

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

RECEIVED A Public Document

1. Agency Name		San Jose City Clerk	California Form 802 For Official Use Only
City of San Jose		Date Stamp	
Division, Department, or Region (if applicable)		2012 FEB 29 P 3:51	
Council District 7			
Street Address			
200 E. Santa Clara St., 18th Flr., San Jose, CA 95113			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Noelle Vergara, Policy Analyst		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(408) 535-4961	noelle.vergara@sanjoseca.gov		

2. Function, Event, or Ceremonial Role Information

Title Sharks Game Face Value of Each Admission \$ 122.00

Description San Jose Sharks vs. Dallas Stars Date(s) 02 / 02 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

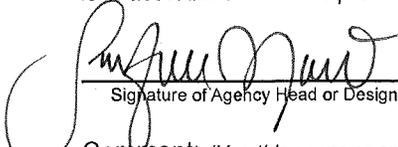
Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Vergara, Noelle	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Host of recognition event <input type="checkbox"/>
Youth Job Fair volunteers	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition for volunteer efforts <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Louansee Moua Chief of Staff 02/27/12
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.)