

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

A Public Document

1. Agency Name CITY OF ROCKLIN Division, Department, or Region (if applicable) CITY MANAGER'S OFFICE Designated Agency Contact (Name, Title) RICKY A. HORST, CITY MANAGER Area Code/Phone Number E-mail 916-625-5000 RICKY.HORST@ROCKLIN.CA.US		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> 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 \$ 59.00

Event Description: TIM FLANNERY CONCERT Date(s) 06 / 18 / 16 _____/_____/_____

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
PUBLIC SERVICES	32	V.13 Special recognition or reward
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
DR. TAMSEN TAYLOR	6	Ceremonial Role <input type="checkbox"/> Other <input 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

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.

 Signature of Agency Head or Designee	RICKY A. HORST Print Name	CITY MANAGER Title	06/22/15 (month, day, year)
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Comment: _____