

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose, Mayfair Community Center Division, Department, or Region (if applicable) PRNS		San Jose City Clerk Date Stamp 2010 SEP 22 P 4:06	California Form 802 For Official Use Only
Street Address 2039 Kammerer Ave			
Area Code/Phone Number 408 744-1060	E-mail Liz.best@sanjose.ca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Liz Best, Therapeutic Specialist			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 9/27/10 Description of Event: Carnie Underwood Concert
 Face Value of Ticket: \$ 55.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority
 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
Best, Liz	16	HIRLN group clients going to see the concert.

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: HIRLN Number of Tickets: 16
 Description of Organization: Head Injury Recreation and Leisure Network
 Address of Organization: 2039 Kammerer Ave San Jose CA 95116
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Tickets were used to take 15 clients with disabilities to the concert

5. Verification

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

Liz Best Liz Best Therapeutic Specialist 9/18/10
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.)