

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

A Public Document

1. Agency Name 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> Kryss Rankin, City Clerk Area Code/Phone Number E-mail (916) 617-4500 kryssr@cityofwestsacramento.org	Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>

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. 	
Flirt Salon, West Sacramento	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Promotion of local and regional businesses.	Income <input type="checkbox"/>
Christian Brother High School-Softball	15	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Promotion of City recognition & visibility.	Income <input type="checkbox"/>
Farmer's Market Volunteers	150	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Recognizing exemplary service by a City emp.	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"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

Kryss Rankin City Clerk 5-31-12
 Print Name Title *(month, day, year)*

(Leave blank for any additional information including amendment explanation.)