

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

RECEIVED
MAYOR/COUNCIL OFFICE
CITY OF SACRAMENTO
Date of Filing
APR 22 2014

Public Document
California Form 802
For Official Use Only

1. Agency Name
CITY OF SACRAMENTO

Division, Department, or Region (If Applicable)
COUNCIL DISTRICT 3

Designated Agency Contact (Name, Title)
ANNE ROMO, EXECUTIVE ASSISTANT

Area Code/Phone Number | E-mail
916-808-7003 | AROMO@CIYTOFSACRAMENTO.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 \$ _____ 125.

Event Description SEE COMMENTS BELOW Date(s) 4 / 19 / 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: STEVEN M. COHN
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:
STEVEN M. COHN	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PROMOTE CULTURAL, RECREATIONAL AND EDUCATION FACILITIES, SERVICES AND PROGRAMS AVAILABLE TO THE PUBLIC WITHIN THE CITY OF SACRAMENTO.
		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

_____ (Signature) _____ (Print Name) _____ (Title) _____ (Date)
Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.