1. Agency Name
   City of San José
   Department of Parks, Recreation and Neighborhood Services

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Childish Gambino (Concert)
   Face Value of Each Ticket/Pass $ 129.50
   Date(s) 12 / 12 / 20
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

3. Recipients
   
   **A. Name of Agency, Department or Unit**
   Strategic Partnerships Unit (Parks, Recreation, and Neighborhood Services)
   Number of Ticket(s)/Passes 16
   Description of public purpose made pursuant to the agency's policy
   Recognition of evaluators who dedicated 20-25 hours of time to the Safe Summer Initiative.

   **B. Name of Individual (Last, First)**
   Number of Ticket(s)/Passes
   Identify one of the following:
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - Ceremonial Role [ ] Other [ ] Income [ ]

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

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

   Signature of Agency Head or Designee: Amy Barnwell
   Print Name: Amy Barnwell
   Title: Staff Specialist
   Date: 01-18-2019
1. **Agency Name**
   City of San Jose

   **Division, Department, or Region (if applicable)**
   Parks, Recreation & Neighborhood Services

   **Designated Agency Contact (Name, Title)**
   Xochitl Montes

   **Area Code/Phone Number**
   408-795-1851

   **E-mail**
   xochitl.montes@sanjoseca.gov

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $** $129
   - **Event Description:** WWE
   - **Date(s) 06/10/19**
   - **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
   - **Name of Source:** SAP Center - San Jose Ticket Distribution Program
   - **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

3. **Recipients**
   - **Name of Agency, Department or Unit**
     Parks, Recreation & Neighborhood Services
   - **Number of Ticket(s)/Passes**
     2
   - **Describe the public purpose made pursuant to the agency's policy**
     City Policy Manual 1.2.7

     **Name of Individual**
     (Last, First)
   - **Number of Ticket(s)/Passes**

     **Identify one of the following:**
     - Ceremonial Role [x]
     - Other [ ]
     - Income [ ]

     **Name of Outside Organization**
     (Include address and description)
   - **Number of Ticket(s)/Passes**
     22

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**
     Xochitl Montes
   - **Print Name**
     Community Coordinator
   - **Title**
   - **Date (month, day, year)**
     06/10/19

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

### 1. Agency Name
- City of San José

### Administrative Services Div. - Parks, Recreation & Neighborhood Services

### Designated Agency Contact (Name, Title)
- Veronica Schulte, Senior Analyst

### Area Code/Phone Number
- (408)793-5597

### E-mail
- veronica.schulte@sanjoseca.gov

### Date Stamp
- 2019 APR 16 PH 3:38

### 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 ☐

- **Event Description:**
  - NHL Hockey Game

- **Ticket(s)/Pass(es) provided by agency?**
  - Yes ☐ No ☑

- **Was ticket distribution made at the behest of agency official?**
  - No ☐ Yes ☑

- **Face Value of Each Ticket/Pass $:**
  - $225.00/$86.00

- **Date(s):**
  - 4/12/19

### Name of Source
- If no: San Jose Arena Authority
- If yes: Schulte, Veronica

### Official's Name (Last, First)

### 3. Recipients

- **A. Name of Agency, Department or Unit**
  - Parks, Recreation and Neighborhood Services

- **Number of Ticket(s)/Pass(es):**
  - 8

- **Describe the public purpose made pursuant to the agency's policy:**
  - Recognition for participation in the Park Ranger Working Group to evaluate the Park Ranger Program Service Model.

- **B. Name of Individual**
  - (Last, First)

- **Number of Ticket(s)/Pass(es):**

- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐ Income ☐

- **C. Name of Outside Organization**
  - (include address and description)

- **Number of Ticket(s)/Pass(es):**

- **Describe the public purpose made pursuant to the agency's policy:**

### 4. Verification

- **Signature of Agency Head or Designee:**
  - Veronica Schulte

- **Print Name:**
  - Senior Analyst

- **Title:**
  - (Month, Day, Year)

- **Comment:**

- **FPPC Form 802 (4/12)**
- **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San José
Division, Department, or Region (If Applicable)
Administrative Services Div - Parks, Recreation & Neighborhood Services
Designated Agency Contact (Name, Title)
Veronica Schulte, Senior Analyst
Area Code/Phone Number E-mail
(408)793-5597 veronica.schulte@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description NHL Hockey Game
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
Face Value of Each Ticket/Pass $225.00/$86.00
Date(s) 3/30/19
Name of Source: San Jose Arena Authority

3. Recipients
A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   Parks, Recreation and Neighborhood Services 24 Recognition for participation in the Park Ranger Working Group to evaluate the Park Ranger Program Service Model.

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:

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

4. Verification
I have read and understand FPPC Regulations 18944.4 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Veronica Schulte Senior Analyst 4/02/119
Print Name Title (Month, Day, Year)

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

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
Parks, Recreation and Neighborhood Services- Capital Division
Designated Agency Contact (Name, Title)
Nicolle Burnham, Deputy Director
Area Code/Phone Number
408-535-3520
E-mail
nicolle.burnham@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Face Value of Each Ticket/Pass $ 225 and 82
Event Description: Sharks vs. Blackhawks Date(s) 3 / 28 / 19
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
If no: San Jose Arena Authority
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks, Recreation and Neighborhood Services</td>
<td>24</td>
<td>Staff gratitude and recognition for committing their time and energy making San Jose a stronger community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☑ Income ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Nicolle Burnham
Print Name: Deputy Director
Title: 3/29/19
(month, day, year)

Comment:
### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are $225 and $85.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Patricia Olague</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>2 Liquor Prender</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>3 Jason Condit</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>4 Christy Nga</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>5 Laura Yarwasky</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>6 Chris Herbert</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>7 Corrie Canpo</td>
<td>Corrie Canpo</td>
<td>[Signature]</td>
</tr>
<tr>
<td>8 DeLisa</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>9 Selena Wandoni</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>10 Enrique DeAndo</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>11 Jaiden Shergill</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>12 Nolan Bertucca</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>13 Robin Walker</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>14 Richard Avalos</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>15 Beth Tidwell</td>
<td></td>
<td>[Signature]</td>
</tr>
<tr>
<td>16 Pamela Velasco</td>
<td></td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

---

**ORGANIZATION**

PRNS- Capital Team

**TIME**

7:30PM

**EVENT DATE**

March 28, 2019

**LOCATION**

SAP Center (Sharks vs. Blackhawks)
**Agency Report of:**

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

1. **Agency Name**
   City of San José

2. **Division, Department, or Region (if applicable)**
   Parks, Recreation and Neighborhood Services

3. **Designated Agency Contact (Name, Title)**
   Veronica Schulte

4. **Area Code/Phone Number**
   408-793-5597

5. **E-mail**
   veronica.schulte@sanjoseca.gov

6. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description:** NHL Sharks Game
   - **Face Value of Each Ticket/Pass:** $225 and $82
   - **Date(s):** 12/22/11

7. **Recipients**
   - **PRNS ASD and Parks Staff & HR Staff**
     - **Number of Ticket(s)/Passes:** 24
     - **Describe the public purpose made pursuant to the agency's policy:** In recognition of the work accomplished to minimize the Parks staff vacancy rate.

8. **Verification**
   - **Signature of Agency Head or Designee**
     - Veronica Schulte
     - Senior Analyst
     - 1/2/19

---

**Comment:**

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are $329.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dan Greeley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Teresa Meyer-Calvert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Tony O'Reilly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Jeff Gomez</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Josh Starzana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Stephanie Duran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Mike Jones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Ali Yeti</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Brandon Casper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Steve Funder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Veronica Schulthe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Manjit Atwal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ORGANIZATION
PRNS – 2018 Parks Maintenance

TIME 1:00PM
EVENT DATE December 22, 2018
LOCATION Sharks v. Kings
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)
Parks Recreation and neighborhood Services
Designated Agency Contact (Name, Title)
Tony Daly Food & Beverage manager
Area Code/Phone Number E-mail
408 794 6427 tony.daly@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description: Sharks VS. Wild
Face Value of Each Ticket/Pass $222/$86
Ticket(s)/Pass(es) provided by agency? Yes □ No □
Was ticket distribution made at the behest of agency official? Yes □ No □
Date(s) 11 / 06 / 18

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks Recreation &amp; Neighborhood Services/HHPZ</td>
<td>24</td>
<td>Recognition of collaborative exceptional work within the Parks Division.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Attached List of Recipients.</td>
<td>0</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td>Recognize collaborative exceptional work within the Parks Division.</td>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

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 Justin Long Deputy Director
Print Name Title
(month, day, year)

Comment:
Form 802

Section 3.B.

<table>
<thead>
<tr>
<th>Name</th>
<th>Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Alauger</td>
<td>1</td>
</tr>
<tr>
<td>Anthony Teschera</td>
<td>1</td>
</tr>
<tr>
<td>Shalanda Walker</td>
<td>1</td>
</tr>
<tr>
<td>Yadira Ibanez</td>
<td>1</td>
</tr>
<tr>
<td>Samantha Camacho</td>
<td>1</td>
</tr>
<tr>
<td>Kelly Walsh</td>
<td>1</td>
</tr>
<tr>
<td>Melissa Keo</td>
<td>1</td>
</tr>
<tr>
<td>AJ Wells</td>
<td>1</td>
</tr>
<tr>
<td>Joe Vaccaro</td>
<td>1</td>
</tr>
<tr>
<td>Salina Teas</td>
<td>1</td>
</tr>
<tr>
<td>Shannon Heimer</td>
<td>1</td>
</tr>
<tr>
<td>Amy Du</td>
<td>1</td>
</tr>
<tr>
<td>Justin Long</td>
<td>1</td>
</tr>
<tr>
<td>Tony Daly</td>
<td>1</td>
</tr>
<tr>
<td>Kiersten McCormick</td>
<td>1</td>
</tr>
<tr>
<td>Mario Day</td>
<td>1</td>
</tr>
<tr>
<td>Aileen Milich</td>
<td>1</td>
</tr>
<tr>
<td>Willie Martinez</td>
<td>1</td>
</tr>
<tr>
<td>Justin Immamra</td>
<td>1</td>
</tr>
<tr>
<td>Julio Serrano</td>
<td>1</td>
</tr>
<tr>
<td>Thomas Griffen</td>
<td>1</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San José
Division, Department, or Region (if applicable)
Parks, Recreation and Neighborhood Services
Designated Agency Contact (Name, Title)
Veronica Schulte, Analyst II C
Area Code/Phone Number 408-793-5597
E-mail veronica.schulte@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □ Face Value of Each Ticket/Pass $ 329
Event Description: U2 Concert
Date(s) 05 / 07 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: 
Was ticket distribution made at the behest of agency official? Yes ☑ No □ Name of Source: Schulte, Veronica

3. Recipients
Name of Agency, Department or Unit City of San José, PRNS
Number of Ticket(s)/Passes 16
Describe the public purpose made pursuant to the agency's policy Recognition of City of San José employees for participation & planning of the Citywide Employee Giving Campaign.

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 Angel Rios, Jr. Director
Print Name (month, day, year) 05/01/18

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are $329.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Kari Davisson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Veronica Schulze</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Dean Cosale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Ryan Sheelen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Andrea Maestre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Angel Liu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Laura Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Lynda De Santiago</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Patsy Cones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Teresa Meier-Conor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Matt Cano</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ORGANIZATION: PRNS – 2016 Giving Campaign
TIME: 8:00PM
EVENT DATE: May 7, 2018
LOCATION: U2 Concert
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   City of San Jose
   Division, Department, or Region (if applicable)
   Parks, Recreation and Neighborhood Services
   Designated Agency Contact (Name, Title)
   Alex Niles - Analyst II
   Area Code/Phone Number
   (408) 535-3570 X35592
   E-mail
   alex.niles@sanjoseca.gov

2. Function or Event Information
   - Does the agency have a ticket policy? Yes ☐ No ☑
   - Event Description: SJ Sharks vs. Washington Capitals
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
   - Face Value of Each Ticket/Pass $225 (suite)/$86 (lower)
   - Date(s) 03 / 10 / __
   - SAP Center______________________________
   - Official's Name (Last, First)
     If yes: Rios Jr, Angel

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
   City of San Jose - Parks, Recreation and Neighborhood Services | 24 | Tickets presented to City staff in recognition of their volunteer efforts as grant application raters.

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   | Ceremonial Role ☐ Other ☐ Income ☐
   | Ceremonial Role ☐ Other ☐ Income ☐

   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
   | Ceremonial Role ☐ Other ☐ Income ☐
   | Ceremonial Role ☐ Other ☐ Income ☐

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
   Date:
   Name (*)
   Title
   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San José
Division, Department, or Region (If Applicable)
Administrative Services Div.- Parks, Recreation & Neighborhood Services
Described Agency Contact (Name, Title)
Veronica Schulte, Analyst
Area Code/Phone Number E-mail
(408)793-5597 veronica.schulte@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Event Description:
NHL Hockey Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
Date(s) 01 / 13 / 18
If no: San Jose Arena Authority
Name of Source
If yes: Schulte, Veronica
Official's Name (Last, First)
Face Value of Each Ticket/Pass $.
$225.00/$86.00

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks, Recreation and Neighborhood Services</td>
<td>24</td>
<td>Staff recognition for participation with the Employee Engagement Through Action Team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☑ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☑ Income ☑</td>
</tr>
</tbody>
</table>

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

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: Veronica Schulte
Print Name: Analyst
Title: 1/16/18
(Month, Day, Year)

Comment:
**TICKET DISTRIBUTION**

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.** The total value of each ticket are $0.00.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mike Jones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Patsy Cortez</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Vencille Schulte</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Ajin Galang</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Amy Chamberlain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Yu-Wen Huang</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Marcela Atien</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Amanda Corran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Tori Qelly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Danielle Torralba</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Alex Nunn - Lin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Teresa Meyer - Calvert</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ORGANIZATION**
PRNS – Employee Engagement Through Action Team

**TIME**
7:30PM

**EVENT DATE**
January 13, 2018

**LOCATION**
Sharks v. Coyote NHL Game
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
CITY OF SAN JOSE
Division, Department, or Region (if applicable)
PARKS, RECREATION, AND NEIGHBORHOOD SERVICES
Designated Agency Contact (Name, Title)
VERONICA SCHULTE, ANALYST
Area Code/Phone Number
408-793-5597
E-mail
VERONICA.SCHULTE@SANJOSE.CA.GOV

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: KATY PERRY CONCERT
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 206.50
Date(s) 11/14/17
Name of Source
If 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF SAN JOSE EMPLOYEES (MULTIPLE DEPARTMENTS)</td>
<td>160 TIX &amp; PARKING PASSES</td>
<td>RECOGNITION FOR DEPARTMENT 2016 EMPLOYEE GIVING CAMPAIGN LIASON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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 _____________________________
Date of Original Filing: 11/16/2017 (month, day, year)

Comment: _____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
TICKET DISTRIBUTION

By checking “Received” below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are $100.00.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
<th>PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Andrade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lupe Gonzalez</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ANH Tran</td>
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<td></td>
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<tr>
<td>Melrose Cacal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vivian Do</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEissa Espinosa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lynda de Santiago</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paty de Santiago</td>
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<td></td>
<td></td>
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<tr>
<td>Michelle Saechao</td>
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</tr>
</tbody>
</table>

ORGANIZATION: PRNS – Giving Campaign Team 2016
TIME: 7:00PM
EVENT DATE: November 14, 2017
LOCATION: Katy Perry Concert
By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are $0.00.

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Teresa Major-Calvert</td>
<td>□</td>
<td>[Signature]</td>
</tr>
<tr>
<td>2</td>
<td>□</td>
<td></td>
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<td>3</td>
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<td>4</td>
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<td>9</td>
<td>□</td>
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<tr>
<td>10</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

ORGANIZATION: PRNS - Giving Campaign Team 2016
TIME: 7:00PM
EVENT DATE: November 14, 2017
LOCATION: Katy Perry Concert
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San José
Division, Department, or Region (If Applicable)
Capital Division - Parks, Recreation & Neighborhood Services
Designated Agency Contact (Name, Title)
Janine Bray, Acting Staff Specialist
Area Code/Phone Number E-mail
(408)793-4304 janine.bray@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description
Katy Perry Concert
Face Value of Each Ticket/Pass $ 200.50
Date(s) 11 / 14 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Name of Source
San Jose Arena Authority
Official’s Name (Last, First)
Janine Bray

3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
PRNS - Capital Division 16 Staff recognition for planning and participation in the St. James Design process.

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es)

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 Assistant Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are $200.50.

<table>
<thead>
<tr>
<th>NAME</th>
<th>Organization</th>
<th>TIME</th>
<th>EVENT DATE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty</td>
<td>PRNS – St. James Design Committee</td>
<td>7:00 pm</td>
<td>November 14, 2017</td>
<td>Katy Perry Concert - SAP</td>
</tr>
<tr>
<td>Yu-Wen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebekah</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veronica</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rocio</td>
<td></td>
<td></td>
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<td>CJ</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty</td>
<td>2 Tickets</td>
<td></td>
</tr>
<tr>
<td>Yu-Wen</td>
<td>2 Tickets</td>
<td></td>
</tr>
<tr>
<td>Rebekah</td>
<td>2 Tickets</td>
<td></td>
</tr>
<tr>
<td>David</td>
<td>3 Tickets</td>
<td></td>
</tr>
<tr>
<td>Veronica</td>
<td>2 Tickets</td>
<td></td>
</tr>
<tr>
<td>Rocio</td>
<td>2 Tickets</td>
<td></td>
</tr>
<tr>
<td>CJ</td>
<td>2 Tickets</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>TIME</th>
<th>EVENT DATE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNS – St. James Design Committee</td>
<td>7:00 pm</td>
<td>November 14, 2017</td>
<td>Katy Perry Concert - SAP</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

Parks, Recreation and Neighborhood Services

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

408-417-7953 Zacharias.mendez@sanjoseca.gov

Area Code/Phone Number E-mail

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $129.50

Event Description: Kendrick Lamar - Recognition Concert

Date(s): 12/17

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

Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Shelly Wang

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

Department of Parks, Recreation and Neighborhood Services - ROS

Number of Ticket(s)/Passes 16

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:

C. Name of Outside Organization (Include address and description)

Number of Ticket(s)/Passes

Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee Print Name

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
City of San Jose

**Division, Department, or Region (if applicable)**
Parks, Recreation, and Neighborhood Services

**Designated Agency Contact (Name, Title)**
Alex Niles - Analyst II

**Area Code/Phone Number**
(408) 793-5592

**E-mail**
alex.niles@sanjoseca.gov

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes □ No ☑
- **Event Description:** Total Package Tour - NKOTB
  - **Provide Title/Explanation**
  - **Face Value of Each Ticket/Pass:** $99.95
  - **Date(s):** 06 / 04 / 17
  - **Name of Source:** SAP Center - San Jose, CA
  - **Official's Name (Last, First):** Duenas, Norberto - City Manager, City of San Jose

**3. Recipients**

- **A.**
  - **Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Passes**
  - **Describe the public purpose made pursuant to the agency's policy**
    - City of San Jose, Parks, Recreation, and Neighborhood Services - SPU
      - **Number:** 16
      - **Distribution of Tickets to City Officials - Approved Use of City Box to Recognize Staff (City Policy 9-11, Page 2)**

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

- **4. Verification**

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

  Signature of Agency Head or Designee: [Signature]
  Print Name: [Print Name]
  Title: [Title]
  (month, day, year): 6/11/17

  Comment: [Comment: I have read and reviewed FPPC Reg 18944.1 and 18942.]

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
Parks, Recreation and Neighborhood Services
Designated Agency Contact (Name, Title)
Michael Jones, Sr. Office Specialist
Area Code/Phone Number
(408) 793-4186
E-mail
michael.jones@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description: Sharks vs. Canucks
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s): 4 / 6 / 17
If no: San Jose Arena Authority - Shelly Wang
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks, Recreation and Neighborhood Services / Parks Division</td>
<td>24</td>
<td>Recognition of collaborative exceptional work within the Parks Division.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>See attached List of Recipients</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
<td></td>
</tr>
<tr>
<td>See attached List of Recipients</td>
<td>Recognition of collaborative exceptional work within the Parks Division.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:
### 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

- If checking "Ceremonial Role" or "Other" describe below:

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Form 802
#### Section 3. B.

<table>
<thead>
<tr>
<th>Name</th>
<th>Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trede, Troy</td>
<td>1</td>
</tr>
<tr>
<td>Trede, Athena</td>
<td>1</td>
</tr>
<tr>
<td>Magahiz, Maxine</td>
<td>1</td>
</tr>
<tr>
<td>Castro, Adriel</td>
<td>1</td>
</tr>
<tr>
<td>Trujillo, Lorenzo</td>
<td>1</td>
</tr>
<tr>
<td>Moreno, Eddie</td>
<td>1</td>
</tr>
<tr>
<td>Keltner, John</td>
<td>1</td>
</tr>
<tr>
<td>Cameron, Steve</td>
<td>1</td>
</tr>
<tr>
<td>Guerrero, Joseph</td>
<td>1</td>
</tr>
<tr>
<td>Rios, Yazmin</td>
<td>1</td>
</tr>
<tr>
<td>Martinez, Angie</td>
<td>1</td>
</tr>
<tr>
<td>Muscatell, Rory</td>
<td>1</td>
</tr>
<tr>
<td>Conklin, Mark</td>
<td>1</td>
</tr>
<tr>
<td>Cotillon, Jimmy</td>
<td>1</td>
</tr>
<tr>
<td>Rubio, Manuel</td>
<td>1</td>
</tr>
<tr>
<td>Ale, Alex</td>
<td>1</td>
</tr>
<tr>
<td>Jones, Michael</td>
<td>1</td>
</tr>
<tr>
<td>Saenz, Larry</td>
<td>1</td>
</tr>
<tr>
<td>Flores, Jr., Nasario</td>
<td>1</td>
</tr>
<tr>
<td>Petersen, Dale</td>
<td>1</td>
</tr>
</tbody>
</table>
1. **Agency Name**
City of San Jose

Division, Department, or Region (if applicable)
Parks, Recreation and Neighborhood Services

**Designated Agency Contact**
Angel Rios, Director

Area Code/Phone Number
(408) 535-8100

E-mail
webmaster.manager@sanjoseca.gov

2. **Function or Event Information**

| Does the agency have a ticket policy? | Yes [x] No [ ] |

Event Description: Twenty One Pilot Concert

| Face Value of Each Ticket/Pass $ |
| 49.50 |

| Event(s)/Pass(es) provided by agency? | Yes [x] No [ ] |

| Date(s) |
| 2 / 10 / 17 |

| Ticket(s)/Pass(es) provided by agency? | Yes [x] No [ ] |

| Name of Source |
| |

| Was ticket distribution made at the behest of agency official? | Yes [ ] No [x] |

| Official's Name (Last, First) |
| |

3. **Recipients**

| Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
| City of San Jose Youth Commission | 16 | Recognition Event |

| Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
| | | Ceremonial Role [ ] Other [ ] Income [ ] |

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

4. **Verification**

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

Signature of Agency Head or Designee: Norberto Queñas  
Print Name: City Manager  
Title:  
(month, day, year)  

Comment:
## 1. Agency Name

CITY OF SAN JOSE / PRNS DEPARTMENT

Division, Department, or Region (if applicable)

Marybeth Harasz, Deputy Director

Designated Agency Contact (Name, Title)

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes □ No □
- **Face Value of Each Ticket/Pass $** $150.00
- **Event Description:** Stevie Nicks Concert
- **Date(s):** 12/14/16
- **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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coleman Soccer Facility Project Team</td>
<td>16</td>
<td>Recognition for direct involvement in city-related project.</td>
</tr>
</tbody>
</table>

#### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

**Marybeth Harasz**  
Deputy Director  
12/15/16

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

**Comment:** Many employees who attended this event were very appreciative of the recognition.

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Coleman Soccer Facility Project Recognition

Event: SAP Center  
Stevie Nicks Concert on 12/14/17; 7:00 p.m.

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th># of Tickets</th>
<th>Parking Pass Given</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marybeth Harasz</td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Agatha Ng</td>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Scott Arnold</td>
<td>0</td>
<td>declined</td>
<td></td>
</tr>
<tr>
<td>Kari Davisson</td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Rodney Rapson</td>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Jason Condit</td>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Kathy LeVeque</td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Veronica Schulte</td>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Lidia Ibarra</td>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Peter Testa</td>
<td>1</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Note: "declined" indicates the recipient declined the parking pass.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Recreation and Community Services, PRNS

Designated Agency Contact (Name, Title)
Keila Cisneros, Recreation Leader
(408) 793-5594

Area Code/Phone Number E-mail
keila.cisneros@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 303
Event Description: Bellator MMA
Date(s) 11/19/16
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks, Recreation and Neighborhood Services</td>
<td>24</td>
<td>Recognition of Summer Park Activation Staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernandez, Marco</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

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 Keila Cisneros, Recreation Leader
Print Name Title Recreation Leader
Date (month, day, year) 11/18/16

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

1. Agency Name
Dept of Parks, Rec + Neighborhood Services - Happy Valley
Division, Department, or Region (if applicable)
Nicole Burnham, Parks Manager
Designated Agency Contact (Name, Title)

Area Code/Phone Number | E-mail
408-794-6859 | nicole.burnham@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $__________
Event Description: Sharks vs. Penguins
Date(s) 11/5/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: ______________
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Burnham, Nicole 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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:

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

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: Nicole Burnham, Parks Manager
Print Name: Nicole Burnham
Title: Parks Manager
11/8/16 (Month, Day, Year)

Comment: ____________________________
## TICKET DISTRIBUTION

By checking "Received" below, I understand these **tickets cannot be resold or redistributed and are to be used by me and my family member/guest.**

<table>
<thead>
<tr>
<th>NAME</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Dan Grecley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Julio Serrano</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Yadira Galindo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Kierston McCormick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Chey (John) Lue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Taylor Cameron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Judy Roberto</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Angelo Marchi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Willie Martinez</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Justin Imamura</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Details
- **Organization:** PRNS - Happy Hollow Park and Zoo
- **Time:** 7:30 PM
- **Event Date:** November 5, 2016
- **Location:** Sharks v. Penguins
By checking "Received" below, I understand these **tickets cannot be resold or redistributed** and are to be used by me and my family member/guest.

<table>
<thead>
<tr>
<th>Name</th>
<th>I Am a Form 700 Reporter</th>
<th>Signature</th>
<th>Ticket(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicolle Burnham</td>
<td></td>
<td></td>
<td>1 seat + 1 box</td>
</tr>
<tr>
<td>Tony Day</td>
<td></td>
<td>J</td>
<td>1 seat</td>
</tr>
<tr>
<td>Rebecca Marquez</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>Angela Saucedo</td>
<td></td>
<td></td>
<td>1 box + 1 pkg</td>
</tr>
<tr>
<td>Mario Day</td>
<td></td>
<td></td>
<td>1 seat</td>
</tr>
<tr>
<td>Jonathan Ismail</td>
<td></td>
<td>Jonathan</td>
<td>1 box + 1 pkg</td>
</tr>
<tr>
<td>Arlinda Duffy</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>Mandy Mcguire</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>Amber Rindy</td>
<td></td>
<td></td>
<td>1 box + 1 pkg</td>
</tr>
<tr>
<td>Kelley Walsh</td>
<td></td>
<td></td>
<td>2 box + 1 pkg</td>
</tr>
<tr>
<td>Randy Adams</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organization:** PRNS - Happy Hollow Park and Zoo  
**Time:** 7:30 PM  
**Event Date:** November 5, 2016  
**Location:** Sharks v. Penguins
**Agency Report of:**

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

**1. Agency Name**

**Parks, Recreation, and Neighborhood Services**

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

Ed Solis, Recreation Superintendent

**Designated Agency Contact (Name, Title):**

Ed. Solis @ sanjose.ca.gov

**Area Code/Phone Number**

408 793 5550

**E-mail**

**OCT 26 AM 10:47**

**Date Stamp**

**A Public Document**

**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 $**: 76.00
- **Event Description**: MANA CONCEN
- **Date(s)**

**9/17/16**

**Provide Title/Explanation**

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

**If no:**

**Name of Source**

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

**If yes:**

**Official's Name (Last, First)**

**3. Recipients**

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

**A. Name of Agency, Department or Unit**

**Number of Ticket(s)/Passes**

**Describe the public purpose made pursuant to the agency's policy**

- **Parks, Recreation, & Neighborhood Services**

14

Recognition of HBE COLLEST TEAM EFFORT

**B. Name of Individual**

**Number of Ticket(s)/Passes**

**Identify one of the following:**

- **Ceremonial Role** ☐
- **Other** ☐
- **Income** ☐

If checking "Ceremonial Role" or "Other" describe below:

**C. Name of Outside Organization**

**Number of Ticket(s)/Passes**

**Describe the public purpose made pursuant to the agency's policy**

**4. Verification**

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

**Signature of Agency Head or Designee**: Keila Littner

**Print Name**: Recreation Leader

**Title**: 18/23/16

**(month, day, year)**

**Comment:**

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
City of San José

Division, Department, or Region (if applicable)
Parks, Recreation & Neighborhood Services

Designated Agency Contact (Name, Title)
Veronica Schulte, Staff Specialist

Area Code/Phone Number
408-793-5597

E-mail
veronica.schulte@sanjoseca.gov

2. Function or Event Information

- Does the agency have a ticket policy? Yes ☑ No ☐
- Event Description: Sting & Peter Gabriel Concert
- Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
- Face Value of Each Ticket/Pass $253
- Date(s): 7/14/16

3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks, Recreation &amp; Neighborhood Services</td>
<td>16</td>
<td>Employee recognition for City Department representatives who participated in the 2015 Combined Giving Campaign.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
</table>

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<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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 Delegatee
Veronica Schulte
Staff Specialist
7-18-16

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Parks, Recreation and Neighborhood Services
Designated Agency Contact (Name, Title)
Teresa Meyer-Calvert, Staff Specialist
Area Code/Phone Number  408-793-4186
E-mail teresa.meyer-calvert@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Sharks Game (NHL Hockey)
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
Face Value of Each Ticket/Pass $ 222.00
Date(s) 03/22/16

3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
Parks, Recreation and Neighborhood Services 22 Recognition for a collaborative or "TEAM" effort within the Parks Division.

B. Name of individual Number of Ticket(s)/Pass(es)
See Attached List of Recipients

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es)

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 Teresa Meyer-Calvert Staff Specialist 5-9-16

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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.)

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Athena Trede</td>
</tr>
<tr>
<td>2</td>
<td>Sarah Sanchez</td>
</tr>
<tr>
<td>3</td>
<td>Troy Trede</td>
</tr>
<tr>
<td>4</td>
<td>Andre Morrow</td>
</tr>
<tr>
<td>5</td>
<td>Patricia Rivera</td>
</tr>
<tr>
<td>6</td>
<td>Randy Adams</td>
</tr>
<tr>
<td>7</td>
<td>Jeff Gomez</td>
</tr>
<tr>
<td>8</td>
<td>Tony Daly</td>
</tr>
<tr>
<td>9</td>
<td>Lynda De Santiago</td>
</tr>
<tr>
<td>10</td>
<td>Duane Lindsay</td>
</tr>
<tr>
<td>11</td>
<td>Hugo Romo</td>
</tr>
<tr>
<td>12</td>
<td>Jena Sorrells</td>
</tr>
<tr>
<td>13</td>
<td>Joe Borja</td>
</tr>
<tr>
<td>14</td>
<td>Joe Guerrero</td>
</tr>
<tr>
<td>15</td>
<td>Danilo Carrasco</td>
</tr>
<tr>
<td>16</td>
<td>Brandon Casper</td>
</tr>
<tr>
<td>17</td>
<td>Nicolle Burnham</td>
</tr>
<tr>
<td>18</td>
<td>Alex Pearson</td>
</tr>
<tr>
<td>19</td>
<td>Steve Hammack</td>
</tr>
<tr>
<td>20</td>
<td>Teresa Meyer-Calvert</td>
</tr>
<tr>
<td>21</td>
<td>Gina Aning</td>
</tr>
<tr>
<td>22</td>
<td>Jaime Ruiz</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - PRNS: Seven Trees Community Center
   - Designated Agency Contact: Dora Liu - Gerontology Specialist

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [ ]
   - **Face Value of Each Ticket/Pass $** $31.00
   - **Event Description** San Jose Bassaccer Ice Hockey Game
   - **Date(s)** 3/13/2016
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
   - **Was ticket distribution made at the behest of agency official?** No [ ] Yes [ ]

3. **Recipients**
   - **A. Name of Agency, Department or Unit** Seven Trees Community Center
   - **Number of Ticket(s)/Pass(es)** 8
   - **Describe the public purpose made pursuant to the agency's policy** Teen Volunteer Recognition - Tickets were given to Teens who Volunteer on regular Basis.
   - **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:
   - **C. Name of Outside Organization** (Include address and description)
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature** of Agency Head or Designee: Dora Liu
   - **Print Name** Gerontology Specialist
   - **Date** 2/29/16

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

#### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Tpees Community Center</td>
<td>8</td>
<td>Teen Volunteer Recognition - Tickets were given to teens who volunteer on a regular basis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   PRNS, City of San Jose
   Division, Department, or Region (If Applicable)
   Seven Trees Community Center
   Designated Agency Contact (Name, Title)
   Dona Lion - Gerontology Specialist
   Area Code/Phone Number E-mail
   408/794-1690 dona.lion@sanjoseca.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □ Face Value of Each Ticket/Pass $150.00
   Event Description San Jose Sharks vs. Montreal Date(s) 2/29/2016
   Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes □ No □ If yes: Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Seven Trees Community Center, PRNS 8 Volunteer Recognition - Tickets were given to our senior volunteers.

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: Dona Lion  Print Name: Dona Lion  Title: Gerontology Specialist  Date: 2/29/16

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

**Agency Name**

PR/N/S Seven Trees Community Center

---

#### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center, PR/N/S</td>
<td>8</td>
<td>Volunteer recognition - Tickets were given to our senior volunteers in different programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ✅ Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ✅</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   PRA'S, Seven Trees Community Center
   Division, Department, or Region (If Applicable)
   Designated Agency Contact (Name, Title)

   Area Code/Phone Number: 408/794-1670
   E-mail: doxa.liou@sanjoseca.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $47.00
   Date(s): 2/21/16
   Name of Source
   Official's Name (Last, First)

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

   Seven Trees Community Center
   8
   Recognition of Volunteers
   Ann Chew, Ruby Gibson, Bob Fink & Hurly Nghuyen

   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:

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

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: Doxa Liu
   Title: [Title]
   (Month, Day, Year)

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

---

### 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center, PRNS, City of San Jose</td>
<td>8</td>
<td>Recognition of our Senior Volunteers</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Administrative Services Div.- Parks, Recreation & Neighborhood Services

Designated Agency Contact (Name, Title)
Veronica Schulte, Acting Senior Analyst

Area Code/Phone Number E-mail
(408)793-5597 veronica.schulte@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Valentine's Old School Throwback Jam
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official?
Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 55.00
Date(s) 02 / 12 / 16
Name of Source
If yes: Schulte, Veronica
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)
PRNS, ESD, Finance, City Auditor, & Retirement Services 18 Staff recognition for participation in the annual employee giving campaign as a committee member or department liaison.

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

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

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.

Veronica Schulte Acting Senior Analyst 2/8/16
Signature of Agency Head or Designee Print Name Title

Comment: FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Parks, Recreation and Neighborhood Services Dept.
Designated Agency Contact (Name, Title)
Keila Cisneros
Area Code/Phone Number 408 743 5594 E-mail Keila.Cisneros@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Hickey Game (sharks vs. Kings) Provide Title/Explanation
Face Value of Each Ticket/Pass $ 188
Date(s) 1/24/16
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of San Jose, Parks Recreation and Neighborhood Services Viva cal SJ Event Team</td>
<td>8</td>
<td>Recognition of outstanding team performance and project success</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Keila Cisneros Recreation Leader 1/25/16

Comment: __________________________
**Agency Report of:**

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

**1. Agency Name**
City of San Jose

**Division, Department, or Region (if Applicable)**
Department of Parks, Recreation & Neighborhood Services, Happy Hollow

**Designated Agency Contact (Name, Title)**
Mario Day - Acting Amusement Park Supervisor

**Area Code/Phone Number**
408-794-6446

**E-mail**
Mario.Day@sanjoseca.gov

**2. Function or Event Information**

Does the agency have a ticket policy? Yes [x] No [ ]  

Face Value of Each Ticket/Pass $ 220.00

Event Description: Recognition of Supervisory Team

Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]

If provided by agency, name of source: San Jose Arena Authority

Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

If yes: Wang, Shelly

**3. Recipients**

- **A. Name of Agency, Department or Unit**
  - City of San Jose, PRNS, Happy Hollow Park & Zoo
  - Number of Ticket(s)/Pass(es) 24
  - Describe the public purpose made pursuant to the agency's policy: Recognition for supervisory team at Happy Hollow Park & Zoo

- **B. Name of Individual (Last, First)**
  - Number of Ticket(s)/Pass(es)
  - Identify one of the following:
    - Ceremonial Role [ ]
    - Other [ ]
    - Income [x]

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

**4. Verification**

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

Signature of Agency Head or Designee

Print Name

General Manager

Title

1-22-16 (Month, Day, Year)

Comment:
TO: Norberto Dueñas, City Manager
FROM: Angel Rios, Jr.

SUBJECT: REQUEST FOR USE OF THE CITY BOX
DATE: 12-07-15

The Parks, Recreation and Neighborhoods Services Department is requesting the use of the City Box at SAP Center for an upcoming NHL Sharks game in recognition of the supervisory team at Happy Hollow Park & Zoo.

The team of HHPZ supervisors has earned a celebratory event for their hard work and to also reenergize them for continued success in staff and program supervision. The Happy Hollow Supervisory Team consists of program leads and managers who collectively oversee the quality operations of Happy Hollow, achieving $7.4 million in revenue last fiscal year and attracting over 462,000 visitors last year, an all time high for Happy Hollow. They have worked very long hours with limited resources to provide the best possible guest experience, high quality animal exhibitory, which led to a record attendance and revenue earning year. Their dedication to the line staff is demonstrated in their development of an All-Staff Training and Team Kick Off meeting held at the beginning of the our summer season, creation of a part time staff mentoring program, and a staff appreciation party at the end of the summer for our approximately 200 full time and part-time staff.

In keeping the City’s RECOGNIZE! Initiative, I am pleased to nominate 20 members of the 2015 supervisory staff at Happy Hollow Park & Zoo for the use of the City Box at SAP center. Thank you for your consideration of this request.

Date: Yet to be determined
Responsible party: Per the Ticket Distribution Policy the responsible party will be Kiersten McCormick, Assistant General Manager, who will also be in attendance at the game. She can be reached at (408) 794-6406 or via email at Kiersten.McCormick@sanjoseca.gov.

ANGEL RIOS, JR., Director
Department of Parks, Recreation & Neighborhood Services

For questions, please contact Gina Aning, General Manager at (408) 794-6519.
1. Agency Name
City of San Jose
Division, Department, or Region (if Applicable)
Parks, Recreation and Neighborhood Services

Designated Agency Contact (Name, Title)
Keila Cisneros
Area Code/Phone Number 408-793-5594
E-mail keila.cisneros@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 99.50
Event Description Music concert (the weekend)
Provide Title/Explanation
Date(s) 12/6/15
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

A. Name of Agency, Department or Unit
City of San Jose Parks Recreation and Neighborhood Services

Number of Ticket(s)/Pass(es) 10
Describe the public purpose made pursuant to the agency's policy Recognition of outstanding team performance & project success.

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:

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

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

Signature of Agency Head or Designee Keila Cisneros
Print Name Recreation Leader
Title 12/14/15
(Month, Day, Year)

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Parks, Recreation and Neighborhood Services
Designated Agency Contact (Name, Title)
Keila Cisneros
Area Code/Phone Number 408 793 5594
E-mail Keila.cisneros@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $188
Event Description Hockey Game (Sharks vs. Lightning) Date(s) 12/5/15
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Name of Source
Name of Official's Source (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
City of San Jose, Parks Recreation and Neighborhood Services
Number of Ticket(s)/Pass(es) 8
Describe the public purpose made pursuant to the agency's policy Recognition of outstanding team performance and project success
Viva CalleSJ Event Team
B. Name of Individual
(Viva CalleSJ Event Team)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
if checking "Ceremonial Role" or "Other" describe below:

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

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

Signature of Agency Head or Designee Keila Cisneros Recreation Leader (Month, Day, Year) 12/14/15
Print Name
Title

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable) Parks, Recreation and Neighborhood Services
Designated Agency Contact (Name, Title) Teresa Meyer-Calvert, Staff Specialist
Area Code/Phone Number 408-793-4186
E-mail teresa.meyer-calvert@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Sharks Game (NHL Hockey)
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
Face Value of Each Ticket/Pass $ 222.00
Date(s) 11 / 10 / 15
Name of Source
If yes: Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parks, Recreation and Neighborhood Services</td>
<td>21</td>
<td>Recognition for a collaborative or &quot;TEAM&quot; effort within the Parks Division.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Teresa Meyer-Calvert, Staff Specialist
Print Name
Title Staff Specialist
Date 12-1-2015

Comment:
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.)

1. Aning, Gina
2. Arroyo, David
3. Burnham, Nicolle
4. Carrillo, Daniel
5. Formico, Paul
6. Garcia, Humberto
7. Hammack, Steve
8. Lawson, Jane
9. Meyer-Calvert, Teresa
10. Morales, Dave
11. Moran, Diodoro
12. Moreno, Ed
13. Orozco, Esteban
14. Pearson, Alex
15. Pollay, Bill
16. Pollay, Lisa
17. Ruiz, Jaime
18. Saavedra, Joshua
19. Schamle, Mark
20. Schultz, Brian
21. Sedillo, Anthony
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Seven Trees Community Center
Division, Department, or Region (If Applicable)
PRNS 3590 Cas Day San Jose, CA 95111

Designated Agency Contact (Name, Title)
Dona Line/biennial specialist

Area Code/Phone Number: 408/794-1670
E-mail: donaline@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy?
Yes [ ] No [ ]

Event Description: Ringling Bros. Circus
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?
Yes [ ] No [ ]

Was ticket distribution made at the behest of agency official?
No [ ] Yes [ ]

Face Value of Each Ticket/Pass: $42.00
Date(s): 8/20/15

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center</td>
<td>16</td>
<td>Recognition of Volunteers of National Night Out Institution V. &amp; Alex H.</td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Dona Line/biennial specialist
Print Name: 
(Month, Day, Year)

Comment: 
Agency Name:

Seven Trees Community Center, PRNS City of San Jose

3. Recipients

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Seven Trees Community Center, PRNS</td>
<td>16</td>
<td>Recognition - tickets gave to volunteers on National Night Out</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role</td>
<td>Other</td>
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<tr>
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<td></td>
<td>Ceremonial Role</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</tr>
</tbody>
</table>
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   City of San José
   Parks, Recreation and Neighborhood Services

2. **Designated Agency Contact**
   Veronica Schulte, Staff Specialist
   [Contact Information]

3. **Function or Event Information**
   Event Description: NHL Hockey Game
   Face Value of Each Ticket/Pass: $206
   Date(s): 3/14/15
   Ticket(s)/Pass(es) provided by agency: Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]

4. **Recipients**
   **A. Name of Agency, Department or Unit**
   Parks, Recreation and Neighborhood Services
   Number of Ticket(s)/Pass(es): 24
   Public Purpose: Recognition for participating in the Parks, Recreation and Neighborhood Services consumer outreach project.

   **B. Name of Individual**
   Identifying details: [Last, First]
   Number of Ticket(s)/Pass(es): [ ]

   **C. Name of Outside Organization**
   Identifying details: [Include address and description]
   Number of Ticket(s)/Pass(es): [ ]

5. **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]
   [Date]

   Comment: [ ]

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of each ticket are $98-$206.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RECEIVED 2 TICKETS &amp; PARKING PASS</th>
<th>I AM A FORM 700 REPORTER</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yu-Wen Huang</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Jason Coont</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Manguth Harkas</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Veronica Schulte</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Shirley Victoria</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Yes Zsutt</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Kari Davisson</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Greg Meek</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Jon Moog</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Maryann Casorla</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>Cassie Hunter</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>John Nguyen</td>
<td></td>
<td></td>
<td>SIGNATURE</td>
</tr>
</tbody>
</table>

ORGANIZATION: PRNS – EE Recognition Team
TIME: 1:00 PM
EVENT DATE: March 14, 2015
LOCATION: San José Arena, NHL Sharks Game
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   CITY OF SAN JOSE.
   Division, Department, or Region (if Applicable)
   PRNS, RCS

   Designated Agency Contact (Name, Title)
   MARY O'NEARA, recreation superintendent

   Area Code/Phone Number  E-mail
   (408) 535-3578  marya_onemara@sanjoseca

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $200
   Event Description: SHARKS HOCKEY Game
   Date(s): 2/15/15
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no: SUN JOSE ARENA AUTHORITY
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   If yes: MARY O'NEARA

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:
     EMPLOYEE RECOGNITION OUSTANDING SERVICE

   - Ceremonial Role ☐ Other ☑ income ☐
     If checking "Ceremonial Role" or "Other" describe below:
     EMPLOYEE RECOGNITION OUSTANDING SERVICE

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee
   Title
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martinez, Jessica</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □ Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Goto, Tracey</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □ Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Beuk, Justin</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □ Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Kramer, Christy</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □ Employee Recognition Outstanding Service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodio, Mario</td>
<td>2</td>
<td>Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Patania, Ronnie</td>
<td>2</td>
<td>Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Mendez, Zach</td>
<td>2</td>
<td>Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Barnwell, Amy</td>
<td>2</td>
<td>Employee Recognition Outstanding Service</td>
</tr>
</tbody>
</table>

- Ceremonial Role
- Other
- Income

If checking "Ceremonial Role" or "Other" describe below:

### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

California Form 802
A Public Document

Agency Name
CITY OF SAN JOSE

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (last, first)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIENFORT, Anthony</td>
<td>1</td>
<td>Employee Recognition Outstanding Service</td>
</tr>
<tr>
<td>Bray, Janine</td>
<td>1</td>
<td>Employee Recognition Outstanding Service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center</td>
<td>8</td>
<td>Staff &amp; Volunteer Recognition</td>
</tr>
</tbody>
</table>

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Event Description</th>
<th>Face Value of Each Ticket/Pass</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Sharks vs. Los Angeles</td>
<td>$125.00</td>
<td>9/20/14</td>
</tr>
</tbody>
</table>

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center</td>
<td>8</td>
<td>Staff &amp; Volunteer Recognition</td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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: Dora Lien
Print Name: Dora Lien
Title: Gerontology Specialist
Date: 10/1/14

Comment:
### Agency Name

Seven Trees Community Center

#### 3. Recipients

- **A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td>Seven Trees Community Center</td>
<td>8</td>
<td>Recognition / Volunteers</td>
</tr>
</tbody>
</table>

- **B. Name of Individual (Last, First)**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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- **C. Name of Outside Organization (include address and description)**

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<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Safe School Campus Initiative Program
   Division, Department, or Region (If Applicable)
   PRNS Community Services Division SSCI Program
   Designated Agency Contact (Name, Title)
   Alex Toscano (Youth Outreach Worker I)
   Area Code/Phone Number 408-373-7687
   E-mail Alex.Toscano@sanjoseca.go

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 82
   SJ Sabercats VS Orlando Predators
   Event Description
   Date(s) 5/3/14
   Was ticket distribution provided by agency? Yes [ ] No [ ]
   Official’s Name (Last, First)

3. Recipients
   Safe School Campus Initiative Program
   16
   Public Purpose for the Distribution to Youth Program Participants
   California Youth Outreach/Breakout Ministries program
   8
   Public Purpose for the Distribution to Youth Program Participants

   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]

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

   Signature of Agency Head or Designee
   Print Name
   Title (Month, Day, Year)

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
Parks Recreation & Neighborhood Services, Parks Division

Designated Agency Contact (Name, Title)
Teresa Meyer-Calvert, Staff Specialist

Area Code/Phone Number
E-mail
408-793-4186
teresa.meyer-calvert@sanjoseca.gov

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [ ] No [x]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>San Jose Sharks Game</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td>Date(s)</td>
<td>04/01/20</td>
</tr>
<tr>
<td>If no: San Jose Area Authority</td>
<td>Name of Source</td>
</tr>
<tr>
<td>If yes: San Jose Area Authority</td>
<td>Official's Name (Last, First)</td>
</tr>
</tbody>
</table>

3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of San Jose, PRNS Department Parks Division Staff Members</td>
<td>24</td>
<td>City Employee Recognition (Names on attached)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC regulations 18941 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Teresa Meyer-Calvert, Staff Specialist
Print Name
Date (Month, Day, Year)

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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.)

1. Adams, Randy
2. Albayalde, Joe
3. Aning, Gina
4. Carrillo, Daniel
5. Castro, Adriel
6. Chairez, Raul
7. Dietrick-Reyes, Jody
8. Grijalva, Tina
9. Hammack, Steve
10. Hunter, Cassie
11. Iglesias, Melina
12. Jones, Mike
13. Mefferd, Greg
14. Meyer-Calvert, Teresa
15. Morrow, Andre
16. Perez, Roed
17. Rodriguez, Albert
18. Saavedra, Joshua
19. Sanchez, Sarah
20. Shields, Ginny
21. Solis, Alfredo
22. Thomas, Katherine
23. Trede, Athena
24. Trede, Troy
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Safe School Campus Initiative
Division, Department, or Region (If Applicable)
PRNS Community Services Division
Designated Agency Contact (Name, Title)
Alex Toscano (Youth Outreach Worker I)
Area Code/Phone Number 408-794-1630
E-mail Alex.Toscano@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $82.00
Event Description SJ Sharks VS Toronto Maple Leafs
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: Name of Source
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Toscano</td>
<td>8</td>
<td>Public Purpose for the Distribution to Youth Program Participants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] Income [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Fernando P. Lopez Community Coordinator 3/14/14
Print Name
Title (Month, Day, Year)

Comment:  
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   CITY OF SAN JOSE
   PARKS, RECREATION & NATURE SERVICES
   Designated Agency Contact (Name, Title)
   REGINA ANDREWS, GENERAL MGR
   Area Code/Phone Number 408-799-6519
   E-mail GINA.ANDREWS@SJCITY.CA.GOV

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description [ ]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Date(s) 1/19/14
   Face Value of Each Ticket/Pass $ 178.00
   Name of Source [ ]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   Official's Name (Last, First)

3. Recipients
   Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   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
   HAPPY HOLLOW FOUNDATION 16 MAJOR DONOR RECOGNITION IN SUPPORT OF HHP2

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
   Date of Original Filing: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
January 13, 2014

Ticket/Pass Distribution for California Form 802
Justin Timberlake, 1/29/2014
Happy Hollow Foundation Major Donor ticket recipients

Chris Soden
Angela and Dave Delgado
Matt and Kerry James
Kevin and Chris Kelley
Andy and Heather Lerner
Charlie McCollum
Patty O'Malley and guest (tbd)
John and Sachie Tang
Lori and Kristi Yamaguchi

Respectfully submitted

Heather Lerner
Executive Director
Happy Hollow Foundation
408 277-3498
Agencies Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   CITY OF SAN JOSÉ

   Division, Department, or Region (If Applicable)
   PARKS NAV:
   HAPPY HOLLOW SUPERVISORY STAFF

   Designated Agency Contact (Name, Title)
   REGINA ANING, GENERAL MANAGER

   Area Code/Phone Number
   408-794-8519

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description
   SHARKS GAME
   Face Value of Each Ticket/Pass $192.00
   Date(s) 1/12/14
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: SAN JOSE ARENA AUTHORITY

   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

   Name of Source
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      CITY OF SAN JOSÉ - PFRNS DEPT.
      20
      CITY EMPLOYEE RECOGNITION
      (SEE ATTACHED SHEET FOR NAMES)

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head of Designee
   REGINA ANING
   RECREATION SUPERINTENDENT
   (Month, Day, Year)

   Comment:
<table>
<thead>
<tr>
<th>Seat Number</th>
<th>Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vanessa</td>
<td>Rogier</td>
</tr>
<tr>
<td>2</td>
<td>Gina</td>
<td>Aning</td>
</tr>
<tr>
<td>3</td>
<td>Steve</td>
<td>Motzkus</td>
</tr>
<tr>
<td>4</td>
<td>Judy</td>
<td>Roberto</td>
</tr>
<tr>
<td>5</td>
<td>Dani</td>
<td>Hayslett</td>
</tr>
<tr>
<td>6</td>
<td>Willie</td>
<td>Martinez</td>
</tr>
<tr>
<td>7</td>
<td>Chris</td>
<td>Boyer</td>
</tr>
<tr>
<td>8</td>
<td>Tony</td>
<td>Daly</td>
</tr>
<tr>
<td>9</td>
<td>Xochitl</td>
<td>Montes</td>
</tr>
<tr>
<td>10</td>
<td>Denise</td>
<td>Soden</td>
</tr>
<tr>
<td>11</td>
<td>Shannon</td>
<td>Heimer</td>
</tr>
<tr>
<td>12</td>
<td>Angelo</td>
<td>Marchi</td>
</tr>
<tr>
<td>13</td>
<td>Mario</td>
<td>Day</td>
</tr>
<tr>
<td>14</td>
<td>Heather</td>
<td>Vrzal</td>
</tr>
<tr>
<td>15</td>
<td>Jennifer</td>
<td>Sorrells</td>
</tr>
<tr>
<td>16</td>
<td>Melissa</td>
<td>Young</td>
</tr>
<tr>
<td>17</td>
<td>did not use</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>did not use</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>did not use</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>did not use</td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Seven Trees Community Center, PRNS, City of San Jose
Division, Department, or Region (If Applicable)

Dora Liu - Gerontology Specialist
Designated Agency Contact (Name, Title)

Designated Agency Contact (Name, Title)

E-mail dora.liu@sanjoseca.gov

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [ ] No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description: Disney on Ice</td>
<td>Date(s): 10/25/13</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No [ ] Yes [ ]</td>
</tr>
</tbody>
</table>

Face Value of Each Ticket/Pass: $38

3. Recipients

A. Name of Agency, Department or Unit
Seven Trees Community Center

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td>Recognition - Patricia Rodriguez (x2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bob Pasiani (x2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joo Correa (x2), Marilyn Berman (x2), Mathison Vanderhoost (x2)</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification

I have read and understand FPPC Regulations 19544.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Dora Liu - Gerontology Specialist
Print Name
(Day, Month, Year)

Comment:
### 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.*

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center</td>
<td>8</td>
<td>Volunteers Recognition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Seven Trees Community Center
Division, Department, or Region (if Applicable)
PRNS, 3590 Cas Dr., San Jose, CA 95111

Designated Agency Contact (Name, Title)
Dora Liu - Gerontology Specialist
Area Code/Phone Number 408/794-1690 E-mail dora.liu@sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Ringling Bros. Circus
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $ 38
Date(s) 8/24/13

3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Seven Trees Community Center 4 Recognition - Edgar Ostig & Monica Galbyot Ticket's gave go

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:

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

4. Verification
I have read and understood 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: Dora Liu Gerontology Specialist 08/26/13
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Name

Seven Trees Community Center

### 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Trees Community Center</td>
<td>4</td>
<td>Recognition - tickets gave to Edgar Ostig &amp; Monica Baldo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
# Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

## 1. Agency Name

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>2590 Cas Dr, San Jose, CA 95124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>PRNS, Seven Trees Community Center</td>
</tr>
<tr>
<td>Street Address</td>
<td>Dora Liu, Gerontology Specialist</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>(408) 994-1670, <a href="mailto:dora.liu@sanjose.ca.gov">dora.liu@sanjose.ca.gov</a></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Ice Hockey Game</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>San Jose Sharks vs Blue Jackets</td>
</tr>
<tr>
<td>Face Value of Each Admission</td>
<td>$80</td>
</tr>
<tr>
<td>Date(s)</td>
<td>4/21/13</td>
</tr>
<tr>
<td>Ticket(s)/Admission(s) provided by agency?</td>
<td>Yes</td>
</tr>
<tr>
<td>Name of Source</td>
<td></td>
</tr>
</tbody>
</table>

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

Yes | No

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penny Goh</td>
<td>2</td>
<td>Volunteer Recognition</td>
<td>No</td>
</tr>
<tr>
<td>Jeff Green</td>
<td>2</td>
<td>Volunteer Recognition</td>
<td>No</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee: Dora Liu, Gerontology Specialist

Print Name: Dora Liu

Title: Gerontology Specialist

Date: 4/18/13

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
ACS, PRNS
Street Address
2039 Kammerer Ave
Designated Agency Contact (Name, Title)
Liz Best
Area Code/Phone Number E-mail
(408) 794-1065 liz.best@sanjose.ca.gov
Date of Original Filing: 3/29/13

2. Function, Event, or Ceremonial Role Information
Title: Walk for Brain Injury
Face Value of Each Admission: $130.00
Description: San Jose Skates night for the committee
Date(s): 4/5/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: San Jose Arena Authority

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
If yes: __________
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best, Liz</td>
<td>1</td>
<td>Yes ☑ Thank Committee Members</td>
</tr>
<tr>
<td>Hawkins, Lauren</td>
<td>1</td>
<td>Yes ☑ Thank Committee Members</td>
</tr>
<tr>
<td>Garcia, Melissa</td>
<td>1</td>
<td>Yes ☑ Thank Committee Members</td>
</tr>
<tr>
<td>VMC Brain Research</td>
<td>11</td>
<td>Yes ☑ Thank Committee Members</td>
</tr>
<tr>
<td>Services for Brain Injury</td>
<td>2</td>
<td>Yes ☑ Thank Committee Members</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Liz Best
Print Name
Therapeutic Sandals
Title
(3/29/13)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
### Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

**1. Agency Name**
City of San Jose
Division, Department, or Region (if applicable)
200 E. Santa Clara
San Jose CA 95113

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Face Value of Each Admission</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk for Brain Injury</td>
<td>San Jose Sharks Night for committee</td>
<td>$130.00</td>
<td>4/5/13</td>
</tr>
</tbody>
</table>

**Ticket(s)/Admission(s) provided by agency?**
Yes [x] No [ ]

**Name of Source**
San Jose Sharks Authority

**Was the distribution to persons identified below made at the behest of an agency official?**
Yes [x] No [ ]

**Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Income**
---|---|---|---
Hawkins, Lauren | 1 | Thank Committee Member | Yes [x] No [ ]

**Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.**

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

**Signature of Agency Head or Designee**
Lauren Hawkins
**Print Name**
Committee Member
**Title**

**Date** 3/29/13

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
PRVS, Seven Trees Community Center
Division, Department, or Region (if applicable)
3590 San Dr., San Jose, CA 95111
Street Address
Donna Liu - Gerontology Specialist
Designated Agency Contact (Name, Title)
408/794-1670 dliu@sanjoseca.gov
Area Code/Phone Number E-mail

2. Function, Event, or Ceremonial Role Information
Title Disney on Ice
Description Date to Dream
Face Value of Each Admission $ 37
Date(s) 2/22/13
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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<tbody>
<tr>
<td>Joa Williams Senior Program at Seven Trees Community Center</td>
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</table>

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

Signature of Agency Head or Designee
Print Name
Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Safe School Campus Initiative
   - PRNS Community Services Division

2. **Agency Contact**
   - Alex Toscano (Youth Outreach Worker I)

3. **Function or Event Information**
   - **Ticket Policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass** $80
   - **Event Description** Sharks VS Blackhawks
   - **Date(s)** 2 / 5 / 13

4. **Ticket Distribution**
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If yes:** Official's Name (Last, First)

5. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Alex Toscano
     - **Number of Ticket(s)/Pass(es)** 8
     - **Public Purpose**
   - **B. Name of Individual**
     - **Number of Ticket(s)/Pass(es)**
     - **Identify one of the following:**
       - Ceremonial Role [ ]
       - Other [ ]
       - Income [ ]
     - **If checking "Ceremonial Role" or "Other" describe below:**
   - **C. Name of Outside Organization**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**

6. **Verification**
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - **Date (Month, Day, Year)**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-8772)