

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

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1. Agency Name

California Form 802

For Official Use Only

2011 MAR 29 A 10:07

Safe School Campus Initiative
Division, Department, or Region (if applicable)
Community Services
Street Address
1694 Adrian way SJ CA

Designated Agency Contact (Name, Title)

Youth Outreach Worker I

Area Code/Phone Number

E-mail

408-794-1630

alex.toscano@sanjoseca.gov

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title sabercats vs kansas city

Face Value of Each Admission \$ \$16

Description Arena Football

Date(s) 3 / 18 / 11

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. 	Income
Toscano Alex	16	Yes <input type="checkbox"/> No <input type="checkbox"/>	public purpose for the distribution	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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.

Bernie Rosales
Signature of Agency Head or Designee

BERNIE ROSALES
Print Name

Community Coordinator
Title (month, day, year)

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