

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

**A Public Document**

|  |   |   |   |
|--|---|---|---|
| <b>1. Agency Name</b><br>City of Rancho Cordova                      |   | <b>Date Stamp</b>   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                      |   | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br><b>Date of Original Filing:</b> _____<br><small>(month, day, year)</small> |   |
| Designated Agency Contact (Name, Title)<br>Stacy Leitner, City Clerk |   |   |   |
| Area Code/Phone Number<br>916-851-8720                               | E-mail<br>sleitner@cityofranhocordova.org |   |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$1000 Sponsorship

Event Description: Children's Museum Inspire Dinner Date(s) 3 / 16 / 19 3 / 16 / 19  
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  |
|---|-----------------------------|---|
| Community Development   | 1                           | V:5   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Sander, David   | 1                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| Budge, Linda  | 1                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><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.*

|   |                             |                     |                                |
|---|-----------------------------|---------------------|--------------------------------|
| <br>Signature of Agency Head or Designee | Stacy Leitner<br>Print Name | City Clerk<br>Title | 03/22/19<br>(month, day, year) |
|---|-----------------------------|---------------------|--------------------------------|

Comment: \_\_\_\_\_