

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> CITY OF SAN BERNARDINO Division, Department, or Region (if applicable) PUBLIC SERVICES Street Address 300 NORTH D STREET Area Code/Phone Number (9090 384-5549) Agency Contact (name and title) DEBORAH ALLEN		RECEIVED CITY CLERK Date Stamp 2010 APR -1 PM 4:58	California Form <b>802</b> For Official Use Only
E-mail ALLEN_DE@SBCITY.ORG	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)		

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 5 / 1 / 09 Description of Event: MINOR LEAGUE BASEBALL VOUCHERS  
5-8 / 30 / 09 Face Value of Ticket: \$ 6.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: INLAND EMPIRE 66ERS CLUB  
 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
DEBORAH ALLEN	500	PROMOTING CITY VENUES ADN PROGRAMS

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

Name of Behesting Agency Official: NONE BY CONTRACT  
 Name of Individual or Organization: CITY OF SAN BERNARDINO Number of Tickets: 500  
 Description of Organization: LOCAL GOVERNMENT  
 Address of Organization: 300 NORTH D STREET, SAN BERNARDINO, CA 92418  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
PROMOTE CITY VENUE AND PROGRAMS

**5. Verification**

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

Deborah Allen DEBORAH ALLEN ENV. PORJECTS MGR. 4-1-10  
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.)