

**Tickets Provided by Agency Report**

A Public Document

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TICKETS PROVIDED BY AGENCY REPORT

**1. Agency Name**

California Youth Outreach

San Jose City Clerk  
Date Stamp

California Form **802**

Division, Department, or Region (if applicable)

2010 FEB -1 A 3: 56

For Official Use Only

Street Address

224 N. 27th ST

Area Code/Phone Number

(408) 280-0703

E-mail

fnichols@cyouthreach.org

Amendment (Must explain in Part 5.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

Agency Contact (name and title)

Tim Nichols Y.T.S.

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 1/17/10

Description of Event: Globe treks

Face Value of Ticket: \$ 73.50 ea

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

for youths

Name of Outside Source of Ticket(s) Provided to Agency: San Jose Arena Authority

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
Nichols Felicitas	8	TO promote youth outreach Positive Social skills

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: *[Signature]*

Name of Individual or Organization: California Youth Outreach Number of Tickets: 8

Description of Organization: Youth outreach program (outreach, awareness, education, life skills, provide social skills)

Address of Organization: 224 N. 27th ST San Jose CA State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Outings in field trips to enhance positive social skills in a public environment.

**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]* Richard Nichols Supervisor Title 1/25/2010 (month, day, year)

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

