

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose		Date Stamp 2010 FEB 25 P 1:	California Form 802 For Official Use Only
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 (408) 535-4909	E-mail District9@sanjoseca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Judy Chirco, Vice Mayor		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 2/13/10 Description of Event: SAP OPEN TENNIS
 _____ Face Value of Ticket: \$ 62
 Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: SJAA
 Number of Tickets Received: 2 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>2</u>	<u>donate to Cambrian leader through raff drawing at special event</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: Cambrian D9 community leader Number of Tickets: 2
 Description of Organization: Cambrian Leadership Recognition Breakfast - 2-11-10
 Address of Organization: _____
 Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To recognize the volunteers who are in CD9 through a drawing

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.)