

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of San Bernardino		RECEIVED Date Stamp 2011 MAY 26	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Office of the City Manager			
Street Address 300 North "D" Street			
Area Code/Phone Number 909-384-5122	E-mail ecklund_fa@sbcity.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Tait Ecklund, Management Analyst II		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: ____/____/____ Description of Event: Minor League Baseball Games
 ____/____/____ Face Value of Ticket: \$ \$6.00/ticket

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

Name of Outside Source of Ticket(s) Provided to Agency: Inland Empire 66'ers Baseball

Number of Tickets Received: 500 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
McNeely, Charles	500	To be distributed to public agencies for recognition efforts

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

Name of Behesting Agency Official: TBD - Open games

Name of Individual or Organization: Inland Empire Job Corp Number of Tickets: 50

Description of Organization: Community Organization

Address of Organization: 3173 Kerry St, San Bernardino, CA 92427
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Recognize efforts to beautify and encourage recycling in the City of San Bernardino

5. Verification

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

Tait Ecklund Management Analyst II 5/24/2011
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.)