

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

**A Public Document**

<b>1. Agency Name</b> City of Rancho Cordova			California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Designated Agency Contact (Name, Title) Stacy Leitner, City Clerk			Date of Original Filing: <u>09/18/2018</u> (month, day, year)
Area Code/Phone Number 916-851-8805	E-mail sleitner@cityofranhocordova.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 10,000 Sponsorship

Event Description: Soil Born Autumn Equinox Celebration    Date(s) 09 / 15 / 18    09 / 15 / 18  
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: \_\_\_\_\_  
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
Finance Department	2	V:5
Public Works Department	2	V:5
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Gatewood, Garrett	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Sander, David	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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	Stacy Leitner Print Name	City Clerk Title	09/18/18 (month, day, year)
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Comment: \_\_\_\_\_