

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name EVELYN S. COX CHILD DEVELOPMENT AGENCY		Date Stamp	California Form 802 For Official Use Only
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	E-mail evelynscoxfa@joimail.com	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) KIM HARRIS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 20 / 10 Description of Event: RINGLING BROS. BARNUM BAILEY CIRCUS
 _____/_____/_____ Face Value of Ticket: \$ 80.00?

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: 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
HARRIS, KIM	8	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: 8

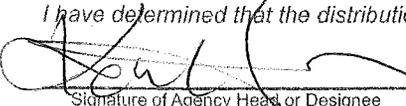
Description of Organization: Foster Family Agency

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.)