

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

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<b>1. Agency Name</b> City of San Jose		Date Stamp 2019 APR 17 PM 12:31 GTC ✓	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Planning, Building and Code Enforcement-Administrative Services			
Designated Agency Contact (Name, Title) Zoe McChesney			
Area Code/Phone Number 408-535-8317	E-mail zoe.mcchesney@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>4/16/19</u> (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 225/\$82

Event Description: San Jose Sharks Game Date(s) 04 / 06 / 19  
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? Yes  No  If yes: Sykes, David  
Official's Name (Last, First)

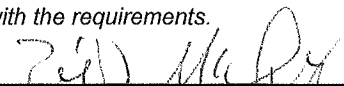
**3. Recipients**

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jose-Planning, Building and Code Enforcement-Administrative Services	24	In recognition of providing exceptional administrative support to department.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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)/ Passes	Describe the public purpose made pursuant to the agency's policy

**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.


 \_\_\_\_\_ Zoe McChesney \_\_\_\_\_ Administrative Officer \_\_\_\_\_ 04/16/19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: In recognition of work completed in FY 2017-18.

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

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1. Agency Name <u>City of San Jose</u>		Date Stamp <u>OTC</u> 20 APR 10 PM 3:56	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Planning Division, PBCF</u>			
Designated Agency Contact (Name, Title) <u>Rosalynn Hughey, Director</u>			
Area Code/Phone Number <u>408 535-3555</u>	E-mail <u>Rosalynn.Hughey@sanjoseca.gov</u>	<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 \$ 90

Event Description: Cirque du Soleil Date(s) 3/28/18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Harry Freritas / Dave Sykes  
Name of Source  
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>PBCF, Planning Div</u>	<u>16</u>	<u>Citywide Planning Team</u>
<u>City of San Jose</u>		<u>Celebration of Team Accomplishments</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**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.

Rosalynn Hughey      Rosalynn Hughey      Director      4/6/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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Ceremonial Role Events and Ticket/Pass Distributions**

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San Jose City Hall  
Tom R  
2017 OCT -1 PM 3:12

**A Public Document**

**1. Agency Name**

City of San Jose  
 Division, Department, or Region (if applicable)  
Planning, Building and Code Enforcement  
 Designated Agency Contact (Name, Title)  
Sarah Sanchez  
 Area Code/Phone Number: 408-535-7853  
 E-mail: sarah.sanchez@sanjoseca.gov

Date Stamp  
 California Form **802**  
 For Official Use Only  
 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 \$ 149.50  
 Event Description: Hall and Oates Date(s) 09 / 17 / 2017  
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? Yes  No  If yes: PBCE Interim Director - Hughey, Rosalynn  
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Planning, Building and Code Enforcement Administrative Services Division	16	City Council Policy 9-11
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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)/ Passes	Describe the public purpose made pursuant to the agency's policy

**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.

Zoe McChesney Zoe McChesney Administrative Officer 10/3/17  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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<b>1. Agency Name</b> City of San Jose		San Jose City Clerk	<b>California Form 802</b>
Division, Department, or Region (if applicable) Planning, Building and Code Enforcement		2016 AUG 15 PM 4:25 SP OTC	For Official Use Only
Designated Agency Contact (Name, Title) Sarah Sanchez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 408-535-7853	E-mail sarah.sanchez@sanjoseca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 89.95

Event Description: Demi Lovato Date(s) 08 / 18 / 16  
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? Yes  No  If yes: PBCE Director - Freitas, Harry  
Official's Name (Last, First)

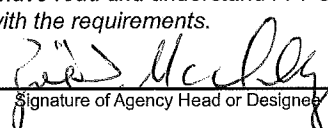
**3. Recipients**

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Planning, Building and Code Enforcement Administrative Services Division	16	City Council Policy 9-11
B. Name of individual (Last, First)	Number of Ticket(s)/ Passes	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)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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	Zoë McChesney	Administrative Officer
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		08/15/16
		<small>(month, day, year)</small>

Comment: \_\_\_\_\_

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

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<b>1. Agency Name</b>		San Jose City Cl Date Stamp 2015 NOV 19 PM 3:17	<b>California Form 802</b> For Official Use Only
City Of San Jose			
Division, Department, or Region (If Applicable) Code Enforcement Division			
Designated Agency Contact (Name, Title) Diane Buchanan			
Area Code/Phone Number 408-535-7780	E-mail diane.buchanan@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 \$ \_\_\_\_\_ \$220

Event Description San Jose Sharks Game Date(s) 11 / 07 / 15  
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)

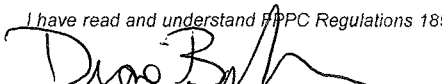
**3. Recipients**

• 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
Code Enforcement Division	24	Tickets were given to employees for their hard work last year.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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

**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.


 Diane Buchanan Deputy Director 11/16/2015  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)