**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>City of Salinas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (If Applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City Clerk's Office</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Soto, Deputy City Clerk</td>
<td></td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>E-mail</td>
</tr>
<tr>
<td>(831) 758-7227</td>
<td><a href="mailto:elizabes@ci.salinas.ca.us">elizabes@ci.salinas.ca.us</a></td>
</tr>
</tbody>
</table>

- **Date Stamp**
- **California Form 802**
- **For Official Use Only**
- **Amendment (Must provide explanation in Part 3.)**
- **Date of Original Filing:** (Month, Day, Year)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Salinas, Active Employees</td>
<td>50</td>
</tr>
</tbody>
</table>

Describe the public purpose made pursuant to the agency’s policy:

Promotion of events/activities supported by the City

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
</table>

Identify one of the following:

- Ceremonial Role ☐  
- Other ☐  
- Income ☐

If checking “Ceremonial Role” or “Other” describe below:

- Ceremonial Role ☐  
- Other ☐  
- Income ☐

If checking “Ceremonial Role” or “Other” describe below:

#### 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.

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

Comment:___

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   
   City of Salinas
   
   Division, Department, or Region *(If Applicable)*
   
   City Clerk's Office
   
   Designated Agency Contact *(Name, Title)*
   
   Elizabeth Soto, Deputy City Clerk
   
   Area Code/Phone Number  (831) 758-7227
   
   E-mail  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
   
   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**
   
   City of Salinas, Active Employees
   
   Number of Ticket(s)/Pass(es)  10
   
   Describe the public purpose made pursuant to the agency's policy
   
   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 ☐ Other ☐ Income ☐
   
   If checking "Ceremonial Role" or "Other" describe below:
   
   Ceremonial Role ☐ Other ☐ Income ☐
   
   If checking "Ceremonial Role" or "Other" describe below:

   **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.

   Signature of Agency Head or Designee
   
   Elizabeth Soto
   
   Deputy City Clerk
   
   Print Name
   
   Title
   
   Date 10/13/2014

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   City of Salinas
   City Clerk's Office
   Designated Agency Contact (Name, Title)
   Elizabeth Soto, Deputy City Clerk
   Area Code/Phone Number (831) 758-7227
   E-mail 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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: California International Airshow
   Name of Source Soto, Elizabeth
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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**
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Promotion of events and activities supported by the City
      Barrera, Tony 2
      Craig, Kimbley 2

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

Comment: