

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

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1. Agency Name San Jose City Hall		Date Stamp 2014 APR -4 A 11: 23	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Council District 5		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Diego Barragan			
Area Code/Phone Number (408) 535-4949	E-mail diego.barragan@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 192.00

Event Description Sharks v. Washington Capitals Date(s) 03 / 22 / 14
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Campos, Xavier
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
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>
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
District 5 United 341 Lyndale Ave., San Jose, CA 95127	24	Recognizing the tireless work of the D5 United members as they continue to advocate and take action on District-wide issues.

4. Verification
 (c)(1) _____ ns 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Diego Barragan _____ Policy Aide _____ 04/03/14
Print Name Title (Month, Day, Year)