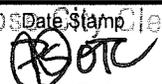


Agency Report of:
 Ceremonial Role Events and Ticket/Pass Distributions

RECEIVED

A Public Document

1. Agency Name		San Jose Date Stamp Clerk  2015 MAR -3 PM 4:43	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Council District 5</u>			
Designated Agency Contact (Name, Title) <u>Victor Gomez, Chief of Staff</u>			
Area Code/Phone Number <u>408 535-4948</u>	E-mail <u>Victor.gomez@sanjoseca.gov</u>	<input type="checkbox"/> 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 \$ 153.00

Event Description Sharks Hockey Game Date(s) 02, 15, 2015
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
<u>American Legion Mayfair Post 791</u>	<u>8</u>	<u>Sponsor scholarships for children, give assistance to local needy veterans and their families.</u>
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
<u>American Legion Mayfair Post 791</u>	<u>8</u>	<u>Sponsor scholarships for children, give assistance to local needy veterans and their families.</u>

4. Verification

(d)(5) _____ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Victor Gomez Chief of Staff 3/3/2015
Print Name Title (Month, Day, Year)