

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		Date Stamp 2016 JUN -2 PM 4:30 SP UTC	<b>California 801</b> Form For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number (408) 535-8100	Email webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jennifer Maguire, Senior Deputy City Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other NENA (The 9-1-1 Associations)

Last Name	First Name	Name
1700 Diagonal Road, Suite 500	Alexandria	VA 22314
Address	City	State Zip Code

NENA provides continuing education opportunities and wellness programs for America's 9-1-1 professionals.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	\$ Amount	Name	\$ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

Transportation Provider \_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_

Check Applicable Boxes Name of Lodging Facility \_\_\_\_\_

\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Transportation Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
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3.1 (b) Payment(s) not related to travel:

4/24/16 \$ 1,645.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Thank-you 9-1-1 appreciation event to attend the San Jose Earthquakes Major League Soccer match.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

See attached 802 Form

Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] NORBERTO MENA CITY Manager 6/1/14

Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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

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San Jose City of San Jose  
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1. Agency Name City of San Jose		Date Stamp 2016 JUN -2 PM 4:34	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Jennifer Maguire, Senior Deputy City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 35.00

Event Description: SJ Earthquakes Soccer Game Date(s) 4 / 24 / 16  
*Provide Title/Explanation*

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

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

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jose	47	#ThankYou911 Appreciation Event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list of employees		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> #ThankYou911 Appreciation Event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

NONPENTO DUENA City Manager 6/1/16  
Signature of Agency Head or Designee Print Name Title (month/day, year)

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

#ThankYou911 Appreciation Event - 4/24/16  
San José Earthquakes Major League Soccer Match

Last Name	First Name	Qty of Tickets
Gonzales	Marisa	5
Valenzuela	Saul	5
Wilson	Kristi	5
Orozco-Esquivel	Christopher	2
Magnuson	Kate-Sara	4
Holseberg	Tiffany	4
Pace	Heather	2
Goulding	Jim	4
Landa	Dorlinda	4
Horton	Amanda	2
Gaan	Greg	2
Ospina	Amber	2
Maas	Jerry	2
Vaccaro	Wendy	4