

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

A Public Document

1. Agency Name City of Sacramento		Date Stamp MAYOR/COUNCIL OFFICE CITY OF SACRAMENTO AUG 19 2014	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Mayor/City Council		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	Date of Original Filing: _____ <i>(Month, Day, Year)</i>
Designated Agency Contact <i>(Name, Title)</i> Aubrie Fong			
Area Code/Phone Number 916-808-7006	E-mail afong@cityofsacramento.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100

Event Description Child Abuse Prevention Center Event Date(s) 8 / 23 / 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: McCarty, Kevin
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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
McCarty, Kevin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promote cultural, recreational and educational facilities, services & programs available to the public w/in the City of Sacramento.
		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 <i>(Include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification
I have read and understand the regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 <i>Signature of Agency Head or Designee</i>	Aubrie Fong <i>Print Name</i>	Executive Assistant <i>Title</i>	8/19/14 <i>(Month, Day, Year)</i>
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