

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable)			
Council District 6			
Street Address			
200 E. Santa Clara St., 18th Floor Tower			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: <u>06/16/2010</u> (month, day, year)	
408 535-4906	tina.west@sanjoseca.gov		
Agency Contact (name and title)			
Tina West., Executive Administrative Assistant			

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

Date(s) of Event: 02 / 11 / 20 Description of Event: SAP Open  
 \_\_\_\_\_  
 \_\_\_\_\_ 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: \_\_\_\_\_

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
N/A		

**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: Willow Glen Senior Tennis Group (Barb Jarvis) Number of Tickets: 16

Description of Organization: Willow Glen Senior Tennis Group volunteers their time teaching children tennis lessons.

Address of Organization: 1545 Creek Drive, San Jose, CA 95125  
 \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Volunteer Recognition for their community involvement providing free tennis lessons to children.

**5. Verification**

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

Tina West Tina West Executive Administrative Asst. 06/16/2010  
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.)