

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> CITY OF SAN JOSE		<p>RECEIVED San Jose City Clerk Date Stamp 2010 NOV -4 P 4: 00</p>	<p><b>California Form 802</b> For Official Use Only</p>
Division, Department, or Region (if applicable) COUNCIL DISTRICT 7			
Street Address 200 E. Santa Clara Street, San Jose, CA 95113			
Area Code/Phone Number 408-535-4985	E-mail louansee.moua@sanjoseca.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Louansee Moua			

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

Date(s) of Event: 11 / 9 / 10 Description of Event: San Jose Sharks vs Anaheim Ducks  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 115.00

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

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

Number of Tickets Received: 8 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
Diego Inzunza	1	employee chaperone
Sachin Jain	1	employee chaperone

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

Name of Behesting Agency Official: Louansee Moua

Name of Individual or Organization: Alma Youth Group Number of Tickets: 8

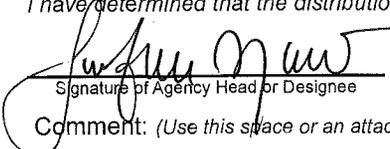
Description of Organization: Youth organization in the Alma/Monterey area of San Jose

Address of Organization: 136 W. Alma Street San Jose CA 95110  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Recognition for helping to keep City of San Jose clean and safe

**5. Verification**

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

 Louansee Moua Chief of Staff 11/4/2010  
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.)