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

A Public Document

Date Stamp	**California Form 802** For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region *(If Applicable)*

San Jose Arena Authority

Designated Agency Contact *(Name, Title)*

Shelly Wang, Administrative Assistant

Area Code/Phone Number	E-mail
408-977-4780	wang@sjaa.com

☐ **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 $ 192

Event Description Newhall Park Volunteer Recognition *Provide Title/Explanation*

Date(s) 01 / 09 / 14 ___/___/___

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
Newhall Neighborhood Association	18	Recognition for the involvement of City residents and staff for their efforts in the construction of Newhall Park, San Jose, CA.

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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

4. Verification

I [redacted] gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] ee | Shelly Wang *Print Name* | Administrative Assistant *Title* | 01/22/14 *(Month, Day, Year)*

Comment: _____