

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

A Public Document

1. Agency Name

Division, Department, or Region <i>(if applicable)</i>		Date Stamp CITY OF SALINAS OCT 02 2017	California Form 802 <small>For Official Use Only</small>
City Clerk's Office		CITY CLERKS OFFICE	
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Elizabeth Soto, Deputy City Clerk		Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
(831) 757-7381	elizabes@ci.salinas.ca.us		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 50.00

Event Description: Salinas Valley Food and Wine Festival Date(s) 08 / 12 / 17

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Salinas Valley Food and Wine Festival

Name of Source

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

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
Administration	5	Promotion of events and activities supported by the City.
Public Works	11	Promotion of events and activities supported by the City.
B. Name of Individual <small>(Last, First)</small>	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 <small>(include address and description)</small>	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.

	Elizabeth Soto	Deputy City Clerk	10/02/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: _____			