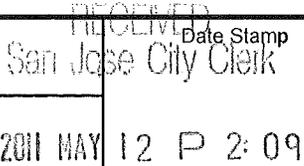


**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> City of San José			<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Council District 2			
<b>Street Address</b> 200 East Santa Clara Street T-18			
<b>Area Code/Phone Number</b> (408) 535-4902	<b>E-mail</b> district2@sanjoseca.gov		
<b>Agency Contact</b> (name and title) Kimberly Hernandez, Administrative Assistant		<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) <b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 05 / 01 / 11 Description of Event: Sharks Playoff Game F  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 111

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

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

Number of Tickets Received: \_\_\_\_\_ 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

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

Name of Behesting Agency Official: City of San José

Name of Individual or Organization: Santa Clara Family Health Foundation Number of Tickets: 2

Description of Organization: 501 (c)(3) promotes access to affordable, quality health care

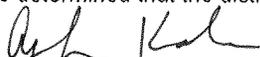
Address of Organization: 210 E. Hacienda Avenue Campbell CA 95008  
Number and Street City State Zip Code

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

Recognition of exemplary volunteer efforts benefitting San José residents

**5. Verification**

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

     Ark Kaha     Councilmember     5-12-11  
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.)