

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable)			
City Manager's Office			
Street Address			
200 E. Santa Clara Street, San Jose, CA 95113			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Sandra Cranford - Executive Assistant to the City Manager		Date of Original Filing: <u>12/9/11</u> (month, day, year)	
Area Code/Phone Number	E-mail		
(408) 535-8100	sandra.cranford@sanjoseca.gov		

2. Function, Event, or Ceremonial Role Information

Title Santa Clara County Cities Manager Face Value of Each Admission \$ 175.00

Description Recognition Event - Shark's Game Date(s) 11 / 17 / 11

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Figone, Debra - City Manager	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Shikada, Ed - Assistant City Manager	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Alex Gurza - Deputy City Manager	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Norberto Duenas - Deputy City Manager	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Sandra O Cranford Signature of Agency Head or Designee
SANDRA O. CRANFORD Print Name
Exec. Assistant Title
12/9/11 (month, day, year)
to the City Manager

Comment: (Use this space or an attachment for any additional information including amendment explanation.)