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

A Public Document

1. Agency Name

City of Sacramento

Division, Department, or Region *(If Applicable)*

City Council, District 3

Designated Agency Contact *(Name, Title)*

David Gonsalves, District Director

Area Code/Phone Number	E-mail
916-808-7003	dgonsalves@cityofsacramento.org

Date Stamp: RECEIVED CITY CLERK'S OFFICE 915 I STREET, 5TH FLOO CITY OF SACRAMENTO 02-2[illegible] P1:[illegible]

California Form 802

For Official Use Only

☐ **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 $ 250.00

Event Description: Sac Regional Conservation Corps *(Provide Title/Explanation)*

Date(s): 06 / 05 / 15 ___ / ___ / ___

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: Harris, Jeff *(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:
Harris, Jeff		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote cultural, recreational and educational facilities, services and programs available to the public w/in City of Sac
		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

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44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

David Gonsalves	District Director	02/25/15
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____