

**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 2012 JUL -9 AM 10:03	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 9</u>			
Street Address <u>200 E. Santa Clara St 95113</u>			
Designated Agency Contact (Name, Title) <u>Kimberly Olivee, Admin</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>535-4909</u>	E-mail <u>kimberly.olivee@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Sabercats vs. Spokane Shock Face Value of Each Admission \$ 82

Description Indoor Football Game Date(s) 6/23/12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: SJ Arena Authority  
Name of Source

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

Yes  No  If yes: Rocha, Donald D9 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>Rocha, Donald</u>	<u>3</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
<u>Cambrian Valley Youth Football cheer</u>	<u>21</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income

**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.

Don Rocha Signature of Agency Head or Designee     Donald Rocha Print Name     Councilmember Title     7/2/12 (month, day, year)

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