

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name <u>The City of San Jose</u>		RECEIVED San Jose City Clerk NOV 10 P 3:20	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Environmental Services Dept (ESD)</u>			
Street Address <u>200 E. Santa Clara St, San Jose, CA 95113</u>			
Area Code/Phone Number <u>408.535-8580</u>	E-mail <u>John.stufflebean@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) <u>John Stufflebean, Director</u>		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11/7/09 Description of Event: SJ Sharks 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
(only 15 used)

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
<u>Anastazia Aziz</u>	<u>1</u>	<u>recognition</u>
<u>Annie Esget</u>	<u>1</u>	<u>recognition</u>
<u>Cheryl Dayley</u>	<u>1</u>	<u>recognition</u>

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

Name of Behesting Agency Official: The City Manager, Debra Figone

Name of Individual or Organization: The City of San Jose Number of Tickets: 16
(15 used)

Description of Organization: City/Local Government

Address of Organization: 200 E. Santa Clara St San Jose CA 95113
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
public purpose recognition

5. Verification

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

Signature of Agency Head or Designee: [Signature] Print Name: John Stufflebean Title: Director Date: 11-16-09
 (month, day, year)

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

