

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

A Public Document

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk 2012 APR 25 PM 1:37 8	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Council District 7			
Designated Agency Contact (Name, Title) Noelle Vergara, Policy Analyst			
Area Code/Phone Number (408) 535-4961	E-mail Noelle.Vergara@sanjoseca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 82

Event Description Sabercats Game Date(s) 4 / 6 / 12
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

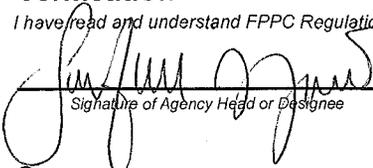
3. Recipients

• Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Great American Litter Pickup Volunteers	24	Recognition for Volunteer Efforts

4. Verification

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

 <small>Signature of Agency Head or Designee</small>	Louansee Moua <small>Print Name</small>	Chief of Staff <small>Title</small>	04/25/12 <small>(Month, Day, Year)</small>
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Comment: _____