

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

RECEIVED

A Public Document

1. Agency Name

City of Sacramento

Division, Department, or Region (If Applicable)

Council District 8

Designated Agency Contact (Name, Title)

Kim Blackwell, Executive Assistant

Area Code/Phone Number

916-808-7008

E-mail

kblackwell@cityofsacramento.org

MAYOR/COUNCIL OFFICE
CITY OF SACRAMENTO

JAN 30 2014

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 \$ 125.00

Event Description Martin Luther King, Jr. Celebration
Provide Title/Explanation

Date(s) 1 / 11 / 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: Pannell, Bonnie
Official's Name (Last, First)

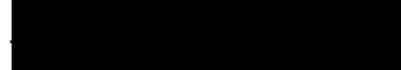
3. Recipients

• 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 Sacramento, Office of City Councilmember Bonnie Pannell	1	Promote cultural, recreational and educational facilities, services and programs available to the public within the city of Sacramento
B. Name of Individual (Last, First)		
		Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)		
		Describe the public purpose made pursuant to the agency's policy

4. Verification

8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



BONNIE J. PANNELL

Print Name

Councilmember, District 8

Title

1/29/14

(Month, Day, Year)

Comment: _____