**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** 831-758-7381

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

**Date Stamp**

**California Form 802**

**For Official Use Only**

**2. Function or Event Information**

*Does the agency have a ticket policy?*
Yes [x] No [ ]

**Face Value of Each Ticket/Pass** $15.00

**Event Description** California International Airshow

**Provide Title/Explanation**

**Date(s)** 09 / 26 / 15

**Ticket(s)/Pass(es) provided by agency?**
Yes [ ] No [x]

**If no:** California International Aishow

**Name of Source**

**Was ticket distribution made at the behest of agency official?**
No [ ] Yes [x]

**If yes:** Soto, Elizabeth / Flores, Martha

**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>City of Salinas, Active Employees</td>
<td>67</td>
<td>Promotion of events/activities supported by the City</td>
</tr>
<tr>
<td>City of Salinas Police Department</td>
<td>33</td>
<td>Promotional events/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>[Last, First]</td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

*If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</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

**Print Name**

**Deputy City Clerk**

**Title**

**Date** 10/19/2015

**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)