

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

A Public Document

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|--|-------------------------------------|--|---|
| 1. Agency Name CITY OF ROCKLIN | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) CITY MANAGER'S OFFICE | | | |
| Designated Agency Contact (Name, Title) RICKY A. HORST, CITY MANAGER | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>05/01/2017</u> (month, day, year) | |
| Area Code/Phone Number 916-625-5000 | E-mail RICKY.HORST@ROCKLIN.CA.US | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25.00

Event Description: JOE NICHOLS CONCERT Date(s) 04 / 28 / 20
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? Yes No If yes: HORST, RICKY
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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| KEN BROADWAY, COUNCILMEMBER | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: V.2. Promotion of City-controlled or sponsored event |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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4. Verification

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

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|---|----------------|--------------|--------------------|
|  | RICKY A. HORST | CITY MANAGER | 05/02/2017 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____