

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

RECEIVED  
 San Jose City Clerk

A Public Document

<b>1. Agency Name</b> 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 2012 SEP 25 PM 2: 35	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>		

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

Title Batman Level Face Value of Each Admission \$ 122.50

Description play/ acrobat show Date(s) 9 / 21 / 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	• 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.	
D2 Youth Advisory Committee	11	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Rohit Krishna	5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	host of 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"/>

**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.*

 _____ <small>Signature of Agency Head or Designee</small>	Ash Kalra _____ <small>Print Name</small>	Councilmember _____ <small>Title</small>	9/25/12 _____ <small>(month, day, year)</small>
--	---	--	---

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