

**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	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Council District 1		2014 DEC 17 PM 12:48 ST JTC	
Designated Agency Contact (Name, Title) Pete Constant, Councilmember		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>12/17/14</u> (Month, Day, Year)	
Area Code/Phone Number (408) 535-4901	E-mail district1@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 153.00

Event Description Sharks vs. NY Islanders Date(s) 11 / 01 / 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	0	
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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
Disability Awareness Day Planning Committee	8	To recognize the most active planning committee members for their work with the Disability Awareness Day event on 10/10/14.

**4. Verification**

I have reviewed (d)(5) [redacted] 2. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_  
 Sig [redacted] Print Name Pete Constant Title Councilmember, District 1 Date 12/17/14  
(Month, Day, Year)