

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

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CITY OF SACRAMENTO  
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**A Public Document**

**California Form 802**

For Official Use Only

FEB 18 REC'D

**1. Agency Name**  
 City of Sacramento  
 Division, Department, or Region (If Applicable)  
 Council Offices D2  
 Designated Agency Contact (Name, Title)  
 Delia Chacon  
 Area Code/Phone Number      E-mail  
 916-808-1308                      dchacon@cityofsacramento.org

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 \$ \_\_\_\_\_ 100.00  
 Event Description 16th Annual MLK Dinner      Date(s) 01 / 31 / 15 \_\_\_\_\_  
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: Warren, Allen  
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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Council Office D2	3	To enhance employee morale
<b>B.</b> Name of Individual (Last, First)		
		Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> Name of Outside Organization (include address and description)		
		Describe the public purpose made pursuant to the agency's policy

**4. Verification**

(d)(5)

Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Delia Chacon  
Print Name

Council Representative  
Title

2/13/2015  
(Month, Day, Year)

Comment: \_\_\_\_\_