

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

A Public Document

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|--|--|--|---|
| 1. Agency Name City of Placentia Division, Department, or Region <i>(If Applicable)</i> | | Date Stamp | California Form 802 For Official Use Only |
| Designated Agency Contact <i>(Name Title)</i> 401 E. Chapman Avenue | | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> | |
| Area Code/Phone Number 714-993-8231 | E-mail administration@placentia.org | Date of Original Filing: <u>05/10/2012</u> <i>(Month, Day, Year)</i> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 60

Event Description Angels vs Oakland Athletics Date(s) 05 / 14 / 12 05 / 14 / 12
Provide Title/Explanation

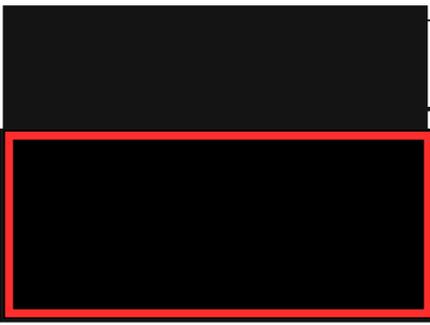
Ticket(s)/Pass(es) provided by agency? Yes No If no: West Coast Arborists
Name of Source

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 |
|---|------------------------------|--|
| City of Placentia | 4 | Staff development |
| B. Name of Individual <small>(Last, First)</small> | | |
| | | Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| C. Name of Outside Organization <small>(include address and description)</small> | | |
| | | Describe the public purpose made pursuant to the agency's policy |



§ 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Troy L. Butzlaff City Administrator 05/10/2012
Print Name *Title* *(Month, Day, Year)*