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

A Public Document

Date Stamp	**California Form 802** For Official Use Only

1. Agency Name

City of Laguna Beach

Division, Department, or Region *(If Applicable)*

City Manager's Office

Designated Agency Contact *(Name, Title)*

John Pietig, City Manager

Area Code/Phone Number	**E-mail**
949-497-0704	jpietig@lagunabeachcity.net

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 06/02/14 *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 500.00

Event Description The Boys & Girls Club Giving Gala *Provide Title/Explanation*

Date(s) 05 / 10 / 14 05 / 10 / 14

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: Pietig, John - City Manager *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 Laguna Beach, Community Services	3	5.3 (g) Attracting and retaining City personnel
City of Laguna Beach, Assistant City Manager's Office	1	5.3 (g) Attracting and retaining City personnel

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Boyd, Kelly	2	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Representing City Council at the event.
Steve Dicterow	2	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Representing City Council at the event.

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

[redacted] 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 6-5-14

JOHN PIETIG	CITY MANAGER	~~06-02-14~~
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____