

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

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<b>1. Agency Name</b> City of San Jose		San Jose City Clerk Date Stamp 2014 DEC 17 PM 12:48 AT OTC	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 1			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>12/17/14</u> (Month, Day, Year)
Designated Agency Contact (Name, Title) Pete Constant, Councilmember	Area Code/Phone Number (408) 535-4901		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 206.00

Event Description Sharks v. Calgary Flames    Date(s) 11 / 26 / 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: Constant, Pete  
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
n/a		
<b>B. Name of Individual (Last, First)</b>		
		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>
<b>C. Name of Outside Organization (include address and description)</b>		
Members of the D1 Candidate Forum Debates	24	To recognize the volunteers who planned the D1 Candidate and D1 Mayor Forum that was a citywide event.

**4. Verification**

I have reviewed (d)(5) \_\_\_\_\_ and I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
 Signature    Print Name    Title    Date

\_\_\_\_\_  
 Signature    Print Name    Title    Date