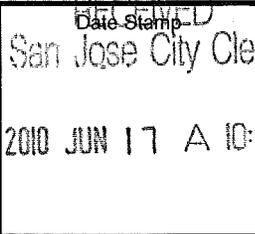


Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose			California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council District 6			
Street Address 200 E. Santa Clara St 18th Floor Tower		<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Area Code/Phone Number 408 535-4906	E-mail tina.west@sanjoseca.gov	Date of Original Filing: 06/16/2010 (month, day, year)	
Agency Contact (name and title) Tina West, Executive Administrative Assistant			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 25 / 09 Description of Event: SJ Sharks vs. Anaheim Ducks Game
 _____ / _____ / _____ Face Value of Ticket: \$ 182.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: _____
 Number of Tickets Received: 16 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

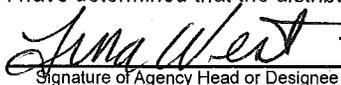
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
N/A		

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: Friends of San Jose Rose Garden (Terry Reilly) Number of Tickets: 16
 Description of Organization: Master Volunteers performing necessary maintenance & upkeep to garden.
 Address of Organization: 1375 Emory St., San Jose, CA 95126
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Volunteer recognition (Terry Reilly, Founder of Organization rec'd tickets for distribution to the volunteers.)

5. Verification

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

 Tina West Executive Administrative Asst 06/16/2010
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.)