

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

| | | | |
|---|---------------------------------------|--|----------------------------|
| 1. Agency Name <u>City of San Bernardino</u> | | Date Stamp 2010 JAN 28 AM 7 | California Form 802 |
| Division, Department, or Region (if applicable) <u>300 N. D St</u> | | For Official Use Only | |
| Street Address <u>San Bernardino CA 92418</u> | | | |
| Area Code/Phone Number <u>909-821-0011</u> | E-mail <u>Kelley-Ch@sbcity.org</u> | <input type="checkbox"/> Amendment (Must explain in Part 5.) | |
| Agency Contact (name and title) | | Date of Original Filing: _____ (month, day, year) | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 9/03/09 Description of Event: Baseball game

Face Value of Ticket: \$ promotional

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

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

Number of Tickets Received: 20 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>Kelley Chas</u> | <u>20</u> | |
| | | |
| | | |

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: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
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.

Chas Kelley Chas Kelley 5th ward Council 9/24/09
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.)
