

**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 SEP 10 AM 8:42	California Form 802 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 Oliver, Admin</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408 550-3926</u>	E-mail <u>kimberly.oliver@sanjoseca.gov</u>	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Kellogg's Four of Gymnastics Champions Face Value of Each Admission \$ 87.00

Description Gymnastics Performance Date(s) 9, 8, 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: 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>Cal Sports Center Gymnastics</u>	<u>16</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> 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.

Don Rocha Signature of Agency Head or Designee Donald Rocha Print Name Councilmember Title 9/10/12 (month, day, year)

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