

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> City of San José		RECEIVED San Jose City Clerk Date Stamp 2010 MAY -5 A 10: 53	<b>California Form 802</b> 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.)	
Agency Contact (name and title) Kimberly Hernandez, Administrative Assistant (interim)		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 5 / 2 / 10 Description of Event: Sharks vs. Redwings  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 324

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: Edenvale Business Leaders Group Number of Tickets: 16  
 Description of Organization: Various Business Leaders from Edenvale Technology Park, a Redevelopment project area  
 Address of Organization: Highways 101 & 85  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Business Leadership 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.

Ash Kalra Ash Kalra Council member 5-5-10  
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.)