

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

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<b>1. Agency Name</b>		2012 JUL 9	Date Stamp PM 4:29	<b>California Form 802</b> For Official Use Only
City of San José				
Division, Department, or Region (if applicable)				
Council District 2				
Street Address				
200 E. Santa Clara St. T-18				
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		
Kimberly Hernandez, Executive Assistant				
Area Code/Phone Number	E-mail			
(408) 535-4902	district2@sanjoseca.gov			

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

Title American Idol Live! Face Value of Each Admission \$ 65

Description Concert Date(s) 7 / 22 / 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 Admision(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>	Income
Positive Alternative Recreation Teambuilding Impact Program	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition event	<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.

Ash Kalra Ash Kalra Councilmember 7/19/12  
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.)