

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

**A Public Document**

<b>1. Agency Name</b>		<b>RECEIVED</b> San Jose City Clerk	Date Stamp 2012 MAR 27 P 3:26	<b>California Form 802</b> For Official Use Only
City of San Jose				
Division, Department, or Region (if applicable)				
Council District 7				
Street Address				
200 E. Santa Clara Street				
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)		
Noelle Vergara, Policy Analyst				
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 \$ 75

Description San Jose vs. St Louis Date(s) 3 / 3 / 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	<ul style="list-style-type: none"> <li>• Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Inzunza, Diego	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Host of Recognition Event	Income <input type="checkbox"/>
District 7 Youth Advisory Council	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition for Volunteer efforts	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"/>
		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.

 Signature of Agency Head or Designee	Louansee Moua Print Name	Chief of Staff Title	3/27/12 (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)