

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

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|  |                                      |  |  |
|--|--------------------------------------|--|--|
| 1. Agency Name<br>City of San Jose                                     |                                      | Date Stamp<br>2012 FEB 29 A 9:03   | California Form 802<br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Council District 9  |                                      |  |  |
| Street Address<br>200 E Santa Clara Street                             |                                      |  |  |
| Designated Agency Contact (Name, Title)<br>Donald Rocha, Councilmember |                                      | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |  |
| Area Code/Phone Number<br>408- 535-4909                                | E-mail<br>Donald.Rocha@sanjoseca.gov | Date of Original Filing: _____<br>(month, day, year)                     |  |

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice Face Value of Each Admission \$ 79.00  
 Description ICE SKATING Date(s) 2/25/12 \_\_\_\_\_

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Rocha Donald 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  | Income  |
|---|-----------------------------------|--|---|
| <u>Home + School Club Sartorette School Suite</u>               |                                   | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | <u>Volunteer work with kids / school.</u> Income <input type="checkbox"/> |
|   |                                   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            | Income <input type="checkbox"/>   |
|   |                                   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            | Income <input type="checkbox"/>   |
|   |                                   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            | Income <input type="checkbox"/>   |
|   |                                   | Yes <input type="checkbox"/><br>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.

Donald Rocha Signature of Agency Head or Designee  
Donald Rocha Print Name  
Councilmember Title  
2/27/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)