

**Tickets Provided by Agency Report**

**A Public Document**

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TICKETS PROVIDED BY AGENCY REPORT  
California Form 802

<b>1. Agency Name</b> City of San Jose		Date Stamp San Jose 2009 OCT -2 P 3:10	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council District 1			
Street Address 200 E. Santa Clara Street, Tower 18th Floor			
Area Code/Phone Number (408) 535-4901	E-mail district1@sanjoseca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Rhovy Cansino, Council Aide		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 08 / 09 Description of Event: San Jose Sharks vs. Columbus Blue Jackets  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 109.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority  
 Number of Tickets Received: 8 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
None		

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_  
 Name of Individual or Organization: District 1 High School Principals Number of Tickets: 8  
 Description of Organization: D1 Principals from Boynton, Prospect, Westmont, and Lynbrook High Schools  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Pete Constant Councilmember 10/02/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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