Tickets Provided by Agency Report

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San Jose City Clerk
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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

1. Agency Name

City of San Jose

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

Agency Contact *(name and title)*

Judy Chirco, Vice Mayor

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 7/31/10 Description of Event: The Wiggles

___/___/___ Face Value of Ticket: $ 31.00

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
Chirco, Judy	16	Donated to Early Care Outstanding Contributors Awardees

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: Early Care + Ed Dept – City of SJ Library Number of Tickets: 16

Description of Organization: Early Care & Department coordinates the nomination/selection/Award

Address of Organization: 150 East San Fernando St (Number and Street) San Jose (City) CA (State) 95112 (Zip Code)

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Donated to Childcare providers who were honored with Outstanding Contributors Awards April 2010

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 (Signature of Agency Head or Designee) Judy Chirco (Print Name) Vice Mayor (Title) 8/19/10 (month, day, year)

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*