

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

**A Public Document**

<b>1. Agency Name</b> CITY OF SACRAMENTO		Date Stamp MAYOR/COUNCIL OFFICE CITY OF SACRAMENTO  JUN 30 2014	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)  COUNCIL DISTRICT 3			
Designated Agency Contact (Name, Title)  ANNE ROMO, EXECUTIVE ASSISTANT			
Area Code/Phone Number 916-808-7003	E-mail AROMO@CIYTOFSACRAMENTO.ORG	<input type="checkbox"/> 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 \$ \_\_\_\_\_ 300.

Event Description SEE COMMENTS BELOW Date(s) 6 / 26 / 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:
RICHARD SANDERS	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 EDUCATIONAL FACILITIES, SERVICES AND PROGRAMS AVAILABLE TO THE PUBLIC WITHIN THE CITY OF SACRAMENTO.
ANGIE SANDERS	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 EDUCATIONAL FACILITIES, SERVICES AND PROGRAMS AVAILABLE TO THE PUBLIC WITHIN THE CITY OF SACRAMENTO.
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.** \_\_\_\_\_  
Signatures 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ STEVEN M. COHN \_\_\_\_\_ COUNCILMEMBER \_\_\_\_\_ 6/27/14  
Signature Print Name Title (Month, Day, Year)