

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clk Date Stamp 2014 OCT 27 PM 3:30 <i>At Ranting</i>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Finance Department			
Designated Agency Contact (Name, Title) Shirley Keay			
Area Code/Phone Number 408/535-7004	E-mail shirley.keay@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) 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 \$ _____ 125.00

Event Description Sharks vs. Blue Jackets Date(s) 10 / 23 / 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
B. Name of Individual <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

(d)(5) 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Wendy J. Sollazzi

Division Manager

10/23/14

Print Name

Title

(Month, Day, Year)

Comment: _____

Form 802 Attachment

Event: Sharks vs Blue Jackets

Event Date: October 23, 2014

Name of Recipient	# of Tickets	Describe the Public Purpose
Dean DePasquale	1	Employee Recognition
Todd Smith	2	Employee Recognition
Kevin Eaton	2	Employee Recognition
Valerie Esquivel	1	Employee Recognition
Deepak Sharma	2	Employee Recognition
Total	8	