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 E-mail
(831) 758-7381 elizabes@ci.salinas.ca.us

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass ($)</td>
<td>20.00</td>
</tr>
<tr>
<td>Event Description: California International Airshow</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Salinas, Active Employees</td>
<td>84</td>
<td>Promotion of events and activities supported by the City.</td>
</tr>
<tr>
<td>City of Salinas Administration Department</td>
<td>9</td>
<td>Promotion of events and activities supported by the City.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

09/27/16 (month, day, year)

Comment: ____________________________
### A. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Salinas Recreation Department</td>
<td>6</td>
<td>Promotion of events and activities supported by the City.</td>
</tr>
</tbody>
</table>

### B. Recipients

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:

- [ ] Ceremonial Role
- [ ] Other
- [ ] Income

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

- [ ] Ceremonial Role
- [ ] Other
- [ ] Income

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

- [ ] Ceremonial Role
- [ ] Other
- [ ] Income

### C. Recipients

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
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 E-mail
(831) 758-7381 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 $65.00

Event Description: California International Airshow

Date(s) 09/24/16 09/25/16

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 Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:

Barrera, Tony 2 Ceremonial Role ☐ Other ☒ Income ☐

Description: Promotion of events and activities supported by the City.

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.

Elizabeth Soto Deputy City Clerk 09/27/16

E-mail elizabes@ci.salinas.ca.us

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Date Stamped California Form 802
CITY OF SALINA SEP 27 2016
CITY CLERKS OFFICE

 Amendement (Must Provide Explanation in Part 3.)
Date of Original Filing: (month, day, year)