

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

A Public Document

| | | | |
|--|------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| City of Citrus Heights | | | For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i> | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> | |
| Amy Van, City Clerk | | | |
| Area Code/Phone Number | E-mail | Date of Original Filing: _____ <i>(month, day, year)</i> | |
| 916-727-4704 | avan@citrusheights.net | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 50

Event Description: Sac Association of Health Crab Feed Date(s) 2 / 1 / 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: _____
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 |
|--|-----------------------------|---|
| Police Department | 7 | Ticket Policy Section E.3e |
| | | |
| B. Name of Individual <i>(Last, First)</i> | Number of Ticket(s)/ Passes | Identify one of the following: |
| Porsche Middleton | 1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <i>Ticket Policy E.3e</i> |
| Jeff Slowey | 1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <i>Ticket Policy E.3e</i> |
| | | |
| C. Name of Outside Organization <i>(include address and description)</i> | 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.

| | | | |
|--|------------------------------|----------------------------|---|
| Signature of Agency Head or Designee | <u>Amy Van</u> Print Name | <u>City Clerk</u> Title | <u>3-11-19</u> <i>(month, day, year)</i> |
|--|------------------------------|----------------------------|---|

Comment: _____

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

Agency Name

City of Citrus Heights

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 |
|---|-----------------------------|--|
| | | |
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Steve Miller | 1 | Ceremonial Role <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <i>Ticket Policy E.3e</i> |
| | | 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: |
| | | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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