

**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 802 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: _____