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

A Public Document

California Form 802

Date Stamp RECEIVED MAYOR/COUNCIL CITY OF SACRAMENTO JAN 27 2014

For Official Use Only

1. Agency Name

City of Sacramento

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

Mayor/City Council

Designated Agency Contact *(Name, Title)*

Aubrie Fong

Area Code/Phone Number	E-mail
916-808-7006	afong@cityofsacramento.org

☐ **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 $ $187.50

Event Description SACC Annual Installation Dinner *Provide Title/Explanation*

Date(s) 1 / 24 / 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: 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 *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McCarty, Kevin	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promote city business, resources, programs and facilities
		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. Verification

I have r[redacted]ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted]	Aubrie Fong	Executive Assistant	1/23/14
S[redacted]	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____