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)
Patricia M. Barajas, City Clerk
Area Code/Phone Number E-mail
(831) 758-7381 cclerk@ci.salinas.ca.us

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 255.00
Event Description California Rodeo Salinas
Provide Title/Explanation
Date(s) 07 / 17 / 14 07 / 20 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: California Rodeo Salinas
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Patricia M. Barajas, City Clerk
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and Economic Development Department</td>
<td>2</td>
<td>Promotion of events and activities supported by the City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrera, Tony</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td>De La Rosa, Gloria</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</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: Patricia M. Barajas, City Clerk
Print Name: Patricia M. Barajas
Title: City Clerk
(Month, Day, Year): 07/24/2014

Comment: Pursuant to City of Salinas Ticket Distribution Policy Sec. III(o)

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
Continuation Sheet

**Agency Name**
City of Salinas

**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.

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<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutes, Jyl</td>
<td>2</td>
<td>Promotion of events and activities supported by the City</td>
</tr>
<tr>
<td>McShane, Steve</td>
<td>2</td>
<td>Promotion of events and activities supported by the City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
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**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)
   - Patricia M. Barajas, City Clerk
   - Area Code/Phone Number: (831) 758-7381
   - E-mail: cclerk@ci.salinas.ca.us

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: California Rodeo Salinas
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   - Face Value of Each Ticket/Pass: $25.00
   - Date(s): 07 / 20 / 14
   - If no: California Rodeo Salinas
   - Name of Source: Patricia M. Barajas, City Clerk

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 ☐
     - Promotion of events and activities supported by the City

   **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: Patricia M. Barajas
   - Print Name: City Clerk
   - Title: 07/24/2014
   - (Month, Day, Year)
   - Comment: Box seat tickets to be distributed to their constituents; Ticket Distribution Policy Sec. III(o)
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)  
Patricia M. Barajas, City Clerk  
Area Code/Phone Number (831) 758-7381  
E-mail cclerk@ci.salinas.ca.us  

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☒ No ☑  
Face Value of Each Ticket/Pass $ 25.00  
Event Description California Rodeo Salinas  
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
Date(s) 07/17/14  
If no: California Rodeo Salinas  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☒ No ☑  
If yes: Patricia M. Barajas, City Clerk  
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 (Last, First)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role ☐ Other ☒ Income ☐  
Promotion of events and activities supported by the City

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

Patricia M. Barajas ☐ City Clerk ☒  
Print Name  
Title  
Date 07/24/2014 (Month, Day, Year)

Comment: Box seat tickets to be distributed to their constituents; Ticket Distribution Policy Sec. III(o)

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