Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name City of San Jose Division, Department, or Region (if applicable) For Official Use Only Planning, Building and Code Enforcement-Administrative Services Designated Agency Contact (Name, Title) Zoe McChesney ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 4/16/19 408-535-8317 zoe.mcchesney@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 225/\$82 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: San Jose Sharks Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If yes: Sykes, David Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes City of San Jose-Planning, Building and Code In recognition of providing exceptional administrative 24 **Enforcement-Administrative Services** support to department. Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 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 Designed Print Name Title (month, day, year) Comment: In recognition of work completed in FY 2017-18.

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distr	ibutions RECEIVED A Public Document
1. Agency Name	5028	San Jodate Stamp Clerk California 802
Division, Department, or Region (if applicable)	J101-,	PS (2) APR 10 PM 3: 56 For Official Use Only
Designated Agency Contact (Náme, Title)  Rose Code/Phone Number   E-mail	5e-, [	Amendment (Must Provide Explanation in Part 3.)
408 535-3555 Rosalynn.	Hussen,	SWETUSE Date of Original Filling:
2. Function or Event Information ′		
Does the agency have a ticket policy? Yes [  Event Description:	leil 1	Face Value of Each Ticket/Pass \$ \( \frac{1}{2} \) \( \frac{1}{2}
Provide Title/ Explar Ticket(s)/Pass(es) provided by agency? Yes		f no:
Was ticket distribution made at the behest Yes of agency official?	<b>J</b> i No □ If	Tyes: Harry Freitas / Dave Syke
3. Recipients  • Use Section A to identify the agency's department or unit.		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
PBCE, Planning Piv	16	Citywide Planning Tean
City of San Jose		Celebration of Tean Accomplish
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role  Other  Income  Income  Income  If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role  Other  Income  Income If checking "Ceremonial Role" or "Other" describe below:
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
	1 and 18942. I	have verified that the distribution set forth above, is in accordance
with the requirements.  Signature of Agency Head of Designee  Rosalym J  Pri	tughey	Director 4/6/8  Title (rhonth, day, year)
Comment:		(moning day) yeary

	gency Report of: eremonial Role Event	ts and Ticket/F	Pass Distr	ibution <mark>s</mark> E0	EWED	A Public Docume	ent
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	City of San Jose			1007	M P	Form	
	Division, Department, or Regi	on (if applicable)		2011 UUT -	+ PM 3: 12	For Official Use Only	
	Planning, Building and C Designated Agency Contact (	Code Enforcemen Name, Title)	t				
	Sarah Sanchez				☐ Amendment (M	lust Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				act fortal Explanation III. act of	
	408-535-7853	sarah.sanchez@	ncanineana	σον	Date of Original Fili	ing:(month, day, year)	
2.			2 Sanjoseca.	.50v			
	Does the agency have a tick		X No□ F	ace Value of F	Each Ticket/Pass \$	<u>149.50</u>	
		•	•				
	Event Description: Hall a	and Oates  Provide Title/ Explai	nation [	Date(s)/			
	Ticket(s)/Pass(es) provided by		•	f no:			
		, , , , , , , , , , , , , , , , , ,	-		Name of Source	Hughov Bosolynn	
	Was ticket distribution made	at the behest Yes	K No□ If	yes: PBCE II	Official's Name (Last, F.	- Hughey, Rosalynn irst)	r
	of agency official?	•			•		
3.	Recipients						<del>proposition</del>
υ.	• 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.						
			Number				333
	<b>Α.</b> Name of Agency, Depar	tment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the agency's polic	y
	Planning, Building and Co	de Enforcement		S Section Committee Commit	100 May 12 11 12 12 12 12 12 12 12 12 12 12 12		24788.633
	Administrative Services D	ivision	16	City Council	Policy 9-11	•	
	B. Name of Indiv	idual	Number of Ticket(s)/		Identify one of t	he following:	
	(Last, First	)	Passes				
				1	nonial Role  Other  Income  In		
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			Number				
	C. Name of Outside Org		of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the agency's policy	/
			rasses				
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1	Verification			L			
	refinication 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.	O ( toggianons 10044.	7 dija 10042. 1	navo vonnou un	idi ino dioinbation de	n rorar abovo, ro in accordar	100
			IcChesney	Δ	dministrative Offic	$_{\rm er} = 1/1/3/15$	7
	Signature of Agency Head or Designed		int Name		Title	(month, day, year	r)
		/		-		ŧ .	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions RECEIVED: A Public Document 1. Agency Name an Jobse Stamp Cler California Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) 70||6 AUG | 5 PM 4: 25 Planning, Building and Code Enforcement Designated Agency Contact (Name, Title) Sarah Sanchez ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 408-535-7853 sarah.sanchez@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No No Event Description: Demi Lovato 80 18 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Name of Source If yes: PBCE Director - Freitas, Harry Was ticket distribution made at the behest Yes No □ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes City Council Plolicy 9-11 Planning, Building and Code Enforcement 16 Administrative Services Division Number Name of individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other  $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes** 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 08/15/16 (month, day, year)

**Agency Report of:** 

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City Of San Jose For Official Use Only 2015 NOV 19 PM 3: Division, Department, or Region (If Applicable) Code Enforcement Division Designated Agency Contact (Name, Title) Diane Buchanan Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ 408-535-7780 diane.buchanan@sanjoseca.gov (Month, Day, Year) 2. Function or Event Information \$220 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ☐ No 🗵 Event Description San Jose Sharks Game 11 , Date(s) \_\_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source Was ticket distribution made at the behest No X Yes □ If yes: \_\_ Official's Name (Last, First) of agency official? 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Code Enforcement Division Tickets were given to employees for their hard work last year. 24 Number of B. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other  $\square$ Income | Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification Lhave read and understand 中PC 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)

Agency Report of:

Comment: \_