

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distribution

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1. Agency Name City of Irvine		Date Stamp 2014 JUL -8 PM 1:18	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Office		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Designated Agency Contact (Name, Title) Sean Joyce, City Manager			
Area Code/Phone Number 949-724-6246	E-mail sjoyce@cityofirvine.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 30.00

Event Description ASA "World Cup of Softball IX" Date(s) 07 / 07 / 14
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: _____
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:
Landers, Sharon Assistant City Manager	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> July 7 Promotion of City-run/sponsored event
Daughter of Sharon Landers	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Family member
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

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.

Sean Joyce Sean Joyce City Manager 07/15/14
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____