

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

RECEIVED
San Jose City Clerk

A Public Document

1. Agency Name <u>City of San Jose</u>		Date Stamp <u>2013 NOV -8 PM 2:4</u>	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Airport Department</u>			
Designated Agency Contact (Name, Title) <u>Vicki Day, Dir. of Mktg & Cust. Svcs.</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>408-392-3604</u>	E-mail <u>vday@sjc.org</u>	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 \$ 14 @ \$192; 8 @ \$82

Event Description Sharks hockey game Date(s) 11 / 05 / 2013 11 / 05 / 2013
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
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
<u>Mineta San Jose Int'l Airport</u>	<u>24</u>	<u>Employee recognition: ANA launch</u>
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.

[Signature] John AITKEN Acting Asst. Director 11/6/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____