# Tickets Provided by Agency Report

## A Public Document

TICKETS PROVIDED BY AGENCY REPORT

**California Form 802**

For Official Use Only

Date Stamp
RECEIVED
San Jose City Clerk
2011 JUL -8 P 2:36

**1. Agency Name**

City of San Jose

**Division, Department, or Region** *(if applicable)*

Council District 7

**Street Address**

200 E. Santa Clara St

**Area Code/Phone Number**

(408) 535-4961

**E-mail**

Noelle.Vergara@sanjoseca.gov

**Agency Contact** *(name and title)*

Noelle Vergara

☐ **Amendment** *(Must explain in Part 5.)*

**Date of Original Filing:** _____ *(month, day, year)*

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

Date(s) of Event: 7 / 1 / 11 Description of Event: San Jose Sabercats

___/___/___ Face Value of Ticket: $ 81

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

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

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: _____

Name of Individual or Organization: Seven Trees Youth Basketball Team Number of Tickets: 16

Description of Organization: Seven Trees Community Center Youth Basketball Team

Address of Organization: 200 E. Santa Clara (Number and Street) San Jose (City) CA (State) 95113 (Zip Code)

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

Recognition for winning city-wide youth basketball tournament.

**5. Verification**

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

Madison Nguyen (Signature of Agency Head or Designee) | Madison Nguyen (Print Name) | Vice Mayor (Title) | 07/8/11 *(month, day, year)*

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