

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> EVELYN S. COX CHILD DEVELOPMENT AGENCY Division, Department, or Region (if applicable) FOSTER FAMILY AGENCY Street Address 2926 ARCHWOOD CIRCLE SAN JOSE CA 95148 Area Code/Phone Number 408 532 0383 Agency Contact (name and title) KIM HARRIS		RECEIVED San Jose City Clerk Date Stamp 2010 AUG -6 A 10: 57	California Form <b>802</b> For Official Use Only
E-mail evelynscoxfa@joimail.com	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)		

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

Date(s) of Event: 07 / 31 / 10 Description of Event: THE WIGGLES  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 160.00?

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
HARRIS, KIM	16	DISTRUBUTION TO FOSTER CHILDREN IN THE AGCY

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

Name of Behesting Agency Official: KIM HARRIS  
 Name of Individual or Organization: EVELYN S. COX FOSTER FAMILY AGENCY Number of Tickets: 16  
 Description of Organization: FOSTER FAMILY AGENCY  
 Address of Organization: 2926 ARCHWOOD CIRCLE SAN JOSE CA 95148  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Foster Family Agency providing social and cultural activities for disadvantage children.

**5. Verification**

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

 KIM HARRIS Director 08/04/10  
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.)