

**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 <i>(if applicable)</i> Council District 4 Street Address 200 East Santa Clara Street Designated Agency Contact <i>(Name, Title)</i>		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 <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice Face Value of Each Admission \$ 36

Description _____ Date(s) 02 / 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?

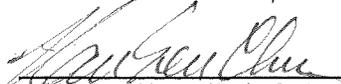
Yes No If yes: _____
Official's Name (Last, First) and Title

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. 	Income
Majestic Way Elementary School PTA	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition event	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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 _____ 02/16/12
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.)*