

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

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|--|---|--|---|
| 1. Agency Name <u>City of San Jose</u> 2012 APR 17 | | Date Stamp PM 3:19 <i>ef</i> | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) <u>Council District 8</u> | | | |
| Street Address <u>200 E. Santa Clara St. 18th 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>408-535-4905</u> | E-mail <u>maryanne.groen@sanjoseca.gov</u> | Date of Original Filing: _____ (month, day, year) | |

2. Function, Event, or Ceremonial Role Information

Title Coldplay Face Value of Each Admission \$ 110.00

Description _____ Date(s) 4/27/12

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</u> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Merge Unit</u> | <u>14</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Mary Anne Groen</u> | <u>2</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Councilmember Herrera</u> | | 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 4/17/12
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.)