

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Foothill-De Anza Community College District Division, Department, or Region (if applicable)		12 MAR 15 AM 11:22	
Street Address			
12345 El Monte Road			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Linda M. Thor, Chancellor		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
650-949-6100	thorlinda@fhda.edu		

2. Function, Event, or Ceremonial Role Information

Title Celebrity Forum Face Value of Each Admission \$ \$56

Description Speakers Series Date(s) 09 / 21 / 11 05 / 04 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

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

Yes No If yes: Thor, Linda, Chancellor
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"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Barram, Joan	2 x 7	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hosted/attended reception in capacity of Trustee Income <input type="checkbox"/>
Bechtel, Betsy	2 x 7	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hosted/attended reception in capacity of Trustee Income <input type="checkbox"/>
Cheng, Pearl	2 x 7	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hosted/attended reception in capacity of Trustee Income <input type="checkbox"/>
Casas Frier, Laura	2 x 7	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hosted/attended reception in capacity of Trustee Income <input type="checkbox"/>
Swenson, Bruce	2 x 7	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hosted/attended reception in capacity of Trustee Income <input type="checkbox"/>

3. Verification

I have verified that the distribution of admissions, set forth above, complies with regulations 18944.1 and 18942.

Linda M. Thor Chancellor 3-12-12
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)