

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		RECEIVED San Jose City Clerk Date Stamp 2010 APR 28 A 10:47	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Council District 2			
<b>Street Address</b> 200 E. Santa Clara Street, T-18			
<b>Area Code/Phone Number</b> (408) 535-4902	<b>E-mail</b> district2@sanjoseca.gov	<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Kimberly Hernandez, Administrative Assistant (interim)			

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

Date(s) of Event: 4 / 24 / 10 Description of Event: The Harlem Globetrotters World Tour  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 73.50

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: 4 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: City of San Jose

Name of Individual or Organization: Alberto Diaz Number of Tickets: 4

Description of Organization: Volunteer for Great American Litter Pick Up (GALP)

Address of Organization: GALP Event 285 Blossom Hill Road San Jose CA 95123  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Recognition for D2 community volunteer

**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 Kabra Ash Kabra Council member 4-27-10  
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.)