

Tickets Provided by Agency Report

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San Jose City Clerk

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name <u>City of San Jose</u>		Date Stamp 2010 NOV -4 P 2: 5	California Form 802 For Official Use Only
Division, Department or Region (if applicable) <u>Council District 9</u>			
Street Address <u>200 E. Santa Clara St. San Jose CA 95113</u>			
Area Code/Phone Number <u>408-535-4909</u>	E-mail <u>dianak-miller@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) <u>Judy Chirco, Vice Mayor</u>		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 10/30/10 Description of Event: Sharks

Face Value of Ticket: \$ 115

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: _____

Number of Tickets Received: 8 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>Vice Mayor Judy Chirco</u>	<u>8</u>	<u>donated to 3 Teacher of Year winners</u>
		<u>donated 2 to Erickson Neighborhood Ass</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: 3 Teacher of Year Winner Number of Tickets: 6

Description of Organization: Teachers from Cambrian Union, & Campbell Union H.S. Districts
Erickson Neighborhood Association

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
In recognition of outstanding Teachers & volunteer cleanup @ Erickson N.H

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 Council member 11-4-10
(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.)