

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED  
San Jose City Clerk

A Public Document

<b>1. Agency Name</b> City of San Jose Division, Department, or Region (If Applicable) Public Works Department - CFAS Division Designated Agency Contact (Name, Title) Marybeth Harasz, Division Manager Area Code/Phone Number   E-mail 408-535-8377   marybeth.harasz@sanjoseca.gov		Date Stamp 2012 MAY 17 PM 1:43	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 110.00

Event Description ColdPlay Concert    Date(s) 4 / 28 / 12  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: HP Pavilion  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Sykes, David  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Happy Hollow Pedestrian Bridge Project Team, CFAS Division, Public Works	14	This bridge received awards from ASCE and ACEC. The project team was rewarded with this recognition event for outstanding job
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations. 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

David Sykes    David Sykes    Director    5/15/12  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

Comment: \_\_\_\_\_