

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

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1. Agency Name		Date Stamp 2012 JUN 32 PM 12: 38	California Form <b>802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable)			
City Council			
Designated Agency Contact (Name, Title)			
Lauren Profeit, Council Assistant			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
408-535-4910	lauren.profeit@sanjoseca.gov	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 \$ \_\_\_\_\_ 82

Event Description San Jose Sabercats Arena Football Date(s) 7 / 7 / 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: Councilmember Nancy Pyle  
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
San Jose Police Department	24	Staff appreciation to members of the SJPD Southern Division Team/Crime Prevention Unit for a job well done assisting resident
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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nancy Pyle Nancy Pyle Councilmember 7/2/12  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)