

Tickets Provided by Agency Report

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San Jose City Clerk

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San José		2010 MAR -16 P 4:30 Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council District 2			
Street Address 200 E. Santa Clara Street, T-18			
Area Code/Phone Number (408) 535-4902	E-mail District2@sanjoseca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Kimberly Hernandez, Administrative Assistant (interim)			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 3 / 11 / 10 Description of Event: Sharks vs. Nashville
 _____ / _____ / _____ 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: San José 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

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: Silver Leaf Neighborhood Association Number of Tickets: 16

Description of Organization: City initiated neighborhood volunteer group

Address of Organization: Edenvale Library -101 Branham Lane East San Jose CA 95111
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Recognition event for District 2 neighborhood association

5. Verification

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

Ash Kalra Ash Kalra Councilmember 3/4/10
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.)