

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED
San Jose City Clerk **A Public Document**

1. Agency Name City of San Jose		Date Stamp 2014 FEB -7 PM 3:4	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) San Jose Arena Authority		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title) Shelly Wang, Administrative Assistant			
Area Code/Phone Number 408-977-4780	E-mail wang@sjaa.com	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 192

Event Description Newhall Park Volunteer Recognition Date(s) 01 / 09 / 14
Provide Title/Explanation

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: _____
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
Newhall Neighborhood Association	18	Recognition for the involvement of City residents and staff for their efforts in the construction of Newhall Park, San Jose, CA.
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"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
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 FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Shelly Wang	Administrative Assistant
	Print Name	Title
		01/22/14
		(Month, Day, Year)

Comment: _____