

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name

City of San José

Division, Department, or Region (If Applicable)

Parks, Recreation and Neighborhood Services

Designated Agency Contact (Name, Title)

Veronica Schulte, Staff Specialist

Area Code/Phone Number

408-793-5597

E-mail

veronica.schulte@sanjoseca.gov

Date Stamp

2015 MAR 17 PM 2:49

ASB/C

California Form 802

For Official Use Only

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 \$ _____ 206

Event Description NHL Hockey Game
Provide Title/Explanation

Date(s) 3 / 14 / 15

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 |
|---|------------------------------|--|
| Parks, Recreation and Neighborhood Services | 24 | Recognition for participating in the Parks, Recreation and Neighborhood Services consumer outreach project. |
| 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, _____, pursuant to sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

(d)(5)

Mont Corvo
Print Name

Interim Assistant Director
Title

3/18/15
(Month, Day, Year)

Comment: _____

TICKET DISTRIBUTION

By checking "Received" below, I understand these tickets cannot be resold or redistributed and are to be used by me and my family member/guest. The total value of ticket are \$98- \$206.

| NAME | RECEIVED 2 TICKETS & PARKING PASS | I AM A FORM 700 REPORT |
|--------------------|-------------------------------------|---------------------------------------|
| 1 Yu-Wen Huang | <input checked="" type="checkbox"/> | ? <input checked="" type="checkbox"/> |
| 2 Jason Court | <input checked="" type="checkbox"/> | ? <input checked="" type="checkbox"/> |
| 3 Mayleth Harasz | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Veronica Schulte | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Shirlee Victorio | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 IVES ZSUTTY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 KARI DANISSON | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 GIBBS MEEK | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Jon MOOG | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 Maryann Casorta | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 Cassie Hunter | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 JOHN NGUYEN | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



ORGANIZATION

PRNS - EE Recognition Team

TIME

1:00 PM

EVENT DATE

March 14, 2015

San José Arena, NHL Sharks Game