Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

RECEIVED San Jose City Clerk 2009 AUG 27 A 9:23

Date Stamp

1. Agency Name Ujima Adult & Family Services

Division, Department, or Region *(if applicable)*

Street Address 2481 Zanker Rd

Area Code/Phone Number 408 928-1700

E-mail Yvonne@ujimaagency.org

Agency Contact *(name and title)* Yvonne Maxwell Exec. Director

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 8/23/09 Description of Event: Circus

___/___/___ Face Value of Ticket: $ $102.00

Agency Event ☒ Yes ☐ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: N/A 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
Yvonne Maxwell	16	Public Purpose

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: Ujima Adult & Family Services Number of Tickets: 16

Description of Organization: Community Based Organization Providing Mental health & Support Services in Santa Clara Co.

Address of Organization: 2481 Zanker Rd Ste B San Jose CA 95134
Number and Street City State Zip Code

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

Provide opportunity for families to go on a family outing they would not be able to afford to go on

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] Yvonne Maxwell Exec Director 8/25/09
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.)*