

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

A Public Document

1. Agency Name CITY OF ROCKLIN <hr/> Division, Department, or Region <i>(if applicable)</i> CITY MANAGER'S OFFICE <hr/> Designated Agency Contact <i>(Name, Title)</i> RICKY A. HORST, CITY MANAGER <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">916-625-5000</td> <td style="border: none;">RICKYHORST@ROCKLIN.CA.US</td> </tr> </table>		Area Code/Phone Number	E-mail	916-625-5000	RICKYHORST@ROCKLIN.CA.US	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail						
916-625-5000	RICKYHORST@ROCKLIN.CA.US						
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>					
		Date of Original Filing: _____ <i>(month, day, year)</i>					

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: JAMES BAY CONCERT Date(s) 04 / 20 / 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
RECREATION, ARTS & EVENT TOURISM	39	Ticket Policy Section V.2. Promotion of city-controlled or sponsored event
CITY MANAGER OFFICE, PUBLIC SERVICES, POLICE, COMMUNITY DEV.	11	Ticket Policy Section V.13 Special recognition or reward
B. Name of Individual <i>(Last, First)</i>	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>
C. Name of Outside Organization <i>(include address and description)</i>	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	5/4/16 (month, day, year)
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Comment: _____