

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

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San Jose City Clerk Public Document

1. Agency Name		Date Stamp 2014 JUN -2 de AR	California Form 802 For Official Use Only
City of San José			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Council District 2			
Designated Agency Contact (Name, Title)			
Kimberly Hernandez, Executive Assistant			
Area Code/Phone Number	E-mail		
(408) 535-4902	district2@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 179

Event Description Indian cultural concert Date(s) 5 / 25 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San José Arena Authority
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	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
City Sponsored Indian Flag Raising Partners	24	Recognition event

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.

(d)(5) _____
Signature of Agency Head or Designee

_____ Print Name _____ Title _____ (Month, Day, Year)