

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED Date Stamp San Jose City Clerk 2012 FEB -8 P 1:10	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Council District 1			
Street Address 200 E. Santa Clara Street, Tower 18th Floor			
Area Code/Phone Number (408) 535-4901	E-mail district1@sanjoseca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Chelsey Seagraves, Council Aide		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 01 / 13 / 12 Description of Event: Michael Jackson, The Immortal World Tour
 _____ / _____ / _____ Face Value of Ticket: \$ 188.00

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: 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
None		

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: Council District 1 SJPD Bicycle Officers Number of Tickets: 16

Description of Organization: Bicycle Patrol Officers who volunteer their time to support breast cancer walks in SJ+SF.

Address of Organization: 1387 Airport Blvd. San Jose CA 95110
Number and Street City State Zip Code

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

5. Verification

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

 Pete Constant Councilmember 02/06/12
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.)