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San Jose City Clerk

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name <u>City of San Jose, PPNs</u>		Date Stamp <u>2011 NOV 16 P 1:23</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>200 E Santa Clara St.</u>			
Street Address <u>San Jose CA 95112</u>			
Area Code/Phone Number <u>408.794-6406</u>	E-mail <u>suzanne.wolf@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) <u>Debbie Mendez</u>		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 8/17/10 Description of Event: Lady Gaga Concert / ~~Stanley Game~~ / HHPZ Foundation

Face Value of Ticket: \$ 178 Recognition, staff to Foundation

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

Name of Outside Source of Ticket(s) Provided to Agency: Happy Hollow Foundation

Number of Tickets Received: 1 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
<u>Suzanne Wolf</u>	<u>1</u>	<u>city staff representative to Happy Hollow Foundation</u>

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

Name of Behesting Agency Official: Chris Morrissey, Executive Director, SJAA. of CMO.

Name of Individual or Organization: Happy Hollow Foundation Number of Tickets: 16 (2)

Description of Organization: Foundation raising funds to support HHPZ.

Address of Organization: 1300 Senter Rd San Jose CA 95112
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Recognition for non-profit support of HHPZ BOARD

5. Verification

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

DMendez Deborah Mendez Secretary 11/15/11
Signature of Agency Head of Designee Print Name Title (month, day, year)

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