

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Data Stamp	California Form 802 For Official Use Only
City of San Jose		2010 FEB 25 P 1:58	
Division, Department, or Region (if applicable)			
Council District 9			
Street Address			
200 E. Santa Clara Street, San Jose CA 95113-1905			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(408) 535-4909	District9@sanjoseca.gov		
Agency Contact (name and title)			
Judy Chirco, Vice Mayor			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1/15/10 Description of Event: Globe matters
 _____ Face Value of Ticket: \$ 160.50
 Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: SJAA
 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
<u>Chirco, Judy</u>	<u>16</u>	<u>donation to nonprofit for youth</u>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Vice Mayor Judy Chirco
 Name of Individual or Organization: Eden Housing - Digital Connectors Number of Tickets: 16
 Description of Organization: Works with youth in affordable housing to increase tech skills
 Address of Organization: 22645 grand Street Hayward CA 94541
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To recognize the "Digital Connectors" youth who completed program

5. Verification

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

Judy Chirco Judy Chirco Vice Mayor 02/25/10
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.)