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

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1. Agency Name

City of San Jose

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

City Council, District 10

Designated Agency Contact *(Name, Title)*

Lauren Profeit, Council Policy & Legislative Advisor

Area Code/Phone Number	E-mail
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Date Stamp
2012 MAY 23 PM 4:3

California Form 802
For Official Use Only

☐ **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 $ 178

Event Description Strikeforce Mixed Martial Arts
Provide Title/Explanation

Date(s) 5 / 19 / 12 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: City of San Jose
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Pyle, Nancy (Councilmember)
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
SJPD Downtown Services Unit	16	City staff appreciation for a job well done keeping the downtown safe for residents and visitors alike

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

Nancy Pyle — *Print Name*
Council member — *Title*
5/23/12 — *(Month, Day, Year)*

Comment: _____