

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

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PRACTICES COMMISSION

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<b>1. Agency Name</b>		2012 JAN 12 AM 11:26 Date Stamp	California Form <b>802</b> For Official Use Only
San Jose Police Department			
Division, Department, or Region (if applicable)			
Bureau of Investigations, Homicide			
Street Address			
201 W. Mission St.			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Todd Lonac, Police Sergeant		Date of Original Filing: 01/09/2012	
Area Code/Phone Number	E-mail	(month, day, year)	
408-277-4169	2896@sanjoseca.gov		

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

Title San Jose Sharks Hockey Face Value of Each Admission \$ 205.

Description SJ Sharks Hockey game Date(s) 01 / 05 / 2012

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: San Jose Arena Authority  
Name of Source

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

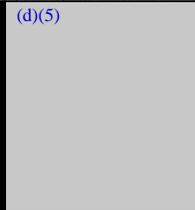
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Lonac, Todd	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	employee recognition	Income <input type="checkbox"/>
Keller, Alex	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	employee recognition	Income <input type="checkbox"/>
Cusimano, Janet	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	employee recognition	Income <input type="checkbox"/>
Thompson, Lindsay	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	employee recognition	Income <input type="checkbox"/>
Gutierrez, David	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	employee recognition	Income <input type="checkbox"/>

**3. Verification**

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

Sign		Todd Lonac	Sergeant	1/9/2012
		Designee	Print Name	Title
Comments	or an attachment for any additional information including amendment explanation.)			

