

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

A Public Document

1. Agency Name		Date Stamp 2011 DEC 16 A 9 28	California Form 802 For Official Use Only
City Of San Jose			
Division, Department, or Region (if applicable) San Jose Police Department, Metro Unit			
Street Address 201 W. Mission Street			
Designated Agency Contact (Name, Title) Lt. James Randol		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 408-277-4044	E-mail James.Randol@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title UFC 140 Face Value of Each Admission \$ 402.00

Description UFC Suite Tickets Date(s) 11 / 19 / 2011

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
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	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
San Jose Police Dept, Metro Unit	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Recognition for performance of the Metro Unit	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input 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.

Signature of Agency Head or Designee _____ Print Name _____ Title _____ (month, day, year)

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