

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of West Sacramento			
Division, Department, or Region <i>(if applicable)</i>			
City Manager's Office			
Street Address			
1110 W. Capitol Avenue			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Kryss Rankin, City Clerk			
Area Code/Phone Number	E-mail		
(916) 617-4500	kryssr@cityofwestsacramento.org		

2. Function, Event, or Ceremonial Role Information

Title River Cats Game Vouchers Face Value of Each Admission \$ 0

Description Sacramento River Cats Baseball Date(s) _____/_____/_____

Ticket(s)/Admission(s) provided by agency? Yes No If no: Sacramento River Cats
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Richardson, Carol - Assistant City Manager
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles; performed by an agency official, individual, or organization.
Farmer's Market	150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Rewarding exemplary service by a City employee Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Promotion of local and regional businesses. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

 I have verified that the distribution of admissions, set forth above,
 Kryss Rankin City Clerk

 Print Name Title 5.10.12
 (month, day, year)

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*