

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

A Public Document

<b>1. Agency Name</b> City of Sacramento Division, Department, or Region (If Applicable)  Council District 1 Designated Agency Contact (Name, Title) Rachel Minnick, District Director Area Code/Phone Number      E-mail 916-808-7339                      rminnick@cityofsacramento.org		RECEIVED Date Stamp MAYOR/COUNCIL OFFICE CITY OF SACRAMENTO  APR 07 2014	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: <u>4/7/14</u> <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ 125

Event Description CA Coalition for Youth Conf/Dinner      Date(s) 3/ / 31 / 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: Ashby, Angelique  
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
Sacramento City Council District 1 Staff	3	Promote services and programs available to the public within the City of Sacramento
B. Name of Individual <small>(Last, First)</small>	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**

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

\_\_\_\_\_      Rachel Minnick      District Director      4/7/14  
Lead or Designee                      Print Name                      Title                      (Month, Day, Year)