Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

RECEIVED
San Jose City Clerk
2010 FEB -2 P 1:09

Date Stamp

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Economic Development- Office of Cultural Affairs

Street Address

170 W. San Carlos Street

Area Code/Phone Number

408-277-5144 x 20

E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Kratko, Paul	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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

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Office of Economic Development- Office of Cultural Affairs

Street Address

170 W. San Carlos Street

Area Code/Phone Number: 408-277-5144 x 20

E-mail:

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

__ / __ / __ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Horwedel, Joseph	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10
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.)*

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Street Address

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
NG, BARRY	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee | Fawna Ferguson — Print Name | SR. Events Coordinator — Title | 2/1/10 — *(month, day, year)*

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

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City of San Jose

Division, Department, or Region *(if applicable)*
Office of Economic Development - OCA

Street Address
170 W. San Carlos St.

Area Code/Phone Number: 408-277-5144x20

E-mail:

Agency Contact *(name and title)*
Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02/03/10 Description of Event: Cirque du Soleil "OVO" Performance

___/___/___ Face Value of Ticket: $ 95.00

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

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

Number of Tickets Received: 1 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
LEUNG Ronald	1	

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee
Fawna Ferguson — Print Name
Sr. Events Coord. — Title
2/1/10 — *(month, day, year)*

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

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Sanchez, Michael	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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

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408-277-5144 x 20

E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Goldstein, Barbara	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/2/10
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.)*

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E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Fawna Ferguson	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10
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.)*

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E-mail:

Agency Contact *(name and title)*: Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

__ / __ / __ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
BATY, APRIL	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Henninger, Ragan	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___/___/___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Keller, Dan	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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E-mail:

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___/___/___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
BARBARA JORDAN	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
RICHARD DOYLE	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee
Fawna Ferguson — Print Name
SR. Events Coordinator — Title
2/1/10 — *(month, day, year)*

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

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Ash Kalra	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee
Fawna Ferguson — Print Name
SR. Events Coordinator — Title
2/1/10 — *(month, day, year)*

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

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Street Address

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Area Code/Phone Number

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E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___/___/___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
ROBERT L. DAVIS	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee

Fawna Ferguson — Print Name

SR. Events Coordinator — Title

2/1/10 — *(month, day, year)*

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

_____

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

RECEIVED
San Jose City Clerk
Date Stamp
2010 FEB -2 P 1:10

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Economic Development- Office of Cultural Affairs

Street Address

170 W. San Carlos Street

Area Code/Phone Number

408-277-5144 x 20

E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

__ / __ / __ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
DAVID CAVALLARO	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee
Fawna Ferguson — Print Name
SR. Events Coordinator — Title
2/1/10 — *(month, day, year)*

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

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E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Kerry Adams Hapner	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10
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.)*

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Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Von Raesfeld, Darryl	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
VELOSO, NOE	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10
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.)*

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Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Pyle, Nancy	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson — Signature of Agency Head or Designee | Fawna Ferguson — Print Name | SR. Events Coordinator — Title | 2/1/10 — *(month, day, year)*

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

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City of San Jose

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Area Code/Phone Number

408-277-5144 x 20

E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Pierluigi Oliverio	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10
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.)*

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Fawna Ferguson, Senior Events Coordinator

Date Stamp

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Councilmember Nora Campos	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10

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

_____

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form **802**

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Division, Department, or Region *(if applicable)*

Office of Economic Development- Office of Cultural Affairs

Street Address

170 W. San Carlos Street

Area Code/Phone Number

408-277-5144 x 20

E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
Shikada, Edward	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

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5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/1/10
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.)*

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Division, Department, or Region *(if applicable)*

Office of Economic Development- Office of Cultural Affairs

Street Address

170 W. San Carlos Street

Area Code/Phone Number: 408-277-5144 x 20

E-mail:

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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
YOUNT, BOBBY	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Fawna Ferguson	Fawna Ferguson	SR. Events Coordinator	2/2/10
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.)*

_____

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

Date Stamp: RECEIVED San Jose City Clerk 2010 FEB -3 P 2:41

1. Agency Name

City of San Jose

Division, Department, or Region *(if applicable)*

Office of Economic Development- Office of Cultural Affairs

Street Address

170 W. San Carlos Street

Area Code/Phone Number

408-277-5144 x 20

E-mail

Agency Contact *(name and title)*

Fawna Ferguson, Senior Events Coordinator

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 02 / 03 / 10 Description of Event: Cirque du Soliel "OVO" Performance

___ / ___ / ___ Face Value of Ticket: $ $95.00

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

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

Number of Tickets Received: 1 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	1	Ceremonial Occasion

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: _____ Number of Tickets: _____

Description of Organization: _____

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

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

_____

5. Verification

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

Signature of Agency Head or Designee: Fawna Ferguson | Print Name: Fawna Ferguson | Title: SR. Events Coordinator | *(month, day, year)*: 2/3/10

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

_____