

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

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<b>1. Agency Name</b> City of San José Division, Department, or Region <i>(if applicable)</i> Council District 2 Street Address 200 E. Santa Clara St. T-18 Designated Agency Contact <i>(Name, Title)</i> Kimberly Hernandez, Executive Assistant Area Code/Phone Number      E-mail (408) 535-4902      district2@sanjoseca.gov	Date Stamp <b>2012 APR 18 AM 11:52</b>	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</i>		

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

Title Sharks Playoff Game A      Face Value of Each Admission \$ 149

Description Hockey      Date(s) 4 / 16 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: San Jose 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>
AACI - Future Roots planning ctme.	7	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition event 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"/>
		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.*

 Signature of Agency Head or Designee	Ash Kalra Print Name	Councilmember Title	4/17/12 <i>(month, day, year)</i>
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Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*