

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

2012 FEB 15 A 9
Date Stamp

California Form 802
For Official Use Only

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Council District 9

Street Address

200 E Santa Clara St. San Jose, CA

Area Code/Phone Number

408 535 4909

E-mail

diana.jamison@sanjoseca.gov

Agency Contact (name and title)

Diana Jamison, Admin Asst

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 2/14/12 Description of Event: SAP Open Tennis

Face Value of Ticket: \$ 107.00

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

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

Number of Tickets Received: 16 (suite) 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
Donald Rocha, Councilmember	16	Pinhurst Neighborhood Assoc.

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

Name of Behesting Agency Official: Councilmember Donald Rocha

Name of Individual or Organization: Pinhurst n. A. Number of Tickets: 16

Description of Organization: Volunteers in the community

Address of Organization: 757 Bend San Jose CA 95136
Number and Street City State Zip Code

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

5. Verification

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