

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

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1. Agency Name <u>CITY OF SAN JOSE</u>		Date Stamp 2014 AUG 27 PM 1 M OTC	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>PUBLIC WORK DEPT.</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) <u>ALICE AREVALO, ADMIN. ASSISTANT</u>			
Area Code/Phone Number <u>408-535-8334</u>	E-mail <u>alice.arevalo@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 130.50

Event Description BRUNO MARS CONCERT Date(s) 08, 15, 2014
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: 3 SAN JOSE AERIAL AUTHORITY
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: FIGONE, DEBRA - (MEMO ATTACHED)
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
<u>2013 GIVING CAMPAIGN COMMITTEE MEMBERS</u>	<u>12</u>	<u>EMPLOYEE RECOGNITION PER ATTACHED APPROVAL MEMO</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>DAVID SYKES</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>DIRECTOR</u>
<u>BARRY NG</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>ACTING ASSISTANT DIRECTOR</u>
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

(d)(5) 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

ALICE AREVALO ADMIN. ASSISTANT 8-27-14
Print Name Title (Month, Day, Year)