

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

A Public Document

1. Agency Name		Date Stamp RECEIVED MAYOR/COUNCIL OFFICE CITY OF SACRAMENTO DEC 19 2013	California Form 802 <small>Official Use Only</small>
City of Sacramento			
Division, Department, or Region <i>(If Applicable)</i>			
Mayor/City Council			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Aubrie Fong		Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number	E-mail		
916-808-7006	afong@cityofsacramento.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100

Event Description SCLC 2nd Annual Crab Feed Date(s) 2 / 22 / 14
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? No Yes If yes: McCarty, Kevin
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
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McCarty, Kevin	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promote city business, resources, programs and facilities.
Leticia Garcia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promote city business, resources, programs and facilities.
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	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.

_____ <small>Signature</small>	Aubrie Fong <small>Print Name</small>	Executive Assistact <small>Title</small>	12/18/13 <small>(Month, Day, Year)</small>
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