

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Sacramento		RECEIVED CITY CLERK'S OFFICE 915 J STREET, 5TH FLOOR CITY OF SACRAMENTO 10-20-14 P04:10 OUT	For Official Use Only
Division, Department, or Region (If Applicable)			
Mayor/City Council			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Aubrie Fong			
Area Code/Phone Number	E-mail		
916-808-7006	afong@cityofsacramento.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 250

Event Description SMAC - Savor the Arts Event Date(s) 10 / 12 / 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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Isaac Gonzalez	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 & programs available to the public w/in the City of Sacramento.
Jeanna Gonzalez	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promote cultural, recreational and educational facilities, services & programs available to the public w/in 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. Verification

I have reviewed (d)(5) 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	_____ Aubrie Fong <small>Print Name</small>	_____ Executive Assistant <small>Title</small>	_____ 10/20/14 <small>(Month, Day, Year)</small>
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