

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

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|--|-----------------------------------|--|---|
| 1. Agency Name City of San Jose Division, Department, or Region (if applicable) Council District 4 Street Address 200 East Santa Clara Street Designated Agency Contact (Name, Title) | | San Jose City Clerk Date Stamp 2012 FEB 17 P 10:26 | California Form 802 For Official Use Only |
| Area Code/Phone Number 408-535-4904 | E-mail district4@sanjoseca.gov | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |

2. Function, Event, or Ceremonial Role Information

Title SAP Open Tennis Face Value of Each Admission \$ 50

Description _____ Date(s) 2 / 13 / 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?

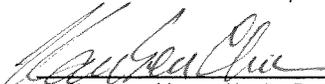
Yes No If yes: _____
Official's Name (Last, First) and Title

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. |
|---|-----------------------------------|--|--|
| Berryessa Senior Adviosry Council | 16 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Recognition event Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input checked="" 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.


 _____ Kansen Chu _____ Councilmember _____ 02/15/12
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.)