

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose Division, Department, or Region (if applicable) Council District 7 Street Address 200 E. Santa Clara St. Area Code/Phone Number (408) 535-4961 Agency Contact (name and title) Noelle Vergara		RECEIVED Date Stamp San Jose City Clerk 2010 OCT 20 P 3:44	California Form 802 For Official Use Only
E-mail noelle.vergara@sanjoseca.gov		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 10 / 17 / 10 Description of Event: Joan Sebastian Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 175

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
Gutierrez, Teresa	1	Recognition

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: Tully/Senter Neighborhood Action Coalition Number of Tickets: 15

Description of Organization: Tully/Senter Neighborhood Action Coalition

Address of Organization: 200 E. Santa Clara St. San Jose CA 95113
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Recognition for organizing the Franklin McKinley Children's Initiative Health and Resource Fair

5. Verification

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

Madison Nguyen Madison Nguyen Councilmember 10/20/10
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.)