

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		<p>RECEIVED San Jose City Clerk Date Stamp 2010 DEC 21 P 12:07</p>	<p>California Form 802 For Official Use Only</p>
City of San Jose			
Division, Department, or Region (if applicable)			
Council District 1			
Street Address			
200 E. Santa Clara Street, Tower 18th Floor			
Area Code/Phone Number	E-mail		
(408) 535-4901	district1@sanjoseca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title)		Date of Original Filing: _____ (month, day, year)	
Rhovy Antonio, Council Aide			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11 / 24 / 10 Description of Event: San Jose Sharks vs. Chicago Blackhawks

Face Value of Ticket: \$ 172.00

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: 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
Sanford, Elizabeth	1	Host of community recognition event.

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: D1 Leadership Group - Virtual Town Hall Cmte. Number of Tickets: 15

Description of Organization: Community Group

Address of Organization: 1436 Clarita Avenue San Jose CA 95130
Number and Street City State Zip Code

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

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 12/15/10
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.)