

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)

Environmental Services Dept./ Integrated Waste Management Division

Designated Agency Contact (Name, Title)

Allen Tai, Supervising Environmental Services Specialist

Area Code/Phone Number

408-975-2544

E-mail

allen.tai@sanjoseca.gov

Date Stamp
 2012 AUG 13 AM 10:26

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 \$ 149.50

Event Description Enrique Iglesias & Jennifer Lopez
 Provide Title/Explanation

Date(s) 8 / 8 / 12

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: Shikada, Ed
 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
City of San Jose, Environmental Services IWM Division, Recycle Plus staff	16	Employee Recognition
B. Name of Individual (Last, First)		
		Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)		
		Describe the public purpose made pursuant to the agency's policy

4. Verification

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

_____ Allen Tai _____ Supervising ESS _____ 8/13/2012
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____