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

A Public Document

1. Agency Name

City of Pismo Beach

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

Administration

Designated Agency Contact *(Name, Title)*

James R. Lewis

Area Code/Phone Number	**E-mail**
805-773-7004	jlewis@pismobeach.org

Date Stamp

California Form **802**

For Official Use Only

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

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 Afternoon of Epicurean Delights *Provide Title/Explanation*

Date(s) 06 / 01 / 14 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: CAPSLO *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
Administration	1	Ticket Policy Section E Number 6

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Fine, Benjamin	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy Section E Number 6
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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. Verifica

I have read a (d)(5) *C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signatu (d)(5) *esignee*	James R. Lewis	City Manager	June 30, 2014
Signature of Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____