

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

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1. Agency Name <u>City of San Jose</u>		Date Stamp <u>2012 APR 12 AM 10:59</u>	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 8</u>			
Street Address <u>200 E. Santa Clara St 18 Floor</u>			
Designated Agency Contact (Name, Title) <u>Mary Anne Groen Chief of Staff</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-535-4908</u>	E-mail <u>maryanne.groen@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Sharks v. St Louis Playoff Game B Face Value of Each Admission \$ 225.00/97.00

Description \_\_\_\_\_ Date(s) 04, 19, 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	Income
<u>SJPD Graffiti</u>	<u>20</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>Enforcement</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>Angie Vazquez</u>	<u>2</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<u>Rose Herrera</u>	<u>2</u>	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.

Mary Anne Groen Mary Anne Groen Chief of Staff 4/11/12  
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.)