

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

**1. Agency Name**

Rebekah Childrens Services Division, Department, or Region (if applicable)		Date Stamp 2009 AUG 24 AM 10:13	<b>California Form 802</b> For Official Use Only
Therapeutic Resource Center Street Address			
290 I00F Ave Area Code/Phone Number		<input type="checkbox"/> Amendment (Must explain in Part 5.)	
408-846-2412 E-mail		Date of Original Filing: _____ (month, day, year)	
Jennifer Boltinghouse Manager TRC Agency Contact (name and title)			

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

Date(s) of Event: 8/20/09 Description of Event: Ringling Bros. Circa Circus  
 Face Value of Ticket: \$36 x 16 total 576

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: 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
Boltinghouse, Jennifer	16	sending several of our coed and boys unit population to circus

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

Name of Behesting Agency Official: Linda Truelson S.J.A.A.

Name of Individual or Organization: Rebekah Childrens Services Number of Tickets: 16

Description of Organization: Non profit residential treatment facility that serves severely neglected and abused children ages 5-17

Address of Organization: 290 I00F Ave Gilroy CA 95020  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To take our kids to the circus

**5. Verification**

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

Jennifer Boltinghouse Jennifer Boltinghouse Mgr. TRC 8-18-09  
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.)

