

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

A Public Document

1. Agency Name City of Salinas		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) City Clerk's Office			
Designated Agency Contact (Name, Title) Elizabeth Soto, Deputy City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (831) 758-7227	E-mail elizabeths@ci.salinas.ca.us		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 13.00

Event Description California International Airshow Date(s) 09 / 27 / 14 09 / 28 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: California International Airshow
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Soto, Elizabeth
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
City of Salinas, Active Employees	50	Promotion of events/activities supported by the City
B. Name of Individual (Last, First)		
	Number of Ticket(s)/Pass(es)	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 (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.

 Elizabeth Soto Deputy City Clerk 10/13/2014
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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Elizabeth Soto, Deputy City Clerk			
Area Code/Phone Number	E-mail		
(831) 758-7227	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 \$ 10.00 Parking Pass

Event Description California International Airshow Date(s) 09 / 27 / 14 09 / 28 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: California International Airshow
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Soto, Elizabeth
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
City of Salinas, Active Employees	10	Promotion of events/activities supported by the City
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	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 (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.

	Elizabeth Soto	Deputy City Clerk	10/13/2014
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Elizabeth Soto, Deputy City Clerk			
Area Code/Phone Number	E-mail		
(831) 758-7227	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 \$ _____ 60.00

Event Description California International Airshow Date(s) 09 / 27 / 14 09 / 28 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: California International Airshow
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Soto, Elizabeth
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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Barrera, Tony	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> Promotion of events and activities supported by the City
Craig, Kimbley	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> Promotion of events and activities supported by the City
C. Name of Outside Organization <small>(include address and description)</small>	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.

	Elizabeth Soto	Deputy City Clerk	10/13/2014
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>