

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

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1. Agency Name <u>John Muir Middle School</u>	Date Stamp 2014 NOV 26 PM 3:00 At Mail	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Teacher / Principal</u>		
Designated Agency Contact (Name, Title) <u>Melissa Urbain / Jeanette Harding</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number: <u>408-535-2311</u> E-mail: <u>MUrbain@SjUSD.org</u>	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 \$ 10.3

Event Description Triple Ho Shows Date(s) 12, 3, 14
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? 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
<u>Raffeled Students</u>	<u>8</u>	<u>This will be given to students who have ^{been in} raffeled for good grades</u>
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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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) _____ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

esignee: Melissa Urbain Print Name Title: Teacher Date: 11/21/14
(Month, Day, Year)