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

A Public Document

California Form 802

For Official Use Only

Date Stamp

JUN 6 2014

CITY OF SACRAMENTO
MAYOR/COUNCIL OFFICE
RECEIVED

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

Date of Original Filing: _____ *(Month, Day, Year)*

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 250.

Event Description SEE COMMENTS BELOW
Provide Title/Explanation

Date(s) 6 / 4 / 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: 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 ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* PROMOTE CULTURAL, RECREATIONAL AND EDUCATIONAL FACILITIES, SERVICES AND PROGRAMS AVAILABLE TO THE PUBLIC WITHIN THE CITY OF SACRAMENTO.
		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 hav (d)(5) *s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

	STEVEN M. COHN	COUNCILMEMBER	6/5/14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: Tree Foundation's 2014 Tree Hero Awards