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

A Public Document

1. Agency Name

CITY OF SAN PABLO

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

Designated Agency Contact *(Name, Title)*

Lehny M. Corbin, Deputy City Clerk

Area Code/Phone Number	E-mail
510-215-3000	LehnyC@SanPabloCA.gov

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 082814 *(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 Boys & Girls Club Golf Tournament *Provide Title/Explanation*

Date(s) 8 / 25 / 14 ___/___/___

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: _____ *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:
Libow, Brian; Dwyer, Greg; Arner, Brock; Soungpanya, Leck	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*
	4	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
		Promotion of City on a local, regional, state or national scale. Promotion of open government by participation of public officials
		at business or community events.

4. Verification

(d)(5)

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

Matt Rodriguez *Print Name* | City Manager *Title* | 8/28/14 *(Month, Day, Year)*

Comment: _____