

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose		San Jose City Clerk 2011 FEB 24 A 9: 53	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council District 4			
Street Address 200 East Santa Clara Street			
Area Code/Phone Number 408/535-4904	E-mail district4@sanjoseca.gov		
Agency Contact (name and title)		<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: 02 / 09 / 11 Description of Event: SAP Open - Session 5  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Face Value of Ticket: \$ 54

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

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

Name of Behesting Agency Official: City of San Jose

Name of Individual or Organization: Berryessa Senior Advisory Council Number of Tickets: 16

Description of Organization: Supports senior programming and services in District 4

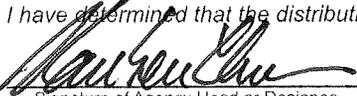
Address of Organization: 3050 Berryessa Road, San Jose, CA 95132  
 Number and Street City State Zip Code

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

Recognition event for Senior Advisory Council

**5. Verification**

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

 Kansen Chu Councilmember 02/04/11  
 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.)

Clear Form

Print Form