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

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**A Public Document**

**1. Agency Name**

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)*

Kimberly Hernandez, Executive Assistant

| Area Code/Phone Number | E-mail |
|---|---|
| (408) 535-4902 | district2@sanjoseca.gov |

Date Stamp

**California Form 802**

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

**Date of Original Filing:** _____ *(month, day, year)*

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

**Title** Los Gigantes

**Face Value of Each Admission $** 209.50

**Description** Concert

**Date(s)** 8 / 26 / 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 | • 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. | |
|---|---|---|---|---|
| Neighborhood Associations Park Clean Up Volunteers | 16 | Yes ☐ No ☑ | Recognition event | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |

**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 | Print Name | Title | *(month, day, year)* |
|---|---|---|---|
| | Ash Kalra | Councilmember | 8/27/12 |

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*