

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)
Public Works Department - CFAS Division
Designated Agency Contact (Name, Title)

Marybeth Harasz, Division Manager
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2012 MAY 17 PM 1:43

Date Stamp

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 \$ 110.00
Event Description: ColdPlay Concert Date(s) 4 / 28 / 12
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes No If no: HP Pavilion
Name of Source
Was ticket distribution made at the behest of agency official? No Yes If yes: Sykes, David
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
Happy Hollow Pedestrian Bridge Project Team, CFAS Division, Public Works	14	This bridge received awards from ASCE and ACEC. The project team was rewarded with this recognition event for outstanding job
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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 have read and understand the FPPC Rules, Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Redacted Signature]

David Sykes
Print Name

Director
Title

5/15/12
(Month, Day, Year)

Comment: _____