Clerk 2020 FEB -4 PM 1:09 OTC

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 $ 50.00

Event Description: Bamacuda v. Heat *Provide Title/ Explanation*

Date(s) 02/12/20 02/12/20

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

If no: San Jose Arena Authority *Name of Source*

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

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Los Arboles Elementary School Parents	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)
	Maya Esparza	Councilmember	02/03/20

Comment: _____

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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero, Chief of Staff

Area Code/Phone Number: 408-535-4905

E-mail: andres.Quintero@sanjoseca.gov

Date Stamp: RECEIVED San Jose CA 2020 JAN 13 PM 12:11

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 $ 50.00

Event Description: Barracuda v Reigns *Provide Title/ Explanation* Date(s) 01/08/20 01/08/20

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Tropicana - Lanai Neighborhood Association	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)
[signature]	Maya Esparza	Councilmember	01/13/20

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

RECEIVED
San Jose City Clerk
2019 DEC -6 PM 2:18
STC LG

Date Stamp

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Andres Quintero, Chief of Staff

Area Code/Phone Number: (408) 535-4985

E-mail: andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 117.00

Event Description: Sharks v Blues *Provide Title/ Explanation* Date(s) 12/21/19 12/21/19

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:
		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
Dahl volunteer Group	8	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.

Maya Esparza — Signature of Agency Head or Designee | Maya Esparza — Print Name | Councilmember — Title | 12/05/19 *(month, day, year)*

Comment: _____

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

A Public Document

RECEIVED
San Jose City Clerk
2019 DEC 13 AM 11:35
OTC LG

Date Stamp

California Form 802

For Official Use Only

☐ **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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero, Chief of Staff

Area Code/Phone Number: (408) 535-4985

E-mail: andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 50.00

Event Description: SJ Barracuda v. Reign *(Provide Title/ Explanation)* Date(s) 12 / 18 / 19 12 / 18 / 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:
		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
Environmental Services Dept	24	Recognition
Rapid Team		

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.

Maya Esparza — Signature of Agency Head or Designee
Maya Esparza — Print Name
Councilmember — Title
12/11/19 — *(month, day, year)*

Comment: _____

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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero, Chief of Staff

Area Code/Phone Number: (408) 535-4985
E-mail: andres.quintero@sanjoseca.gov

RECEIVED
San Jose City Clerk
2019 DEC -5 AM 10:41

Date Stamp

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 $ 117.00

Event Description: Sharks v. Coyote *Provide Title/ Explanation*

Date(s) 12/17/19 12/17/19

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:
		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
Dahl Volunteer Group	8	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)
Maya Esparza	Maya Esparza	Councilmember	12/03/19

Comment: _____

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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero, Chief of Staff

Area Code/Phone Number: 408 535-4985

E-mail: andres.quintero@sanjoseca.gov

Date Stamp: RECEIVED San Jose City Clerk 2019 DEC -5 AM 10:41

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 $ 240 and $83

Event Description: Sharks v. NY Rangers *Provide Title/ Explanation* Date(s) 12/12/19 12/12/19

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:
		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
African-American Community Services Agency	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.

Maya Esparza — Signature of Agency Head or Designee
Maya Esparza — Print Name
Councilmember — Title
12/03/19 — *(month, day, year)*

Comment: _____

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

A Public Document

RECEIVED
San Jose City Clerk
2019 DEC -5 AM 10:41

California Form 802

For Official Use Only

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Andres Quintero, Chief of Staff

Area Code/Phone Number: (408)535-4985

E-mail: andres.quintero@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 117.00

Event Description: Sharks v. Capitals *Provide Title/ Explanation*

Date(s) 12 / 03 / 19 12 / 03 / 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:
		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
OB Whaley Parent-Teacher Association	8	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)
Maya Esparza	Maya Esparza	Councilmember	12/03/19

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp: RECEIVED San Jose City Clerk 2019 NOV 20 PM 4:43 OTC LG

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997

E-mail: mike.medina@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 50

Event Description: Barracuda v. Eagles *Provide Title/Explanation*

Date(s) 11/23/19 11/23/19

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:
		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
McLaughlin Corridor Neighborhood Association	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.

Maya Espanza — Signature of Agency Head or Designee | Maya Espanza — Print Name | Councilmember — Title | 11/15/19 — *(month, day, year)*

Comment: _____

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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997
E-mail: mike.medina@sanjoseca.gov

RECEIVED
San Jose City Clerk
2019 NOV 20 PM 4:43
TTC 16

Date Stamp

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 $ 50.00

Event Description: Barracuda v. Tucson *Provide Title/ Explanation*

Date(s) 11/17/19 11/17/19

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:
		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
West Evergreen Neighborhood Association	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 | Maya Esparza (Print Name) | Councilmember (Title) | 11/19/19 *(month, day, year)*

Comment: _____

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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997

E-mail: mike.medina@sanjoseca.gov

Date Stamp: 2019 OCT 25 PM 12:25

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 $ 50.00

Event Description: Barracuda v. Condors *Provide Title/ Explanation* Date(s) 10 / 30 / 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:
		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
Captain Jason M. Dahl	24	Recognition
Elementary School		

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.

Maya Esparza — Signature of Agency Head or Designee | Maya Esparza — Print Name | Councilmember — Title | 10/23/19 *(month, day, year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp: 2019 OCT 21 AM 10:39

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Mike Medina, Community Relations Manager

Area Code/Phone Number: (408) 535-4997

E-mail: mike.medina@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 153.00

Event Description: Anvel AA *Provide Title/ Explanation*

Date(s) 10 / 18 / 2019 ___/___/___

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

If no: San Jose Arena Authority *Name of Source*

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

If yes: _____ *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Santee Neighborhood Association	20	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.

Maya Esparza — Signature of Agency Head or Designee

Maya Esparza — Print Name

Council Member — Title

10/18/19 *(month, day, year)*

Comment: _____

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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Mike Medina, Community Relations Manager

Area Code/Phone Number
(408) 535-4997

E-mail
mike.medina@sanjoseca.gov

Date Stamp
RECEIVED
San Jose City Clerk
OTC 14
2019 OCT 15 PM 1:18

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 $ 50

Event Description: Barracuda v. Condors *Provide Title/ Explanation* Date(s) 10 / 13 / 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:
		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
Parking Compliance	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)
Maya Esparza	Maya Esparza	Councilmember	10/11/2019

Comment: _____

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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Mike Medina Council Assistant

Area Code/Phone Number | **E-mail**

(408) 535-4997 | mike.medina@sanjoseca.gov

RECEIVED San Jose City Clerk 2019 SEP -4 PM 2:44

Date Stamp

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 $ $109.00

Event Description: Monster Jam *Provide Title/ Explanation* Date(s) 08 / 31 / 2019 ___/___/___

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Valley Palm Unidos	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.

Maya Esparza | Maya Esparza | Councilmember | 08/28/2019

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

Comment: _____

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

A Public Document

RECEIVED
San Jose City Clerk
OTC Free
2019 JUL 22 PM 1:50

California Form 802
For Official Use Only

Date Stamp

☐ **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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero

Area Code/Phone Number
(408) 535-4902

E-mail
Andres.Quintero@Sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 69.50

Event Description: Freestyle Explosion
Provide Title/ Explanation

Date(s) 07 / 13 / 2019 ___/___/___

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

If no: San Jose Arena Authority
Name of Source

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

If yes: _____
Official's Name (Last, First)

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
D7 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)*
Maya Esparza	Maya Esparza	Councilmember	07/11/19

Comment: _____

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

RECEIVED
San Jose City Clerk
2019 MAY 15 AM 9:44

A Public Document

California Form 802
For Official Use Only

Date Stamp: OTC UA

☐ **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)* Council District 7

Designated Agency Contact *(Name, Title)* Andres Quintero

Area Code/Phone Number (408) 535-4902

E-mail andres.quintero@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 133.50

Event Description: Wisin + Yandel *Provide Title/ Explanation*

Date(s) 5/26/2019 ___/___/___

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:
Stefania Diaz	1	Ceremonial Role ☐ Other ☑ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* DISTRICT 7 HOST
Mike Medina	1	Ceremonial Role ☐ Other ☑ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* DISTRICT 7 HOST

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
Seven Trees Community Center Teens Program	14	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.

Maya Esparza — Signature of Agency Head or Designee

Maya Esparza — Print Name

Councilmember — Title

5/14/19 — *(month, day, year)*

Comment: _____

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

A Public Document

RECEIVED San Jose City Clerk 2019 MAY 15 AM 9:44

Date Stamp

California Form 802

For Official Use Only

☐ **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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero

Area Code/Phone Number
(408) 535-4902

E-mail
andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 164.00

Event Description: Stars on Ice *Provide Title/ Explanation* Date(s) 5/12/19 ___/___/___

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:
		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
Conxion To Community	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: [signature] Print Name: Maya Esparza Title: Councilmember (month, day, year): 5/14/19

Comment: _____

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

A Public Document

California Form 802
For Official Use Only

RECEIVED
Date Stamp
MAY 07 2019
City of San Jose
Office of the City Clerk

☐ **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)*
Council District 7

Designated Agency Contact *(Name, Title)*
Andres Quintero

Area Code/Phone Number
(408) 535-4902

E-mail
andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 201.00

Event Description: Sharks v. Avalanche *Provide Title/ Explanation* Date(s) 4/28/19 ___/___/___

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:
		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
Syvandale Middle School	8	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.

Maya Esparza — Signature of Agency Head or Designee
Maya Esparza — Print Name
Councilmember — Title
5/6/2019 — *(month, day, year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp: RECEIVED San Jose City Clerk 2019 MAY -7 AM 10:37

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

Andres Quintero

Area Code/Phone Number: (408) 535-4902

E-mail: andres.quintero@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 204.00

Event Description: Bellator MMA *(Provide Title/ Explanation)*

Date(s) 4/27/2019

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

If no: San Jose Arena Authority *(Name of Source)*

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

If yes: _____ *(Official's Name (Last, First))*

3. Recipients

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Franklin-McKinley School District	8	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)
Maya Esparza	Maya Esparza	Councilmember	5/6/2019

Comment: _____

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

A Public Document

RECEIVED
San Jose City Clerk
2019 MAR -7 PM 2:13

California Form 802
For Official Use Only

Date Stamp

☐ **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)* Council District 7

Designated Agency Contact *(Name, Title)* Andres Quintero

Area Code/Phone Number (408) 535-4902

E-mail Andres.Quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 50.00

Event Description: Barracuda v. Reign game *Provide Title/ Explanation* Date(s) 3/29/2019 ___/___/___

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Alma Neighborhood Association	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 | Maya Esparza (Print Name) | Councilmember (Title) | 3/4/2019 *(month, day, year)*

Comment: _____

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

A Public Document

RECEIVED San Jose City Clerk 2019 MAR -7 PM 2:13

Date Stamp

California Form 802

For Official Use Only

☐ **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)* Council District 7

Designated Agency Contact *(Name, Title)* A. Quintero

Area Code/Phone Number (408) 535-4902 **E-mail** Andres.Quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 115.00

Event Description: Sharks v. Blackhawks game *Provide Title/ Explanation* Date(s) 3/28/2019 ___/___/___

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
Los Lagos Neighborhood Residents	8	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.

Maya Esparza — Maya Esparza — Councilmember — 3/4/19

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

Comment: _____

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

A Public Document

RECEIVED
San Jose City Clerk
2019 MAR -7 PM 2:18

Date Stamp: CTC EA

California Form 802
For Official Use Only

☐ **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)* Council District 7

Designated Agency Contact *(Name, Title)* Andres Quintero

Area Code/Phone Number (408) 535-4902

E-mail Andres.Quintero@sanjoseca.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 225/ticket and $82/ticket

Event Description: Sharks v. Canadians *Provide Title/ Explanation*

Date(s) 3/7/19 ___/___/___

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:
		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
Rebuilding Together Silicon Valley	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.

Maya Esparza | Maya Esparza | Councilmember | 3/5/19

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

Comment: _____

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

RECEIVED San Jose City Clerk

A Public Document

California Form 802

For Official Use Only

Date Stamp: OTC Ea

2019 MAR -7 PM 2:13

☐ **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)* Council District 7

Designated Agency Contact *(Name, Title)* Andres Quintero

Area Code/Phone Number (408) 535-4902

E-mail andres.quintero@sanjosecA.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 50.00

Event Description: Barracuda v. Condors *Provide Title/ Explanation* Date(s) 3/6/2019 ___/___/___

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

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

3. Recipients

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ 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
McLaughlin Tenants Association	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: Maya Esparza Print Name: Maya Esparza Title: Councilmember 3/4/2019 *(month, day, year)*

Comment: _____

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)*
Council District 7

Designated Agency Contact *(Name, Title)*
A Quintero

Area Code/Phone Number | **E-mail**
408 535 4902 | andres.quintero@sanjoseca.gov

Date Stamp
RECEIVED
San Jose City Clerk
2019 FEB 13 AM 9:43

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 $ 67.00 / 53

Event Description: Disney on Ice *Provide Title/ Explanation* Date(s) 2/23/19 ___/___/___

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:
		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
Tropicana Lanai Neighborhood Assoc	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 | MAYA ESPARZA Print Name | COUNCILMEMBER Title | 2/12/2019 *(month, day, year)*

Comment: _____

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

A Public Document

RECEIVED
SAN JOSE CITY CLERK
2019 FEB 13 AM 9:43

California Form 802
For Official Use Only

Date Stamp

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

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

1. Agency Name
Office of Councilmember Esparza District 7

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

Designated Agency Contact *(Name, Title)*
A Quintero

Area Code/Phone Number 408 535 4907

E-mail andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 53

Event Description: Disney on Ice *Provide Title/ Explanation* Date(s) 2/22/19 ___/___/___

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
Franklin McKinley School District	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.

Maya Esparza (Signature of Agency Head or Designee) | MAYA ESPARZA (Print Name) | COUNCILMEMBER (Title) | 2/12/2019 *(month, day, year)*

Comment: _____

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

A Public Document

RECEIVED
San Jose City Clerk
2019 FEB 13 AM 9:43

California Form 802

For Official Use Only

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

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

1. Agency Name

Office of Councilmember Esparza District 7

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

Designated Agency Contact *(Name, Title)*

A Quintero

Area Code/Phone Number | **E-mail**

408 535-4907 | andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 50.00

Event Description: Barracuda v Gulls *Provide Title/ Explanation* Date(s) 2/18/19 ___/___/___

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:
		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
Rock Springs Neighborhood Assoc	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.

Maya Esparza | MAYA ESPARZA | COUNCILMEMBER | 2/12/2019

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

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

RECEIVED San Jose City Clerk 2019 FEB 13 AM 9:43

☐ **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)*

Council District 7

Designated Agency Contact *(Name, Title)*

A Quintero

Area Code/Phone Number | **E-mail**

408 535 4907 | andres.quintero@sanjoseca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 115.00

Event Description: Sharks v. Bruins *Provide Title/ Explanation* Date(s) 2/18/19 ___/___/___

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:
		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
Los Lagos Neighborhood Residents		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.

Maya Espanza	MAYA ESPARZA	COUNCILMEMBER	2/12/19
Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

2014 APR -9 P 1:07

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	Louansee.Moua@sanjoseca.gov

Date Stamp

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 $ 139

Event Description Sharks vs. Los Angeles Kings
Provide Title/Explanation

Date(s) 04 / 03 / 14 ___/___/___

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
Operation Prom Dress Volunteers	8	Volunteer Appreciation

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	Louansee Moua	Chief of Staff	04/08/2014
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

2014 MAR -4 AM 9:56

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	Louansee.Moua@sanjoseca.gov

Date Stamp

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 $ 82

Event Description Disney on Ice *Provide Title/Explanation*

Date(s) 2 / 22 / 14 ___/___/___

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
McLaughlin Area Tenants Association	16	Volunteer Appreciation

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	Louansee Moua	Chief of Staff	3/4/2014
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

RECEIVED San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

2014 JAN 20 PM 1:16

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	louansee.moua@sanjoseca.gov

Date Stamp

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 $ 163

Event Description Harlem Globetrotters *Provide Title/Explanation*

Date(s) 1 / 18 / 14 ___/___/___

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:
Moua, Louansee	1	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
District 7 Youth Commission Advisory Board	15	Volunteer 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)
	Louansee Moua	Chief of Staff	1/21/2014

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
(408) 535-4985	louansee.moua@sanjoseca.gov

Date Stamp

2013 NOV -7 AM 11:14

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 $ _____

Event Description Selena Gomez
Provide Title/Explanation

Date(s) 11 / 10 / 13 ___/___/___

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:
Quyen Ngo		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
Operation Prom Dress Volunteers 2013	15	Volunteer 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	Louansee Moua	Chief of Staff	11/7/2013
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

RECEIVED San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

2013 NOV -7 AM 11:14

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
(408) 535-4985	louansee.moua@sanjoseca.gov

Date Stamp

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 $ _____

Event Description Disney on Ice
Provide Title/Explanation

Date(s) 10 / 25 / 13 ___/___/___

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
Senter Creekside NAC	16	Volunteer 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. 11/5/2013

Signature of Agency Head or Designee	Louansee Moua	Chief of Staff	~~10/2/2013~~
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	louansee.moua@sanjoseca.gov

Date Stamp

2013 OCT -2 PM 1:5

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 $ 192.00

Event Description Sharks vs Vancouver
Provide Title/Explanation

Date(s) 10 / 03 / 13 ___/___/___

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:
Madison Nguyen	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Puck Toss and recognition of City of San Jose
	1	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
2013 Youth Job Fair Volunteers	24	Volunteer 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)
	Louansee Moua	Chief of Staff	10/2/2013

Comment: _____

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

RECEIVED San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	louansee.moua@sanjoseca.gov

2013 AUG 29 AM 11:18

Date Stamp

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 $ 38

Event Description Ringling Brothers Barnum&Bailey Circu
Provide Title/Explanation

Date(s) 8 / 22 / 13 ___/___/___

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:
Quyen Ngo	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
	1	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
Lucretia Area Neighborhood Group	16	Volunteer 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)
	Louansee Moua	Chief of Staff	8/29/2013

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	louansee.moua@sanjoseca.gov

Date Stamp
2013 OCT -2 PM 1:

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 $ 92.50

Event Description The Package Tour
Provide Title/Explanation

Date(s) 07 / 12 / 13 ___/___/___

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
Lanai Cunningham Neighborhood Assoc.	16	Volunteer 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	Louansee Moua	Chief of Staff	10/2/2013
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

2013 AUG 29 AM 11: 19

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

Council District 7

Designated Agency Contact *(Name, Title)*

Louansee Moua, Chief of Staff

Area Code/Phone Number	E-mail
408-535-4985	louansee.moua@sanjoseca.gov

Date Stamp

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 $ 45

Event Description Super Freestyle Explosion
Provide Title/Explanation

Date(s) 6 / 29 / 13 ___/___/___

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
RockSprings Neighborhood Group	16	Volunteer 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	Louansee Moua	Chief of Staff	8/29/2013
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

RECEIVED San Jose City Clerk 2013 MAY 13 PM 1:29

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Noelle Vergara, Policy Analyst

Area Code/Phone Number	E-mail
(408) 535-4961	noelle.vergara@sanjoseca.gov

Date Stamp

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 $ 166/103

Event Description Sharks vs. Canucks *Provide Title/Explanation*

Date(s) 05 / 07 / 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: _____ *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:
Inzunza, Diego	2	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
	2	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
McLaughlin Area Tenants/ FMCI Youth Group	14	volunteer recognition for youth fair and litter pick up

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)
	Louansee Moua	Chief of Staff	05/13/13

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Noelle Vergara, Policy Analyst

Area Code/Phone Number	E-mail
(408) 535-4907	noelle.vergara@sanjoseca.gov

Date Stamp
2013 MAR 18 PM 2:3

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 $ 130

Event Description Sharks vs. Kings
Provide Title/Explanation

Date(s) 03 / 14 / 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: _____
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
Rocksprings Neighborhood Association	8	Recognition for their volunteer clean up efforts

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)
	Louansee Moua	Chief of Staff	03/18/2013

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Noelle Vergara, Policy Analyst

Area Code/Phone Number	E-mail
(408) 535-4907	noelle.vergara@sanjoseca.gov

Date Stamp
2013 MAR 20 PM 3:08

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 $ 80

Event Description Disney on Ice:Dare to Dream
Provide Title/Explanation

Date(s) 02 / 23 / 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: _____
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:
Moua, Louansee	2	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
Santee Youth Group	14	Volunteer 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)
For Louansee Moua	Louansee Moua	Chief of Staff	March 20, 2013

Comment: _____

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San Jose

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

Council District 7

Designated Agency Contact *(Name, Title)*

Noelle Vergara, Policy Analyst

Area Code/Phone Number	E-mail
(408) 535-4961	noelle.vergara@sanjoseca.gov

Date Stamp
2013 FEB 13 PM 3:04
COM OTC

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 $ 130.00

Event Description Sharks vs. Coyotes
Provide Title/Explanation

Date(s) 02 / 09 / 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: _____
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
D7 Youth Advisory Council	8	Recognition for their efforts in hosting litter pick-up, graffiti clean ups and volunteering for district events

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	Louansee Moua	Chief of Staff	02/12/13
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____