

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
City of Eureka			
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Pamela J Powell, City Clerk			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
707.441.4175	ppowell@ci.eureka.ca.gov		

2. Function or Event Information

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

Event Description: Taste of Main Street Date(s) 03 / 29 / 18 _____/_____/_____

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Eureka Main Stret

Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____

Official's Name (Last, First)

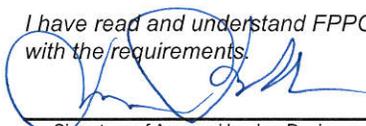
3. Recipients

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Manager's Office	20	Policy No. 1.80 3 (p)
Community Services	12	Policy No. 1.80 3 (p)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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>
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	Pamela J Powell Print Name	City Clerk Title	4/13/2018 (month, day, year)
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Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

City of Eureka

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
Development Services	5	Policy No. 1.80 3 (p)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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