

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

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1. Agency Name <u>Santa Clara County Probation Department</u> Division, Department, or Region (If Applicable)		Date Stamp OCT 10 PM 2:48 AT Mail	California Form 802 For Official Use Only
<u>Edge/Peak Program</u> Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
<u>Marnet Williams Probation Counselor</u> Area Code/Phone Number	E-mail		
<u>(408) 573-3249</u>			

2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 206

Event Description Sharks vs Arizona Coyotes Date(s) 9, 26, 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>Santa Clara County Probation Edge Program</u>	<u>24</u>	<u>To promote diversity and cultural awareness in the community for our young juveniles</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) \_\_\_\_\_ ions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Marnet Williams Probation Counselor 10/7/14  
Print Name Title (Month, Day, Year)