

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

**A Public Document**

<b>1. Agency Name</b> Pasadena Center Operating Company (PCOC) Division, Department, or Region (If Applicable)		Date Stamp JUN 17 2014 10:56 AM	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) Michael W. Ross, CEO		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Area Code/Phone Number 626-793-2122	E-mail info@pasadenacenter.com	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 100.00

Event Description ALMA AWARDS (at Civic)    Date(s) 10 / 10 / 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: \_\_\_\_\_  
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
See attached		
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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**

(d)(5)

18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Michael W. Ross <small>Print Name</small>	_____ CEO <small>Title</small>	_____ 11/8/14 <small>(Month, Day, Year)</small>
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Name	# of Tickets	Description of Organization	Address	Purpose of Distribution	Ticket Recipients
Reggie Woolridge	2	Sheraton, GM		(3) Economic or business development purposes on behalf of the City/RBOC/PCOC	
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