

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

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1. Agency Name		Date Stamp 2012 APR 18 AM 9:21	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Fire Department - Communications			
Street Address 855 N San Pedro St #414, San Jose, CA 95110			
Designated Agency Contact (Name, Title) Brian Van Den Broeke, Supervising Public Safety Dispatcher		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 3/8/2012 <small>(month, day, year)</small>	
Area Code/Phone Number 408-277-5483	E-mail brian.vandenbroeke@sanjoseca.gov		

2. Function, Event, or Ceremonial Role Information

Title NHL Hockey Face Value of Each Admission \$ 75-205

Description Sharks vs. Flyers Date(s) 2 / 28 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: San Jose Arena Authority
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Debra Figone/City Manager
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
See Attached List		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


ED WIKSRA ASST CITY MGR 3/28/12
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

<u>Name of Official</u>	<u># of Tickets</u>	<u>Income</u>	<u>Public Purpose</u>
Van Den Broeke, Brian	1	No	Employee Recognition
Deitschman, Tracy	2	No	Employee Recognition
Maharaj, Rahul	1	No	Employee Recognition
Solomon, Lisa	2	No	Employee Recognition
Wodnick, Michael	1	No	Employee Recognition
Rojas, Rosa Linda	1	No	Employee Recognition
Christopher, Randy	2	No	Employee Recognition
Jackson, Traci	2	No	Employee Recognition
Nimitz, Stephanie	1	No	Employee Recognition
Araiza, Jessica	2	No	Employee Recognition
Kirk, Monica	2	No	Employee Recognition
Treadwell, Sarah Ann	2	No	Employee Recognition
Russell, Ryan	2	No	Employee Recognition
Guy, Brad	2	No	Employee Recognition
Garcia, Tania	1	No	Employee Recognition