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

1. Agency Name
City of San José
Division, Department, or Region (if applicable)
Office of the City Auditor
Designated Agency Contact (Name, Title)
Joe Rois, City Auditor
Area Code/Phone Number E-mail
408.535.1239 joseph.rois@sanjoseca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: SJ Sharks v. Calgary Flames
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>Office of the City Auditor</td>
<td>16</td>
<td>Green Commute Prize</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: [Signature]
Print Name: Joe Rois
Title: City Auditor
Date (month, day, year): 6/26/20

Comment:
This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

**General Information**

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

**Exception**

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

**Reporting and Public Posting**

**Ticket Distribution Policies:** An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

**Privacy Information Notice**

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

**Instructions**

**Part 1. Agency Identification:**
List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

**Part 2. Function or Event Information:**
Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

**Part 3. Ticket Recipients:**
This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

Section B. Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

Section C. Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.
### Agency Name
City of San José

### 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>
<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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<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)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. Agency Name
San Jose Arena Authority

Division, Department, or Region (if applicable)
Shelly Wang, Ticket Programs Coordinator

Designated Agency Contact (Name, Title)
(408) 977-4780 info@sjaa.com

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $25.00
Event Description: Barracuda vs. Reign
Date(s) 1/25/20
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
A. Name of Agency, Department or Unit
Number of Ticket(s)/Passes
Describe the public purpose made pursuant to the agency's policy

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

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.

Comment:

Signature of Agency Head or Designee
Print Name

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

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
Family Supportive Housing

Designated Agency Contact (Name, Title)
Christi Moyer Kelly

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

Event Description: Harlem Globetrotters

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

Face Value of Each Ticket/Pass $183

Date(s) 1/20/20

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

Official’s Name (Last, First)
San Jose Arena Authority (Shelly Wang)

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
---|---|---
Family Supportive Housing 20 Tickets distributed to residents

B. Name of Individual | Number of Ticket(s)/Passes | Identify one of the following:
---|---|---
(Certified Role) | □ Other □ Income □

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: Christi M. Kelly
Title: Director of Operations
Date: 1/23/2020

Comment:
**Agency Report of:**

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

---

**1. Agency Name**
Santa Clara County Probation Department

**Division, Department, or Region (if applicable)**
James Boys Ranch

**Designated Agency Contact (Name, Title)**
Marmet Williams PCM

**Area Code/Phone Number** 4082017600

**E-mail** marmet.williams@pro.sccgov.org

---

**2. Function or Event Information**

- **Face Value of Each Ticket/Pass** $25.00
- **Event Description**: Barracuda vs Eagles
- **Date(s)** 01/15/20

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**3. Recipients**

**A. Name of Agency, Department or Unit**
Santa Clara County Probation Department

**Name of Agency, Department or Unit**
James Ranch

**Number of Ticket(s)/Passes**
8

**Describe the public purpose made pursuant to the agency's policy**
Taking Incarcerated Youth to the sporting event. Barracuda vs Eagles game.

---

**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
Marmet Williams

Probation Counselor II

Print Name

Title

1/23/2020

(month, day, year)

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

1. Agency Name
Santa Clara County Probation Department

Division, Department, or Region (if applicable)
James Boys Ranch

Designated Agency Contact (Name, Title)
Marmet Williams, PCII

Area Code/Phone Number
4082017600

E-mail
marmet.williams@pro.sccgov.org

Date of Original Filing: 01/12/20

2. Function or Event Information

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

Event Description: Barracuda vs Heat

Face Value of Each Ticket/Pass $ 25.00

Date(s) 01 / 12 / 20

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

If no:
Name of Source

If yes:
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.

A. Name of Agency, Department or Unit
Santa Clara County Probation Department
James Ranch

Number of Ticket(s)/Passes 8

Describe the public purpose made pursuant to the agency’s policy
Taking Incarcerated Youth to the sporting event. Barracuda vs Heat game.

B. Name of Individual

Last, First

Number of Ticket(s)/Passes

Identify one of the following:
Ceremonial Role □ Other □ Income □

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

Ceremonial Role □ Other □ Income □

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

C. Name of Outside Organization

(include address and description)

Number of Ticket(s)/Passes

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

4. Verification

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

Signature of Agency Head or Designee
Marmet Williams
Probation Counselor II

Print Name

Title

(month, day, year)

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

1. Agency Name
   John Muir Middle School
   Division, Department, or Region (if applicable)
   Melissa Urban
   Designated Agency Contact (Name, Title)
   Teacher
   Area Code/Phone Number
   663-608-2802
   E-mail
   murbain@ssusd.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes □ No □
   Event Description: Barracuda
   Face Value of Each Ticket/Pass $25
   Date(s) 11.20.19
   Ticket(s)/Pass(es) provided by agency?
   Yes □ No □
   If no: Name of Source
   If yes: 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>John Muir</td>
<td>16</td>
<td>Given to students who did well in Math class</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>
</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.

Melissa Urban
Teacher
11/19/19

Comment:
1. **Agency Name**: John Muir Middle  
   Division, Department, or Region (if applicable): Melissa Urbain Teacher  
   Designated Agency Contact (Name, Title): Melissa Urbain Teacher  
   Area Code/Phone Number: 263-508-2862  
   E-mail: urbainasjusa@gmail.com  
   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 $17  
   - Event Description: Sharks  
   - Date(s): 11/19/19, 11/23/19  
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
   - If no: Name of Source  
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☐  
   - If yes: Official’s Name (Last, First)  

3. **Recipients**:  
   - Use Section A to identify the agency's department or unit.  
   - Use Section B to identify an individual.  
   - Use Section C to identify an outside organization.  
   - A. Name of Agency, Department or Unit  
   - Number of Ticket(s)/Passes  
   - Describe the public purpose made pursuant to the agency's policy  
   - John Muir  
   - 14  
   - For students who scored high in math  
   - B. Name of Individual (Last, First)  
   - Number of Ticket(s)/Passes  
   - Identify one of the following:  
   - Ceremonial Role ☐ Other ☐ Income ☐  
   - If checking “Ceremonial Role” or “Other” describe below:  
   - Ceremonial Role ☐ Other ☐ Income ☐  
   - If checking “Ceremonial Role” or “Other” describe below:  
   - C. Name of Outside Organization (include address and description)  
   - Number of Ticket(s)/Passes  
   - Describe the public purpose made pursuant to the agency's policy  

4. **Verification**:  
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
   - Melissa Urbain Teacher  
   - Signature of Agency Head or Designee  
   - Print Name  
   - Title  
   - (month, day, year)  

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
A Public Document

1. Agency Name
City of San Jose
Division/Department, or Region (if applicable)
Office of the City Auditor
Designated Agency Contact (Name, Title)
Joe Rois, City Auditor
Area Code/Phone Number E-mail
408 535 1239 Joseph.Rois @ sanjose.ca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $240
Event Description: Sharks Game 8 Date(s) 11/7/2019
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
Office of the City Auditor 6 100% participation on the employee engagement survey prize.

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 Title
Joe Rois City Auditor
Date of Original Filing: (month, day, year)

Comment:
1. Agency Name
City of San Jose

Division, Department, or Region (if applicable)
Office of the City Clerk

Designated Agency Contact (Name, Title)
Toni Taber

Area Code/Phone Number E-mail
4085351260 toni.taber@sanjoseca.gov

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

Event Description: Sharks Game 8

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 $240

Date(s) 11/07/19

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>Office of the City Clerk</td>
<td>6</td>
<td>Department award in recognition for 100% participation in an employee survey</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
Toni Taber

City Clerk
City Clerk

City of San Jose Suite

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
Santa Clara County Probation Department
James Boys Ranch

Designated Agency Contact (Name, Title)
Marmet Williams PCII

Area Code/Phone Number 4082017600
E-mail marmet.williams@pro.sccgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Event Description: Sharks vs Flames
Face Value of Each Ticket/Pass $93 & $240
Date(s) 09 / 26 / 19
Ticket(s)/Pass(es) provided by agency? Yes X No □
If no: Name of Source
If yes: Was ticket distribution made at the behest of agency official? Yes □ No X
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
Santa Clara County Probation Department
James Ranch
Number of Ticket(s)/Passes 24
Describe the public purpose made pursuant to the agency's policy: Taking Incarcerated Youth to the sporting event. Sharks vs Flames game.

B. Name of Individual (Last, First)

C. Name of Outside Organization (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.

Marmet Williams  Probation Counselor II 10/03/2019
Signature of Agency Head or Designee  Print Name  Title

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
Guadalupe River Park Conservancy
Division, Department, or Region (if applicable)

Designated Agency Contact (Name,Title)
Joe Salvato

Area Code/Phone Number E-mail
408-298-7657 joe@grpg.org

A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
---|---|---
B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
Burnham, Nicolle | 2 | 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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 225
Event Description: Sharks vs. Knights
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: San Jose Arena Authority
Date(s) 4 / 23 / 19
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Official’s Name (Last, First)

3. Recipients

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.

Joe Salvato Deputy Director 4/23/2019
Signature of Agency Head or Designee Print Name Title

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

**Agency Name**
Gaudalupe River Park Conservancy

#### 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)/Passes</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>
</tr>
</tbody>
</table>

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

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
   Family Supportive Housing

   Division, Department, or Region (if applicable)
   San Jose Family Shelter

   Designated Agency Contact (Name, Title)
   Sara Tran, Community Resource Manager

   Area Code/Phone Number
   408-926-8885

   E-mail
   volunteer@familiysupportivehousing.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ __________
   Event Description: Disney on Ice
   Date(s) __________
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Name of Source
   San Jose Arena Authority
   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.

   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency's policy
   Family Supportive Housing
   10
   tickets provided to our families staying at the San Jose Family Shelter.

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

   Signature of Agency Head or Designee
   Sara Tran
   Print Name
   Community Resource Manager
   Title
   2/28/19

   Comment: www.familysupportivehousing.org
### 1. Agency Name

San Jose Arena Authority

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

Shelly Wang

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

Area Code/Phone Number: Wang@sjaa.com

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Face Value of Each Ticket/Pass $** 125
- **Event Description:** Shanks vs. Boxing
- **Date(s):** 02/18/2019
- **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

- **A. Name of Agency, Department or Unit**
  - SJPD Homicide Unit
  - **Number of Ticket(s)/Passes:** 23
  - **Describe the public purpose made pursuant to the agency’s policy:** Police event

- **B. Name of Individual (Last, First)**
  - Davis, Dev
  - **Number of Ticket(s)/Passes:** 1
  - **Identify one of the following:** relationship/community building

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

### 4. Verification

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**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
John Muir Middle
Division, Department, or Region (if applicable)
Melissa Urban Teacher
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 $25
Event Description: Basketball
Date(s) 2/19
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.

A. Name of Agency, Department or Unit
John Muir Families
Number of Ticket(s)/Passes 8
Describe the public purpose made pursuant to the agency’s policy To reward students

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
Melissa Urban Teacher
Print Name
Title
date
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

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Area Code/Phone Number

2. Function or Event Information

Does the agency have a ticket policy?

Event Description:

Ticket(s)/Pass(es) provided by agency?

Was ticket distribution made at the behest of agency official?

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>
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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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jace Daily</td>
<td>4</td>
<td>□ Ceremonial Role □ Other □ Income</td>
</tr>
<tr>
<td>Lucy Ferguson</td>
<td>4</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>
<tbody>
<tr>
<td></td>
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</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: Melissa Urban
Print Name: EJL
Title:  
Date: 1/18/19

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

A Public Document

1. Agency Name
   Family Supportive Housing
   Division, Department, or Region (if applicable)

   Designated Agency Contact (Name, Title)
   Sara Tran

   Area Code/Phone Number E-mail
   408-926-8885 volunteer@familysupportivehousing.org

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $__________
   Event Description: Sharks v. Canucks
   Date(s) ____________
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Name of Source
   If yes: Name of Source
   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.

   A. Name of Agency, Department or Unit Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency’s policy
   Family Supportive Housing (San Jose Family Shelter) 24 Tickets provided for families at the shelter.

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)

   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: Family Supportive Housing

Designated Agency Contact: Sara Tran, Community Resource Manager

Area Code/Phone Number: 408-926-8885
E-mail: volunteer@familysupportivehousing.org

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: $36.00

Date(s): 10/28/18

Recipients

A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---
Family Supportive Housing | 8 | Tickets provided for homeless families staying at the shelter.

B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
--- | --- | ---
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
--- | --- | ---

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: Sam Tran
Print Name: Resource Manager
Title: Community
Date: 11/2/18

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

**Agency Name**

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

<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>
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<td></td>
</tr>
</tbody>
</table>

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

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

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

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

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Agency Name
Uplift Family Services

### Designated Agency Contact (Name, Title)
Jennifer Boltinghouse, ASW
Foster Care & Adoption

### Area Code/Phone Number
408-540-9618

### E-mail
jboltinghouse@upliftfs.org

## 2. Function or Event Information

**Does the agency have a ticket policy?** Yes □ No □

**Face Value of Each Ticket/Pass** $92

**Event Description:** Disne on Ice

**Date(s)** 10/27/18

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

**If no:**

**Name of Source**

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

**If yes:** Boltinghouse, Jennifer

**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.</th>
<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>Uplift Family Services</td>
<td>Foster Care &amp; Adoption</td>
<td>24</td>
<td>Tickets distributed to foster youth and families</td>
</tr>
</tbody>
</table>

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

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

**Print Name**

**Title**

**Date** (month, day, year)

**Comment:** Thank you, our families loved it!
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Agency Name:** Rockets Hip Brilliant Minds
- **Division, Department, or Region (if applicable):**
- **Designated Agency Contact (Name, Title):**
- **Area Code/Phone Number:** (408) 708-8050
- **E-mail:** lebermudez@sed.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Face Value of Each Ticket/Pass:** $300.00
- **Event Description:** Display on Ice
- **Date(s):** 10/24/15
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
- **Name of Source:**
- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [ ]
- **Official’s Name (Last, First):**

### 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**

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>16</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee:**
- **Print Name:** Lebermudez
- **Title:** Office Manager
- **Date:** 11-1-18

**Comment:**

---

**FPPC Form 802 (2/2016)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)
### 1. Agency Name
San Jose Arena Authority

### Division, Department, or Region (if applicable)
Ticket Distribution Program

### Designated Agency Contact (Name, Title)
Shelly Wang - Ticket Programs Coordinator

### Area Code/Phone Number
408-924-8129

### E-mail
wang@sjaa.com

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** Panic At the Disco 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:** $69.00

**Date(s):** 08/14/18

### 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>
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<tbody>
<tr>
<td></td>
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</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>
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<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>
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<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>Veterans Resource Center</td>
<td>16</td>
<td>concert tickets for student veterans of SJSU</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: [Signature]

Print Name: Maggie Morales

Title: Director-Veterans Resource Center

Date: 8/16/18

Comment: 

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

### Agency Name
San Jose Arena Authority

### 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>
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<tbody>
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</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>
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<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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJSU Veterans Resource Center One Washington Sq.,San Jose, CA 95192</td>
<td>16</td>
<td>Concours suite C-11 tickets given for veterans to attend the concert</td>
</tr>
</tbody>
</table>

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  
A Public Document

1. **Agency Name**  
   John Muir Middle School  
   Division, Department, or Region (if applicable)  
   Melissa Urban Teacher  
   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 $  
   - Event Description: Barracudas vs. Bulls  
   - Date(s) 4/4/18  
   - 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.

   **A. Name of Agency, Department or Unit**  
   **Number of Ticket(s)/Passes**  
   **Describe the public purpose made pursuant to the agency's policy**
   - Student’s Families  
     20  
     As a reward
   - Staff  
     4  
     As supervisory

   **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:
     - 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**  
   **Print Name**  
   **Title**

   **Comment:** I was on jury duty this past month.

---

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
   G.W. HELLYER ELEMENTARY SCHOOL
   Division, Department, or Region (if applicable)
   FMSD
   Designated Agency Contact (Name, Title)
   MARIA MEJIA -SECRETARY
   Area Code/Phone Number E-mail
   408 363 5750 maria.mejia@fmsd.org

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 $ 32.00
   Date(s) 02 / 24 / 18 02 / 25 / 18
   Name of Source
   If no: ___________________________________________
   If yes: WANG, SHELLY
   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
      FRANKLIN MCKINLEY SCHOOL DIST. HELLYER ELEMENTARY SCHOOL 24 TO GIVE TO STUDENTS WHO HAVE PERFECT ATTENDANCE / INCREASE IN TEST SCORES

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements
   Signature of Agency Head or Designee
   DR. LAURA FRANKS PRINCIPAL
   Print Name Title
   2/24/18 (month, day, year)
   Comment: ________________________________
Agency Name: Lighthouse Housing Corporation

Designated Agency Contact: Jacqueline Odom, Executive Director
Area Code/Phone Number: 650-387-6819
E-mail: lighthousehousing@yahoo.com

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

2. Function or Event Information

Does the agency have a ticket policy? [ ] Yes [ ] No
Event Description: Harlem Globetrotters
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: $75.00
Date(s): 01/19/2018
Name of Source: SJA
Official’s Name (Last, First): 

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
Lighthouse Housing Corporation | 8 | Providing entertainment to underserved San Jose resident families

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: Jacqueline Odom
Print Name: Jacqueline Odom
Title: Executive Director
Date: 01/22/2018

Comment: Shelly is so amazing, she is always willing to support underserved families in the San Jose area.
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

---

1. **Agency Name**
San Jose Arena Authority

**Designated Agency Contact** (Name, Title)
Shelly, Wang, Ticket Prog. Coord.

**Area Code/Phone Number**
408

**E-mail**
wangen@sjaa.com

---

2. **Function or Event Information**

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

- **Event Description:**
  Barracuda Game

- **Face Value of Each Ticket/Pass**:
  $50.00

- **Date(s):**
  11/23/17

- **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>Section</th>
<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>A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<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></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<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>Section</th>
<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>C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**
Maggie Morales

**Print Name:**
Morales

**Title:**
Director

**Date:**
11/28/17

**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**
   San Jose Arena Authority

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

**Designated Agency Contact** (Name, Title)
Shelly Wang, Administrative Assistant

**Area Code/Phone Number** E-mail
408-977-4780 wang@sjaa.com

2. **Function or Event Information**

   - **Does the agency have a ticket policy?**
     Yes [x]  No [ ]
   - **Face Value of Each Ticket/Pass** $200
   - **Event Description:** SJ Sports Hall of Fame Ceremony
   - **Date(s):** 11/09/17
   - **Ticket(s)/Pass(es) provided by agency?**
     Yes [x]  No [ ]
   - **Was ticket distribution made at the behest of agency official?**
     Yes [ ]  No [x]

3. **Recipients**

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

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Passes**
   **Describe the public purpose made pursuant to the agency's policy**
   - San Jose Arena Authority
     15
     Ceremonial occasion and community engagement.

   **B. Name of Individual (Last, First)**
   **Number of Ticket(s)/Passes**
   **Identify one of the following:**
   - Ceremonial Role [ ]  Other [x]
   - Income [ ]
   - *If checking "Ceremonial Role" or "Other" describe below:*
     Ceremonial occasion and community engagement.
   - *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**
   Shelly Wang
   Administrative Assistant

   **Date of Original Filing:**
   11/17/17

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

Date Stamp: Nov 3, 2017

1. Agency Name
   Lighthouse Housing Corporation
   Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
Jacqueline Adam, Executive Director

Area Code/Phone Number
650-387-6819

E-mail
lighthousehousing@yahoo.com

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ __
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no:
   Name of Source
   Date(s): 10-29-2017
   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>Lighthouse Housing Corporation</td>
<td>8</td>
<td>Providing entertainment to underserve San Jose resident families</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>
</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.
   Jacqueline Adam, Executive Director
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)

Comment:
Shelly was great. She truly has a heart to help the underserve families in San Jose. Thanks for caring for the children.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Area Code/Phone Number

E-mail

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 □

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

Face Value of Each Ticket/Pass $ __________

Date(s) __________

Name of Source

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

B. Name of Individual (Last, First)

Number of Ticket(s)/Passes

Identify one of the following:

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

Number of Ticket(s)/Passes

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

4. Verification

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

Signature of Agency Head or Designee

Print Name

Title

(merchant, day, year)

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**
   Uplift Family Services

2. **Designated Agency Contact**
   Darren DeMonsi

3. **Area Code/Phone Number**
   408-364-4058

4. **E-mail**
   ddemonsi@upliftfs.org

**Function or Event Information**

- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass:** $50
- **Event Description:** Barracuda c. Gulls
- **Date(s):** 03 / 05 / 17
- **Ticket(s)/Pass(es) provided by agency?** Yes [X] No [ ]
- **Name of Source:** San Jose Arena Authority
- **Was ticket distribution made at the behest of agency official?** Yes [X] No [ ]

**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>Uplift Family Services</td>
<td>24</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>
</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>

**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: Darren DeMonsi

Title: Associate Director of Fund Dev

Date: 03/09/2017

Comment:

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# In-Kind Donation Acknowledgment Form

<table>
<thead>
<tr>
<th>Donor Information (To Be Completed by Donor)–PLEASE PRINT!</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Sam F. Moore Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone (specify Work, Home or Cell)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:wang@sjaa.com">wang@sjaa.com</a></td>
</tr>
</tbody>
</table>

**Describe item(s) donated:**

Backcoda vs Bills Tickets for 3/5/14
24 tickets @ $50/each = $1,200

<table>
<thead>
<tr>
<th>Is the donation restricted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No, please use where the need is greatest.</td>
</tr>
<tr>
<td>☐ Yes: BAP - Programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Program or Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THANK YOU FOR MAKING A DIFFERENCE!**

**OFFICE USE ONLY (Must be completed to process form)**

<table>
<thead>
<tr>
<th>Received By (Print Name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darren Delhomme</td>
<td>2/27/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Uplift Family Services**

Uplift Family Services does whatever it takes to strengthen and advocate for children, families, adults and communities to realize their hopes for behavioral health and well-being.

Uplift Family Services is a private nonprofit 501 (c) (3) organization  Tax ID #94-2295953

No goods or services were received in consideration of this gift. It is tax deductible as allowed by law.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. Agency Name
San Jose Arena Authority

Division, Department, or Region (if applicable)
Shelly Wang

Designated Agency Contact (Name, Title)
Ticket Programs Coordinator

Area Code/Phone Number
Wang@sjaca.com

2. Function or Event Information

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

Event Description: Bellator MMA

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

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

3. Recipients

A. Name of Agency, Department or Unit
Veterans Resource Center

Number of Ticket(s)/Passes
8

Describe the public purpose made pursuant to the agency's policy
Bellator MMA tickets given to Student Veterans

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 18942.1. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Maggie Morales

Print Name
Maggie Morales

Title
Program Director

(month, day, year)
2/7/17

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>Veterans Resource Center</td>
<td>8 tickets given to Veterans @ SJSU</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</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>
Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

   Santa Clara County Probation Dept. / JAMES RANCE
   Division, Department, or Region (if applicable)
   MARMET WILLIAMS / Probation Counselor

   Designated Agency Contact (Name, Title)
   (408) 201-7600

   Area Code/Phone Number
   E-mail
   Marmet.Williams@pro.sccgov.org

   □ Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: ____________________________

2. Function or Event Information

   Does the agency have a ticket policy? Yes ☐ No ☑ Face Value of Each Ticket/Pass $ 30.00
   Event Description: Ringling Bros. & Barnum & Bailey Circus
   Date(s) 5/26/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: San Jose Aven Authority
   Name of Source

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

3. Recipients

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   Santa Clara County Probation | 16 | Giving Juvenile delinquents a chance to attend a show. etc.

   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 ☐
   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

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
   MARMET WILLIAMS
   Print Name
   Probation Counselor
   Title
   (month, day, year)

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

1. Agency Name
Family & Children Services
Deaf Unit

Designated Agency Contact (Name, Title)
Evelite Ybarra, Therapist/CMM

Area Code/Phone Number E-mail
431-605-2006 evelite@familieservices.org

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 □

Face Value of Each Ticket/Pass*
$57 $30

Date(s)
02/14/16

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

Officer's Name (Last, First)
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.

<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>Family &amp; Children Services Deaf Unit</td>
<td>34</td>
<td>We are a nonprofit trying to empower deaf individuals and their families.</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>
</tbody>
</table>

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

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
Evelite Ybarra

Print Name Title
Evelite Ybarra, Therapist/CMM

Date (month, day, year)
9/19/16

Comment:
Shelly Wang is an exceptional organizer, helpful and has made much happiness to my clients and their families. TXSL.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
San Jose Arena Authority

Designated Agency Contact (Name, Title)
Shelly Wang, Ticket Administrator

Area Code/Phone Number
408-977-4780
E-mail
wang@sjaa.com

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

Event Description: Stanley Cup Finals - Game 6
Face Value of Each Ticket/Pass $324 and $667
Date(s) 06 / 12 / 16

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

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

3. Recipients

A. Name of Agency, Department or Unit
Senior Advisory Committee and District 8 Roundtable
Number of Ticket(s)/Passes
2
Describe the public purpose made pursuant to the agency’s policy
Rewarding volunteer public service.

B. Name of Individual
(Last, First)

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

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
Shelly Wang
Print Name
Ticket Administrator
Title
06/22/16

### 1. Agency Name
San Jose Arena Authority

### Designated Agency Contact (Name, Title)
Shelly Wang, Ticket Administrator

### Area Code/Phone Number
408-977-4780

### E-mail
wang@sjaa.com

### 2. Function or Event Information

- **Does the agency have a ticket policy?**
  - Yes [X]  No [ ]

- **Face Value of Each Ticket/Pass**
  - $324 and $667

- **Event Description:**
  - Stanley Cup Finals - Game 6

- **Date(s)**
  - 06/12/16

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

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

  **Name of Source**
  - Councilmember Magdalena Carrasco

### 3. Recipients

<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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

<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>Ride Eastside San Jose - public transportation advocacy group</td>
<td>2</td>
<td>Recognition for direct involvement in City-related projects and rewarding volunteer public services</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**
- **Print Name**
- **Title**

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

**Comment:**
### 1. Agency Name
San Jose Arena Authority

### Designated Agency Contact (Name, Title)
Shelly Wang, Ticket Administrator

### Area Code/Phone Number
408-977-4780

### E-mail
wang@sjaa.com

### Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [X] No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description:</td>
<td>Stanley Cup Finals - Game 6</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>Date(s)</td>
<td>06/12/16</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Councilmember Chappie Jones</td>
</tr>
</tbody>
</table>

### 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>
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<tr>
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<td></td>
</tr>
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<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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
<tbody>
<tr>
<td>Winchester Orchard Neighborhood Association, winchesterorchard.org</td>
<td>2</td>
<td>Rewarding volunteer public service.</td>
</tr>
</tbody>
</table>

### 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: Shelly Wang
Ticket Administrator: 06/22/16

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

1. Agency Name
   San Jose Arena Authority

   Designated Agency Contact (Name, Title)
   Shelly Wang, Ticket Administrator

   Area Code/Phone Number: 408-977-4780
   E-mail: wang@sjaa.com

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $324 and $667
   Event Description: Stanley Cup Finals - Game 6

   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: ________________________________
   Name of Source: __________________________
   Official's Name (Last, First): __________________________
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: ________________________________
   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.

<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>
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<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role [ ] Other [ ] Income [x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
<td></td>
<td></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>Silver Leaf Neighborhood Association <a href="http://www.slna.org">www.slna.org</a></td>
<td>2</td>
<td>Recognition for direct involvement in City related projects.</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: __________________________
   Print Name: Shelly Wang
   Title: Ticket Administrator
   Date: 06/22/16

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

1. Agency Name  
San Jose Arena Authority  

Designated Agency Contact (Name, Title)  
Shelly Wang, Ticket Administrator  

Area Code/Phone Number  
408-977-4780  

E-mail  
wang@sjaa.com  

2. Function or Event Information  
Does the agency have a ticket policy? **Yes** ☑ ☐  
Face Value of Each Ticket/Pass $ $324 and $667  
Event Description: Stanley Cup Finals - Game 6  
Date(s) 06 / 12 / 16  
Ticket(s)/Pass(es) provided by agency? **Yes** ☑ ☐  
If no:  
Name of Source  
Was ticket distribution made at the behest of agency official? **Yes** ☑ ☐  

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>

| 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></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
<tbody>
<tr>
<td>Destination: Home <a href="http://www.destinationhomescc.org">www.destinationhomescc.org</a></td>
<td>2</td>
<td>Recognition for direct involvement in City-related projects.</td>
</tr>
<tr>
<td>SJ Works <a href="http://www.workssanjose.org">www.workssanjose.org</a></td>
<td>2</td>
<td>Recognition for direct involvement in City-related projects.</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]  
Shelly Wang  
Ticket Administrator  
06/22/16  

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

1. Agency Name
San Jose Arena Authority

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [□] Face Value of Each Ticket/Pass $324 and $667
Event Description: Stanley Cup Finals - Game 6
Date(s): 06 / 12 / 16
Ticket(s)/Pass(es) provided by agency? Yes [x] No [□] If no:
Was ticket distribution made at the behest of agency official? Yes [x] No [□] If yes: Councilmember Tam Nguyen
Name of Source

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

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
Seven Trees Neighborhood Association
3590 Cas Dr., San Jose, CA 95111
2
Recognition for direct involvement in City-related projects.

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: Shelly Wang
Print Name: Ticket Administrator
Title: 06/22/16
(month, day, year)

Comment:
Agency Name: San Jose Arena Authority
Division, Department, or Region (if applicable): 

Designated Agency Contact (Name, Title): Shelly Wang, Ticket Administrator
Area Code/Phone Number: 408-977-4780
E-mail: wang@sjaa.com

Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [X]  
Face Value of Each Ticket/Pass: $324 and $667
Event Description: Stanley Cup Finals - Game 6
Date(s): 06/12/16
Ticket(s)/Pass(es) provided by agency?: Yes [X] No [ ]
If no: 
Name of Source: Councilmember Pierluigi Oliverio
Was ticket distribution made at the behest of agency official?: Yes [X] No [ ]
Official's Name (Last, First):

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

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

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

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
---|---|---
Friends of the San Jose Rose Garden www.friendssjrosegarden.org | 2 | Recognition for direct involvement in City-related projects and rewarding volunteer public service.

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: Shelly Wang  Print Name: Ticket Administrator  Title:
Date of Original Filing: 06/22/16 (month, day, year)

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

1. Agency Name
San Jose Arena Authority

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
Shelly Wang, Ticket Administrator

Area Code/Phone Number 408-977-4780
E-mail wang@sjaa.com

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $324 and $667

Event Description: Stanley Cup Finals - Game 6
Provide Title/Explanation

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

Date(s) 06/12/16

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

Name of Source Councilmember Raul Peralez
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>
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<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
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<tr>
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<tr>
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<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>

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<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>Moveable Feast <a href="http://www.mvbfeast.com">www.mvbfeast.com</a></td>
<td>2</td>
<td>Recognition for direct involvement in City related projects.</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
Shelly Wang
Ticket Administrator
Print Name
Title
06/22/16
(month, day, year)

Comment:
1. Agency Name
San Jose Arena Authority

Designated Agency Contact (Name, Title)
Shelly Wang, Ticket Administrator

Area Code/Phone Number  E-mail
408-977-4780 wang@sjaa.com

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $324 and $667

Event Description: Stanley Cup Finals - Game 6
Date(s) 06/12/16

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

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

Name of Source
Councilmember Donald Rocha

3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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>
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<tr>
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<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>Cambrian Park Little League <a href="http://www.cplibaseball.org">www.cplibaseball.org</a></td>
<td>2</td>
<td>Rewarding volunteer public service.</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: Shelly Wang  Print Name: Ticket Administrator  Title: 06/22/16 (month, day, year)

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

1. Agency Name
San Jose Arena Authority

Designated Agency Contact (Name, Title)
Shelly Wang, Ticket Administrator

Area Code/Phone Number           E-mail
408-977-4780                      wang@sjaa.com

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

Event Description: Stanley Cup Finals - Game 6
Provide Title/Explanation

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

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

Name of Source
Councilmember Tam Nguyen

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

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

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

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
Seven Trees Neighborhood Association 3590 Cas Dr., San Jose, CA 95111 | 2 | Recognition for direct involvement in City-related projects.

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
Shelly Wang
Ticket Administrator
06/22/16

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

1. Agency Name
San Jose Arena Authority

Designated Agency Contact
Shelly Wang, Ticket Administrator

Area Code/Phone Number 408-977-4780
E-mail wang@sjaa.com

2. Function or Event Information

- Does the agency have a ticket policy? Yes ☑ No ☐
- Face Value of Each Ticket/Pass $185, $335 and $500
- Event Description: Sharks Game/SJAA Board Recognition
- Date(s): 05/25/16
- Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
- Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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>Department of Public Works, City of San Jose</td>
<td>1</td>
<td>Recognition for direct involvement in City related programs.</td>
</tr>
<tr>
<td>San Jose Arena Authority Staff</td>
<td>2</td>
<td>Recognition for direct involvement in City related programs.</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>Bright, Matthew</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Buchholz, David</td>
<td>2</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: Shelly Wang
Print Name: Ticket Administrator
Title: (month, day, year) 06/21/16

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>
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<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>Burriss, Mark</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs and rewarding volunteer public service.</td>
</tr>
<tr>
<td>Consiglio, Eileen</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs and rewarding volunteer public service.</td>
</tr>
<tr>
<td>Haley-Skeen, Loren</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs.</td>
</tr>
<tr>
<td>Hamilton, Leslee</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs and rewarding volunteer public service.</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>
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<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Name
San Jose Arena Authority

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>
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</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>Ronaker, Carl</td>
<td>2</td>
<td>Ceremonial Role ☐  Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs and rewarding volunteer public service</td>
</tr>
<tr>
<td>Reilly, Colleen</td>
<td>2</td>
<td>Ceremonial Role ☐  Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs and rewarding volunteer public service.</td>
</tr>
<tr>
<td>Sutherland, Kathy</td>
<td>1</td>
<td>Ceremonial Role ☐  Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs and rewarding volunteer public service.</td>
</tr>
<tr>
<td>Morrisey, Chris</td>
<td>2</td>
<td>Ceremonial Role ☐  Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition for direct involvement in City related programs.</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>
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</thead>
<tbody>
<tr>
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</table>
### 3. Recipients

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<thead>
<tr>
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<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>Liccardo, Sam</td>
<td>7</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: Recognition for direct involvement in City related programs.</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>
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<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<th>C. Name of Outside Organization (include address and description)</th>
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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
Santa Clara County Probation
Division, Department, or Region (if applicable) Edge Program
Designated Agency Contact (Name, Title) Marnett Williams PCT
Area Code/Phone Number 408-573-3249 E-mail Marnett.williams@pro.sccgov.org

2. Function or Event Information
Does the agency have a ticket policy? 

Yes ☐ No ☑ Face Value of Each Ticket/Pass $ 150
Event Description: Sharks vs Edmonton Oilers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? 

Yes ☑ No ☐ If no: Name of Source
If yes: Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? 

Yes ☐ No ☑

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>Santa Clara County Probation Edge Program</td>
<td>8</td>
<td>Giving young adults on probation an opportunity to experience a sporting event etc.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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: Marnett Williams Print Name: Probation Counselor II Title: (month, day, year)

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

1. Agency Name

Designated Agency Contact (Name, Title)

Area Code/Phone Number

E-mail

2. Function or Event Information

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

Event Description

Face Value of Each Ticket/Pass

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

B. Name of Individual

C. Name of Outside Organization

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

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

1. Agency Name
   Foster Family Agency

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Barracuda V. Heat
   Face Value of Each Ticket/Pass $31
   Date(s): 3/1/16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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
      Foster Family Agency | 8 | Providing social & cultural activities for disadvantaged children

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

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 (Month, Day, Year)

Comment:
1. Agency Name

Evelyn S. Cox, CDA
Division, Department, or Region (If Applicable)
Foster Family Agency
Designated Agency Contact (Name, Title)
Kim Henry, Director
Area Code/Phone Number: (831) 582-0688
E-mail: evulynsc@office@jailmail.com

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? No ☐ Yes ☑
Face Value of Each Ticket/Pass $47
Date(s) 2/16/16
Name of Source: SJAA
Official's Name (Last, First):

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>Foster Family Agency</td>
<td>8</td>
<td>Providing social &amp; cultural activities for disadvantaged children</td>
</tr>
</tbody>
</table>

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

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<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>Way to Boy Scout Camps</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: __________________________
Print Name: __________________________
Title: __________________________
Date: __________________________

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

1. Agency Name
EMQ Families First
Division, Department, or Region (If Applicable)
Darren Demonsi
Designated Agency Contact (Name, Title)
408 364 4058
Area Code/Phone Number
E-mail dedemonsi@emqff.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description Disney on Ice
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 $ 47
Date(s) 2, 17, 16
If no:
Name of Source
If yes: Darren Demonsi
Official's Name (Last, First)

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
   EMQ Families First 16 Family support services

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 of Agency Head or Designee Darren Demonsi
Title of Development Assoc. Direct 2/12/16

Comment: ________________________________

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

**EMQ Families First**

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

**Darren DeMonsi**

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

408 364 4058

**Area Code/Phone Number**

**E-mail**

demonsi@emqff.org

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description** Barracuda vs. Condors
  - **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 $** 50

**Date(s)** 2/14/16

**If no:** **Arena Authority**

**Name of Source**

**If yes:**

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

### 3. Recipients

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

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

<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><strong>EMQ Families First</strong></td>
<td>24</td>
<td>Family Support Services</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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
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<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>
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</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** 2-12-16

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

### 1. Agency Name

- **Division, Department, or Region (if Applicable)**: Probation Department / Edge Unit
- **Designated Agency Contact (Name, Title)**: Marne Williams, Ph.D.
- **Area Code/Phone Number**:
  - (651) 573-3299
- **E-mail**: Marne.Williams@proc.scc.gov

### 2. Function or Event Information

- **Does the agency have a ticket policy?**
  - Yes ☐ No ☒
- **Event Description**: Barracuda US Reign
- **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 $**: 50.00
- **Date(s)**: 2/10/16
- **If no:** San Jose Arena Authority Pavilion Ticket Distribution
- **Official's Name (Last, First)**: [Signature]

### 3. Recipients

- **A. Name of Agency, Department or Unit**
  - Santa Clara County Probation
    - **Number of Ticket(s)/Pass(es)**: 24
    - **Describe the public purpose made pursuant to the agency's policy**:
      - For youth whom are on probation and have never had a chance to attend a sporting event.

- **B. Name of Individual**
  - (Last, First)
  - Number of Ticket(s)/Pass(es)
    - 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 of Agency Head or Designee**: Marne Williams
- **Print Name**: [Signature]
- **Title**: [Signature]
- **(Month, Day, Year)**: 2/19/16

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

1. **Agency Name**
   - New Hope For Youths

2. **Division, Department, or Region (if Applicable)**
   - CEREMONIAL ROLE EVENTS AND TICKET/PASS DISTRIBUTIONS

3. **Designated Agency Contact (Name, Title)**
   - Phillip Rodriguez, CEO

4. **Area Code/Phone Number**
   - 408-854-7166

5. **E-mail**
   - rodriguez@newhopforyouths.org

6. **Date Stamp**
   - Feb 22, 2019

### 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</td>
<td>Barracuda’s Rampage</td>
</tr>
<tr>
<td>Date(s)</td>
<td>2019-07-18</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>Yes □ No □</td>
</tr>
</tbody>
</table>

- **Face Value of Each Ticket/Pass**: $31

### 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>New Hope For Youths</td>
<td>8</td>
<td>Outreach Event for Youths</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>
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**C. Name of Outside Organization**

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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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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**: Phillip Rodriguez

**Print Name**: Phillip Rodriguez

**Title**: CEO

**Date**: 2/10/2019

**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**
   
   New Hope For Youth

   Designated Agency Contact (Name, Title)
   
   Philip Rodriguez, CEO

   Area Code/Phone Number | E-mail
   ------------------------|-------------------
   408-854-9166           | prodriguez@newhopeforyouth.org

   Date Stamp
   California QAQ Form 802

2. **Function or Event Information**

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

   Event Description □ WWF

   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 $ 73

   Date(s) 2-16-2016

   Name of Source
   San Jose Area Authority

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**
   
   New Hope For Youth

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

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

   **B. Name of Individual**
   
   Ceremonial Role □ Other □ Income □

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

   **Identify one of the following:**
   Ceremonial Role □ Other □ Income □

   **C. Name of Outside Organization**
   
   **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
   Title

   (Month, Day, Year)

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

1. Agency Name
New Hope for Youth
Division, Department, or Region (If Applicable)

Philip Rodriguez  CEO
Designated Agency Contact (Name, Title)

Area Code/Phone Number E-mail
(408) 854-9166  rodriguez@newhopeforyou.org

Date Stamp: 2016-01-01 10:30

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 70.00
Date(s) 1/21/2011
Event Description: Harlem Globetrotters
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Name of Source: San Jose Arena Authority
Official's Name (Last, First)
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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hope for Youth</td>
<td>11</td>
<td>Used for outreach to at-risk youth of community</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:  Phillip Rodriguez  CEO
Print Name:  Title:  1/26/2011

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

1. Agency Name:
   John Muir Middle School

Division, Department, or Region (If Applicable)
Melissa Urbain / Jeanette Harding

Designated Agency Contact (Name, Title)
Teacher / Principal

Area Code/Phone Number: 408-535-6281
E-mail: murbain@sjusd.org

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

   Event Description: Hockey
   Face Value of Each Ticket/Pass $148-250
   Date(s): 1/7/16

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ____________________________
   Name of Source: SJA A

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

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

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

      Teachers
      16
      Acknowledgment / Recognition

   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 18942.1, I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Melissa Urbain
   Teacher
   (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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>John Muir Middle School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Melissa Urbain, Jeanette Harding, Teacher/Principal</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>408-585-6281</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:trueandfalse@students.jsu.edu">trueandfalse@students.jsu.edu</a>, <a href="mailto:Harding@jsu.edu">Harding@jsu.edu</a></td>
</tr>
</tbody>
</table>

### Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Event Description**: Hockey
- **Face Value of Each Ticket/Pass**: $50
- **Date(s)**: 1/6/16, 1/6/16
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
- **If no:**
  - **Name of Source**: SWAA
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [ ]
  - **If yes:**
    - **Official’s Name (Last, First)**: [ ]

### Recipients

- **A. Name of Agency, Department or Unit**: Teacher/Staff
  - **Number of Ticket(s)/Pass(es)**: 24
  - **Describe the public purpose made pursuant to the agency’s policy**: Recognition/acknowledgment

- **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**: [ ]

### 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**: Melissa Urbain
- **Print Name**: Melissa Urbain
- **Title**: Teacher
- **(Month, Day, Year)**: 1/6/16

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
San Jose Arena Authority
Division, Department, or Region (if Applicable)

Designated Agency Contact (Name, Title)
Shelly Wang, Administrative Assistant
Area Code/Phone Number E-mail
408-977-4780 wang@sjaa.com

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description PM of India Event Team Recognition
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) 12/12/15

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
San Jose Arena Authority 3 Recognition for direct involvement in City-related projects/programs.
Office of Cultural Affairs 3 Recognition for direct involvement in City-related projects/programs.

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
Sharks Sports & Entertainment 2 Recognition for direct involvement in City-related projects/programs.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Shelly Wang
Print Name
Administrative Assistant
Title
12/16/15 (Month, Day, Year)

Comment:
Agency Name
San Jose Arena Authority

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>SJ Police Department</td>
<td>6</td>
<td>Recognition for direct involvement in City-related projects/programs.</td>
</tr>
<tr>
<td>SJ Council District 2</td>
<td>4</td>
<td>Recognition for direct involvement in City-related projects/programs.</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□</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>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
San Jose Arena Authority
Designated Agency Contact (Name, Title)
Shelly Wang, Administrative Assistant

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: SJAA Board Recognition 2015
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ _______ 222.00

3. Recipients
A. Name of Agency, Department or Unit
San Jose Arena Authority Board of Directors
Number of Ticket(s)/Pass(es) 24
Description: Recognition for direct involvement in City-related projects/programs.

B. Name of Individual
(Last, First)

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above is in accordance with the requirements.
Shelly Wang
Administrative Assistant

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

1. Agency Name
John Muir Middle School
Division, Department, or Region (If Applicable)
SJUSD
Designated Agency Contact (Name, Title)
Jeanette Harding (Principal) Urban
Area Code/Phone Number E-mail
408-535-0281 Uurbanas@SJUSD.Og

2. Function or Event Information
Does the agency have a ticket policy? Yes[ ] No[ ]
Event Description
Barracuda Game
Face Value of Each Ticket/Pass $31.00
Date(s) 11/28/15
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
• 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>Intervention Students</td>
<td>10</td>
<td>Prize</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>Rhoda Sa</td>
<td>5</td>
<td>Chaperone</td>
</tr>
<tr>
<td>Sarah Ruiz</td>
<td>3</td>
<td>Chaperone</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
Melissa Harding
Print Name
Melissa Harding
Title
Teacher
(Month, Day, Year) 11/28/15

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

1. Agency Name
Division, Department, or Region (If Applicable)
Santa Clara County Probation/Edge Program
Designated Agency Contact (Name, Title)
Marnet Williams Probation Counselor II
Area Code/Phone Number 468 573 3249
E-mail Marnet Williams @ pracservery

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Sharks v Predators 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 $ 90
Date(s) 10/28/15

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
Santa Clara County Probation
Edge Unit 8 Giving our young juvenile youth an opportunity to attend an event such as sports etc. which they have never attended before.

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 of Agency Head or Designee Marnet Williams
Print Name
Title (Month, Day, Year) 11/3/15

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

1. Agency Name
New Table for Youth
Division, Department, or Region (If Applicable)
Designated Agency Contact (Name, Title)

Area Code/Phone Number 408-854-9166
E-mail prodriguez@newtableforyouth.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description: Thanks to Ducks
Face Value of Each Ticket/Pass $156
Date(s) 9/26/15
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

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
   New Table for Youth Outreach Team
   8
   TO INTRODUCE YOUTH TO ACTIVITIES THEY DON’T HAVE ACCESS TO.

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 of Agency Head or Designee

Print Name

Title

Date (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
Santa Clara Probation Dept. - Edge Program
Division, Department, or Region (if Applicable)
Marmet Williams Probation Counselor II
Designated Agency Contact (Name, Title)
(408) 573-3249
Area Code/Phone Number
E-mail
marmet.williams@pro.sccgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Face Value of Each Ticket/Pass $ [ ] 42.00
Event Description
Ringling Brothers Barnum Bailey Circus
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Date(s) 8/27/15
Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
If no: Pavilion Ticket Outreach
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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara County Probation</td>
<td>16</td>
<td>Young Youth on Probation to attend the event.</td>
</tr>
<tr>
<td>Edge Unit</td>
<td></td>
<td></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>
</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>
<tbody>
<tr>
<td>(Include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulation 18004 and 18003. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Marmet Williams
Probation Counselor II
8/28/15 (Month, Day, Year)

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

1. Agency Name
Discovery Charter School

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)
Debby Perry, Director

Area Code/Phone Number E-mail
408-243-9800 dperry@discoveryk8.org

□ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 09-01-2015 (Month, Day, Year)

2. Function or Event Information

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

Event Description: 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 $ 82.00

Date(s) 08/21/20

If no: ____________

Name of Source

If yes:

Identification 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
--- | --- | ---
Discovery Charter School | 24 | Student and parent recognition

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 of Agency Head or Designee Date

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

**NEW HOPE FOR YOUTH**

Division, Department, or Region (If Applicable)

**PHILIP RODRIGUEZ C.E.O.**

Designated Agency Contact (Name, Title)

Area Code/Phone Number  **408-854-9166**

E-mail  **Rodriguez@newhopeforyouth.org**

2. Function or Event Information

Does the agency have a ticket policy?  **Yes □ No □**

Event Description  **WWE Monday Night Raw**

Provide Title/Explanation

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

Face Value of Each Ticket/Pass $  **87.00**

Date(s)  **8/3/2015**

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

Name of Source  **ALENA AUTHORITY**

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>NEW HOPE FOR YOUTH</td>
<td>8</td>
<td>ATTEND YOUTH EVENT</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.

**Signature of Agency Head or Designee**  **PHILIP RODRIGUEZ**

**Title**  **CEO**

**Date**  **8/3/2015**

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
Santa Clara County Probation/Edge Program

Designated Agency Contact (Name, Title)
Marnet Williams PTZ

Area Code/Phone Number (408) 573-3249
E-mail Marnet.williams@sc County.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Sabercats vs New Orleans

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Face Value of Each Ticket/Pass $ 82
Date(s) 7/10/15
Name of Source San Jose Arena Authority

3. Recipients

<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>Santa Clara County Probation/Edge Program</td>
<td>24</td>
<td>Provide kids an opportunity to attend a sporting event in which they have not had a chance.</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>
</tbody>
</table>

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)/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 Marnet Williams Probation Counselor
Print Name Marnet Williams
Title Probation Counselor
Date 7/16/15

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

1. Agency Name
   John Muir Middle School
   Division, Department, or Region (If Applicable)

   Designated Agency Contact (Name, Title)
   Melissa Urban (Teacher)

   Area Code/Phone Number
   408-555-6281

   E-mail
   murban@sjusd.org

   Date Stamp
   2015 APR 30 AM 10:00

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description
   Sabercats Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $82
   Date(s)
   4, 25, 15

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

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

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

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

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
   Melissa Urban (Teacher)

   Print Name
   Melissa Urban

   Title
   Teacher

   Date
   4/4/15

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

**Agency Name**

<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>
<td></td>
<td></td>
</tr>
<tr>
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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: Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Gascon</td>
<td></td>
<td>Acknowledgment</td>
</tr>
<tr>
<td>Veronica Espinosa</td>
<td></td>
<td>Acknowledgment</td>
</tr>
<tr>
<td>Marcos Vela</td>
<td></td>
<td>Acknowledgment</td>
</tr>
<tr>
<td>Laura Moreno</td>
<td></td>
<td>Acknowledgment</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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**Summit Public Schools**

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

### Designated Agency Contact

- **Name:** Jessica Miranda
- **Title:** Operations Manager
- **Area Code/Phone Number:** 440-493-4616
- **E-mail:** jm Miranda@summitsps.org

### Amendment (Must provide explanation in Part 3.)

<table>
<thead>
<tr>
<th>Date of Original Filing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

## 2. Function or Event Information

- **Event Description:** Krush Carus Chemistry Night
  - **Face Value of Each Ticket/Pass:** $59.50
  - **Date(s):** 04/17/2015

### Ticket(s)/Pass(es) provided by agency?

- **Yes** [ ]  
- **No** [ ]

- **Date(s):**
  - **No:**
  - **Yes:**

### Was ticket distribution made at the behest of agency official?

- **No** [ ]  
- **Yes** [ ]

### Official’s Name (Last, First)

- **Name of Source:**
  - **Name of Individual** (Last, First)
  - **Number of Ticket(s)/Pass(es):**
  - **Describe the public purpose made pursuant to the agency’s policy:**

- **Ceremonial Role** [ ]  
- **Other** [ ]

### Identify one of the following:

- **Incomes** [ ]

### Ceremonial Role [ ]  
- **Other** [ ]

### Income [ ]

- **Ceremonial Role** [ ]  
- **Other** [ ]

### Income [ ]

## 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):**

<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>Summit Public Schools</td>
<td>10</td>
<td>Students of our high school attended the event for having the most volunteer hours at our school.</td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)  
- **Number of Ticket(s)/Pass(es):**

| Name of Individual                  | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ]  
- **Other** [ ]  
- **Income** [ ]

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

<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 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:** Jessica Miranda
  - **Title:** Operations Manager
  - **Date:** 05/04/2015

**Comment:** Thank you for the tickets!

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
   John Muir Middle School
   (Town, City, or Region)
   Division, Department, or Region
   (If Applicable)
   Designated Agency Contact
   (Name, Title)

Area Code/Phone Number 408-635-6281  E-mail jeannette.howard@jusd.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes □ No □
   Event Description: Sharks Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?
   Yes □ No □
   Face Value of Each Ticket/Pass $100.00
   Date(s) 4, 6, 15
   If no:
   Name of Source
   If yes:
   Was ticket distribution made at the behest
   of agency official?
   No □ Yes □
   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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tbody>
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<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>Paul Spitalare</td>
<td>2</td>
<td>Teacher Acknowledgement</td>
</tr>
<tr>
<td>Lupe Moreno</td>
<td>3</td>
<td>Teacher Acknowledgement</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>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Melissa Urban
Print Name: EDC/Teacher
Title: 4/6/15
(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.

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<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
If checking "Ceremonial Role" or "Other" describe below:  
Ceremonial Role □ Other □ Income □  
Teacher Acknowledgment |
|-----------------------------------|-----------------------------|----------------------------------------------------------------|
| Perry, Lisa                       | 3                           | Ceremonial Role □ Other □ Income □  
Teacher Acknowledgment |
|                                   |                             | Ceremonial Role □ Other □ Income □  
Ceremonial Role □ Other □ Income □ |
|                                   |                             | Ceremonial Role □ Other □ Income □  
Ceremonial Role □ Other □ Income □ |

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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

Summit Public Schools
Division, Department, or Region (If Applicable)

Jessica Miranda, Operations Manager
Designated Agency Contact (Name, Title)

Area Code/Phone Number: 415-416-4936
E-mail: jmiranda@summitps.org

2. Function or Event Information

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

Event Description: Marvel Universe Live
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: $78.00

Date(s): 03/21/15

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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<tr>
<th>B. 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>
</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>Summit Public Schools 1930 White Ave San Jose, CA 95118</td>
<td>16</td>
<td>Students and parents of low-income families take field trip to see the show</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: [Signature]
Print Name: Jessica Miranda
Title: Operations Manager
(Month, Day, Year): 03/24/15

Comment: Thank you for the tickets. Students had a great time!
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. Agency Name
   Corbett Group Homes
   Division, Department, or Region (If Applicable)
   Jen Boltinghouse Case Manager
   Designated Agency Contact (Name, Title)
   4164 Sajack Ave San Jose Ca
   Area Code/Phone Number E-mail
   408 • 320 • 4176 jboltinghouse@corbettgroup.
   homes.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description Disney on Ice
   Face Value of Each Ticket/Pass $ 82.00
   Date(s) 2/22/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Name of Source
   If yes: Arena Authority
   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
   Corbett Group Homes 11 Residential Group homes for foster youth

   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 of Agency Head or Designee
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Name**

John Muir Middle School

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

Principals

Designated Agency Contact (Name & Title)

Jeanette Harding/Melissa Urban

**Area Code/Phone Number**

408-535-6281

**Email**

urbanmds@usd.org

---

**Function or Event Information**

- **Does the agency have a ticket policy?** Yes [ ] No [X]
- **Event Description**
  - Disney on Ice
- **Face Value of Each Ticket/Pass** $45
- **Date(s)** 2.21.15

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

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

**Name of Source**

Jeanette Harding/Melissa Urban

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

---

**Recipients**

- **A. Name of Agency, Department or Unit**
  - 6th grade Math Students
  - Number of Ticket(s)/Pass(es) 12
  - Describe the public purpose made pursuant to the agency's policy Award students for progress

- **B. Name of Individual**
  - Alison Appleby
  - Number of Ticket(s)/Pass(es) 4
  - 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

---

**Verification**

I have read and understand FPPC Regulations 18944.1 and 18942.1. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Melissa Urban

Print Name

Teacher

Title

(03/03/15)

Comment: Thank you so much for impacting our lives.

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**

John Muir Middle School
Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)
Jeanette Harding Principal

Area Code/Phone Number E-mail
408-536-6281 Principal@jmmj.susd.org

2. **Function or Event Information**

- Does the agency have a ticket policy? Yes ☐ No ☐
- Event Description
  - Title/Explanation
  - Dates
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
  - If yes: Name of Source
  - Official's Name (Last, First)
- Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
  - If yes: 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**

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

   **AnaFiero**
   - 2
   - Teacher Acknowledgement

   **Charu Agrawal**
   - 7
   - Teacher Acknowledgement

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

<table>
<thead>
<tr>
<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
Heideman

Print Name
Teacher

Title
(Month, Day, Year)

Comment: Thank you so much for this treat!

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**
   Boys & Girls Clubs of Silicon Valley
   Division, Department, or Region (If Applicable)
   Fred McCasland, Director of Program Services

2. **Function or Event Information**
   Event Description: Valentine's Super Love Jam Concert
   Date(s): 02/14/15
   Face Value of Each Ticket/Pass: $41.00
   Ticket(s)/Pass(es) provided by agency: No
   Name of Source: San Jose Arena Authority
   Was ticket distribution made at the behest of agency official: No

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
   Smythe Boys & Girls Club | 8 | Recognition for Youth Development Programs
   Levin Boys & Girls Club | 8 | Recognition for Youth Development Programs

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: Fred McCasland
   Title: Program Director
   Date of Original Filing: 02.17.15

Comment:
### Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
The Agency Name is "Trenton DMV California Family Caregiver".

**Designated Agency Contact**
The contact person is "Kim Harris".

**Area Code/PhoneNumber**
The area code is (415) 532-5828.

**Date of Original Filing**
The date is (Month, Day, Year).

### 2. Function or Event Information

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

- **Event Description**
  - (Provide Title/Explanation)
  
- **Face Value of Each Ticket/Pass**
  - $ [ ]

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

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

### 3. Recipients

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

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

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name (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>

- **C. Name of Outside Organization**
  - (Include address and description)
  
<table>
<thead>
<tr>
<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

- **Signature of Agency Head or Designee**
  - [Signature]

- **Print Name**
  - [Print Name]

- **Title**
  - [Title]

- **Date**
  - (Month, Day, Year)

**Comment:**
[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

Hoover Middle School  
Division, Department, or Region (If Applicable)  
San Jose Unified School District  
Designated Agency Contact (Name, Title)  
Emily Eavuchi, Assistant Principal

Area Code/Phone Number  
408-535-6274  
E-mail  
eavuchi@sjusd.org

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes  
- **Face Value of Each Ticket/Pass** $206

**Event Description**  
Sharks v. Vancouver Canucks  
Date(s)  
12, 30, 14

**Ticket(s)/Pass(es) provided by agency?** Yes  
**Was ticket distribution made at the behest of agency official?** Yes

**Name of Source**

**Official’s Name (Last, First)**

#### 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>Hoover Middle School Teachers</td>
<td>24</td>
<td>Reward teachers through random selection</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>Ceremonial Role ☐ Other ☐ Income ☐</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>
</table>

#### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  
Emily Eavuchi, Assistant Principal

Print Name  
Title  
 assists principal  
210/15

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
Hoover Middle School
Division, Department, or Region (if Applicable)
San Jose Unified School District

Designated Agency Contact (Name, Title)
Emily Echich

Area Code/Phone Number
E-mail
evichie@sjusd.org

2. Function or Event Information
Does the agency have a ticket policy? _ Yes • No
Face Value of Each Ticket/Pass $ 83
Event Description *Walking With Dinosaurs*
Date(s) 12/27/14
Ticket(s)/Pass(es) provided by agency? _ Yes • No
If no:
Name of Source
Was ticket distribution made at the behest of agency official? _ No • Yes
If yes:
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

<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>Hoover Middle School</td>
<td>10</td>
<td>Reward students with teacher recommendation</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>Ceremonial Role □ Other □ Income □</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>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Emily Echich
Print Name
Assistant Principal
Title
Date (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Name:**
Evelyn B. Cox Child Serv Agency

**Division, Department, or Region (If Applicable):**
Boston Family Agency

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

**Area Code/Phone Number:** 617-324-5258

**E-mail:**

---

**Function or Event Information**

1. **Does the agency have a ticket policy?** Yes [ ] No [ ]

2. **Event Description:**
   - **Provide Title/Explanation:**
   - **Date(s):**
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [ ]
   - **Was ticket distribution made at the behest of agency official?**
     - Yes [ ] No [ ]

---

**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>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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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></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>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>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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:**

**Print Name:**

**Title:**

**Date:**

---

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
Santa Clara County Probation
Division, Department, or Region (If Applicable)
Marnet Williams Probation Counselor
Designated Agency Contact (Name, Title)

Area Code/Phone Number E-mail
(408) 573-3249 Marnet.Williams@pso.sccgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description Triple H Show 3.0
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 $ 103
Date(s) 12/3/14

If no: _______________________________________________________________________
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>Santa Clara County Probation</td>
<td>8</td>
<td>Youth in the juvenile system help promote diversity and cultural awareness in the community. Most of our youth have never attended any type of event.</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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)/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
Marnet Williams
Print Name
Title
(Month, Day, Year)

Comment: ____________________________

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

**John Main Middle School**

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

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

**Melissa Urbain, Principal**

**Area Code/Phone Number, E-mail:**

408-535-1111, murbain@jusd.org

### 2. Function or Event Information

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

**Event Description:** Triple H Show

**Face Value of Each Ticket/Pass:** $103

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

**If yes, Date(s):** 12/3/14

**If no:**

**Name of Source:**

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

**If yes:**

**Name of Source:**

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

### 3. Recipients

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

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

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

  **Raffle of Students:**

  This will begin to students who have raffle for good grades

- **B. Name of Individual**

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

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

  **Ceremonial Role** [X] **Other** [ ]

  **Income** [ ]

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

  **Ceremonial Role** [X] **Other** [ ]

  **Income** [ ]

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

  **C. Name of Outside Organization**

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

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

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942.1. 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:**

**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
   John Muir Middle School
   Division, Department, or Region (If Applicable) Principal
   Melissa Urbain-Jeanette Harding
   Designated Agency Contact (Name, Title)

   Area Code/Phone Number: (408) 984-1281
   E-mail: murbain@sjusd.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes
   Event Description: Sharks Game
   Ticket(s)/Pass(es) provided by agency? Yes
   Face Value of Each Ticket/Pass $163
   Date(s): 11/22/14
   Was ticket distribution made at the behest of agency official? Yes
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - Ceremonial Role
      - Other
      - Income
      Ceremonial Role
      If checking “Ceremonial Role” or “Other” describe below:
      Reward For Success in School
      Ceremonial Role
      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: Melissa Urbain-Jeanette Harding
   Print Name: Melissa Urbain-Jeanette Harding
   Title: Teacher
   (Month, Day, Year) 11/24/14

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

**California QAO**

**Form**

**A Public Document**

<table>
<thead>
<tr>
<th>Agency Name</th>
</tr>
</thead>
</table>

#### 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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</thead>
<tbody>
<tr>
<td></td>
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<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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>For Success in School</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
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</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
San Jose Arena Authority
Designated Agency Contact (Name, Title)
Shelly Wang, Administrative Assistant
Area Code/Phone Number 408-977-4780
E-mail wang@sjaa.com

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 $44.00
Date(s) 10/17/14
Name of Source
If yes: Shelly Wang, Administrative Assistant
Official's Name (Last, First)

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

   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

   Boys & Girls Club of Silicon Valley
   5040 N. 1st Street, San Jose 95002
   16
   Recognition of city students

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
Fred McCasland
Director of Program Services
Title
Print Name
(Month, Day, Year)

Comment:
## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name

**Agency Name:** EMQ Families First

**Division, Department, or Region (If Applicable):** Bay Area Region

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

Darren DeMonsi, Assoc Director

**Area Code/Phone Number:** 408-369-4058

**E-mail:** ddemonsi@emqff.org

### 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:** $44

### 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>EMQ Families First Residential Program</td>
<td>16</td>
<td>Group home for kids outing</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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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</tbody>
</table>
|                                  |                               | Ceremonial Role [ ] Other [ ] Income [ ]

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

<table>
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
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</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:** Darren DeMonsi

**Title:** Assoc Director of Development

**Date:** 10/14/14

**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)
San Jose Arena Authority

Designated Agency Contact (Name, Title)
Shelly Wang, Administrative Assistant

Area Code/Phone Number E-mail
408-977-4780 wang@sjaa.com

2. Function or Event Information

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Does the agency have a ticket policy?</th>
<th>Face Value of Each Ticket/Pass</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disney on Ice</td>
<td>Yes ☑</td>
<td>$44.00</td>
<td>10/15/14</td>
</tr>
</tbody>
</table>

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

<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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</tbody>
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B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<tbody>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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C. Name of Outside Organization (Include address and description)

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<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>
<tbody>
<tr>
<td>Boys &amp; Girls Club of Silicon Valley</td>
<td>16</td>
<td>Recognition of city students</td>
</tr>
<tr>
<td>137 N. White Road, San Jose 95127</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.

Fred McCasland
Director of Program Services
10.07.14

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

#### 1. Agency Name

**EMQ Families First**

Division, Department, or Region (If Applicable)

**Bay Area Region**

Designated Agency Contact (Name, Title)

Darren DeMonsi, Assoc. Director of Dev

Area Code/Phone Number E-mail

408-369-4058 demonsi@emqff.org

Date Stamp

California Form 802

A Public Document

#### 2. Function or Event Information

Does the agency have a ticket policy? **No**

Event Description **Sharks game**

Face Value of Each Ticket/Pass $200

Date(s) **9/27/14**

Ticket(s)/Pass(es) provided by agency? **Yes**

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

#### 3. Recipients

- **A. Name of Agency, Department or Unit**
  
  **EMQ Families First**

  **Residential Program**

  Number of Ticket(s)/Pass(es) **24**

  **Group home for kids**

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

  Number of Ticket(s)/Pass(es)

  **Identify one of the following:**

  Ceremonial Role **Yes**

  Other **No**

  Income **No**

- **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**

Darren DeMonsi, Assoc. Director

**Print Name**

**Date of Original Filing:** 9/26/14

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Santa Clara County Probation Department

Function or Event Information
- Event Description: Sharks vs Arizona Coyotes
- Date(s): 9/26/14
- Face Value of Each Ticket/Pass: $206

Recipients
- A. Name of Agency, Department or Unit: Santa Clara County Probation
- Number of Ticket(s)/Pass(es): 24
- Description: To promote diversity and cultural awareness in the community for our young juveniles

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: Marnet Williams
Print Name: Marnet Williams
Title: Probation Counselor
Date: 10/7/14
## Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

### 1. Agency Name
- **HP Pavilion @ SJ**
- Division, Department, or Region: **Distraction Program**
- Designated Agency Contact (Name, Title): **Shelly Wang**
- Area Code/Phone Number: 408-774-7832
- E-mail: wang@sjaa.com

### 2. Function or Event Information
- **Does the agency have a ticket policy?** [ ] Yes [ ] No
- **Face Value of Each Ticket/Pass $**: 100
- **Event Description**: Bailey Circus
  - Face Value of Each Ticket/Pass $: 100
  - Date(s): 8/23/14
  - Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
  - If no: __________
  - Name of Source: Shelly Wang
  - If yes: __________
  - Official's Name (Last, First): 

### 3. Recipients
- **A. Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es)**: 8
- **Describe the public purpose made pursuant to the agency's policy**: Allow Deaf/HH individuals and their family members enjoy community events together.

<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>Deaf ES Unit</td>
<td>8</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<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.

SIGNED: LUCAS FREDYBARA PRAGMADIT 8/23/14

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

Comment: **Ms. Wang represents her organization well**.

FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

**Agency Name**

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

<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>Family &amp; Children Services Deaf Unit FS</td>
<td>8</td>
<td>Allows Deaf/Hard of hearing families to enjoy community events together</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>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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<tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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)/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>
</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
Santa Clara County Probation/Edy Program
Division, Department, or Region (if Applicable)

Designated Agency Contact (Name, Title)
Marinette Williams, Probation Counselor

Area Code/Phone Number 408 573-3249
E-mail marinette.williams@pro.sccgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes [ ] No [x]
Face Value of Each Ticket/Pass $ 0.02
Event Description Ringling Brothers Barnum & Bailey Circus
Date(s) 8/21/14
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? Yes [ ] No [x]

3. Recipients

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
Santa Clara County Probation Edy/Edy Program 16
Describe the public purpose made pursuant to the agency's policy
At RISK youth experiencing a public function the circus

B. Name of Individual Number of Ticket(s)/Pass(es)
Name of Source
If checking "Ceremonial Role" or "Other" 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 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
Marinette Williams
Probation Counselor
Print Name
Title
Date (Month, Day, Year) 9/2/14

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

1. Agency Name
   HE Pavilion at SJS
   Division, Department, or Region (If Applicable)
   Distribution Program

   Designated Agency Contact (Name, Title)
   Shelly Wang

   Area Code/Phone Number E-mail
   408-974-7851 wangs@sjaa.com

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Saber Cats’ game
   Face Value of Each Ticket/Pass $.
   Date(s) 6/7/14

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ______________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: ______________________

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
   Family & Children Services
   Deaf F5

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

   Comment: Shelly Wang has been such a great representative of SJAA and is always informative.
### 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>FCS, Deaf FS</td>
<td>10</td>
<td>Allow Deaf individuals and their families to enjoy community events together.</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</td>
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<td>□</td>
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<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
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<td>Ceremonial Role</td>
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<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
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<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□</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>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **Agency Name**
   - HP Pavilion at San Jose
   - Designated Agency Contact: Shelly Wang
   - Division, Department, or Region (if applicable)
   - Area Code/Phone Number: 408-449-8059

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Event Description:** Disney on Ice
   - **Face Value of Each Ticket/Pass:** $112 x 10 tickets
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **Was ticket distribution made at the behest of agency official?** Yes ☐ No ☐

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Family & Children Services
     - **Number of Ticket(s)/Pass(es):** 16
     - **Describe the public purpose made pursuant to the agency's policy:** Assist or Deaf families to engage in community events
   - **B. Name of Individual**
     - **Number of Ticket(s)/Pass(es):**
     - **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)/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:**
   - **Title:**
   - **Date (Month, Day, Year):** 2014-02-22

**Comment:**
- We are thankful for Ms. Wang and Pavilion Ticket Distribution Program.
### Agency Name

**HE Pavilion at San Jose Distribution Program**

### 3. Recipients

- **A. Name of Agency, Department or Unit**
  - Family Children Services Deaf Unit
  - 550 W. San Juan St.
  - San Jose, CA 95123

- **Number of Ticket(s)/Pass(es)**
  - Describe the public purpose made pursuant to the agency's policy

  - Assist our Deaf families to engage in community events in our area where we would be able to do so

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

1. Agency Name
City of San Jose
Division, Department, or Region (If Applicable)
San Jose Arena Authority
Designated Agency Contact (Name, Title)
Shelly Wang, Administrative Assistant
Area Code/Phone Number 408-977-4780
E-mail wang@sjaa.com

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description Newhall Park Volunteer Recognition
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 $192
Date(s) 01 / 09 / 14

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
Newhall Neighborhood Association 18 Recognition for the involvement of City residents and staff for their efforts in the construction of Newhall Park, San Jose, CA.

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.

Shelly Wang, Administrative Assistant
01/22/14
(Full Name)

Comment:
### Agency Report of:

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

1. **Agency Name**
   - City of San Jose
   - San Jose Arena Authority

2. **Designated Agency Contact**
   - Shelly Wang, Administrative Assistant
   - (408) 977-4780
   - wang@sjaa.com

### 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><strong>Event Description</strong></td>
<td>SJAA Board Recognition</td>
</tr>
<tr>
<td><strong>Face Value of Each Ticket/Pass $ 192</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date(s) 12 / 12 / 13</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>If no:</strong> Name of Source</td>
<td></td>
</tr>
<tr>
<td><strong>Was ticket distribution made at the behest of agency official?</strong></td>
<td>No ☐ Yes ☐</td>
</tr>
<tr>
<td><strong>If yes:</strong> Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

### Recipients

- **A. Name of Agency, Department or Unit**
  - San Jose Arena Authority Board
  - Number of Ticket(s)/Pass(es) 24
  - Describe the public purpose made pursuant to the agency's policy: Tickets were used to recognize the volunteer service of the SJAA Board members.

- **B. Name of Individual**
  - Identify one of the following:
    - Ceremonial Role ☐ Other ☐ Income ☐
    - If checking "Ceremonial Role" or "Other" describe below:

- **C. Name of Outside Organization**
  - Describe the public purpose made pursuant to the agency's policy:

### 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.

Shelly Wang, Administrative Assistant

12/20/13
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

---

### 1. Agency Name
San Jose Arena Authority

### Date Stamp
2013 JUL-05 8:54

### Designated Agency Contact (Name, Title)
Shelly Wang, Administrative Assistant

### Area Code/Phone Number  
408-977-4780

### Email
wang@sjaa.com

---

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $** 160
- **Event Description** Board Recognition
- **Date(s)** 04/18/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

---

### 3. Recipients
- **A. Name of Agency, Department or Unit**
  - San Jose Arena Authority Board of Directors
  - **Number of Ticket(s)/Pass(es)** 19
  - **Describe the purpose made pursuant to the agency's policy** Recognition for Arena Authority Board members involvement.

- **B. Name of Individual**
  - **Ceremonial Role [ ] Other [ ] Income [ ]**
  - **Identify one of the following:**
  - **Ceremonial Role [ ] Other [ ] Income [ ]**
  - **Identify one of the following:**

- **C. Name of Outside Organization**
  - **Ceremonial Role [ ] Other [ ] Income [ ]**
  - **Describe the 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.

Shelly Wang  
Administrative Assistant

---

Comment: 

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)