

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name		Date Stamp	California Form 802
City of San Jose		2012 MAY 23 PM 4: 30	For Official Use Only
Division, Department, or Region (If Applicable)			
City Council, District 10			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Lauren Profeit, Council Policy & Legislative Advisor			
Area Code/Phone Number	E-mail		
408-535-4910	lauren.profeit@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 178

Event Description Strikeforce Mixed Martial Arts Date(s) 5 / 19 / 12 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: City of San Jose _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Pyle, Nancy (Councilmember) _____
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
SJPD Downtown Services Unit	16	City staff appreciation for a job well done keeping the downtown safe for residents and visitors alike
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 have read and understand FPPC Regulations 18944.7 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nancy Pyle Nancy Pyle Council member 5/23/12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)