

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

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1. Agency Name CITY OF SAN JOSE		Date Stamp 2012 MAY -1 PM 3: 3	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) FIRE COMMUNICATIONS			
Street Address 855 N SAN PEDRO ST #414, SAN JOSE			
Designated Agency Contact (Name, Title) BRIAN VAN DEN BROEKE		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-277-5483	E-mail BRIAN.VANDENBROEKES@SANTOSECA.GOV	Date of Original Filing: <u>4/9/12</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title NHL HOCKEY SHARKS VS. KINGS Face Value of Each Admission \$ 75-122

Description DISPATCHER RECOGNITION EVENT Date(s) 4, 7, 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 FIBONE - CITY MANAGER + WILLIAM McDONALD FIRE CHIEF
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. 	
JOSLIN, ERIC	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	EMPLOYEE RECOGNITION	Income <input type="checkbox"/>
BURNHAM, JENNIFER	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	↓	Income <input type="checkbox"/>
HILL, DAVE	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
VARGAS, AUGUSTIN	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
WODNICK, MICHAEL	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification



I have verified that the distribution of admissions, set forth above,

William L. McDonald Fire Chief 4/27/12
Print Name Title (month, day, year)

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