

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

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1. Agency Name		2012 SEP 25 PM 2:35 Date Stamp	California Form 802 For Official Use Only
City of San José			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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		

2. Function, Event, or Ceremonial Role Information

Title Batman Live! Face Value of Each Admission \$ 102.50

Description play/ acrobat show Date(s) 9 / 23 / 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.
Oak Grove HS ROTC	16	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input checked="" 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 Councilmember 9/25/12
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.)