

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

RECEIVED A Public Document

<b>1. Agency Name</b> City of San José		San José City Clerk	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Council District 2 Street Address 200 East Santa Clara Street T-18			
Designated Agency Contact (Name, Title) Kimberly Hernandez, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4902	E-mail district2@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Super Love Jam Face Value of Each Admission \$ 39.00

Description Oldies concert Date(s) 2 / 11 / 12

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

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

Yes  No  If yes: Kalra, Ash Councilmember  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
San José Vet Center Resource Advisory Committee	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition for community service to San José residents <input type="checkbox"/> Income
		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.

Ash Kalra Ash Kalra Councilmember 2/3/12  
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.)