

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

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California Form **802**

2012 FEB 27 P 3:45

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

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice Face Value of Each Admission \$ 79

Description Ice skating show Date(s) 2 / 26 / 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"> 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
Huynh, Tuyet	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Host of recognition event	<input type="checkbox"/>
Southside Community Center Early Childhood Program	15	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recognition event honorees	<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.

Ash Kalra Ash Kalra Councilmember 2/23/12
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.)