

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

**A Public Document**

<b>1. Agency Name</b> City of Salinas		Date Stamp <b>RECEIVED CITY OF SALINAS SEP 19 2016</b>	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Administration		<input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: <u>9/19/16</u> <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Patricia M. Barajas, City Clerk			
Area Code/Phone Number (831) 758-7381	E-mail patricib@ci.salinas.ca.us		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 40.00

Event Description: Salinas Valley Food and Wine Festival    Date(s) 8 / 13 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Patricia M. Barajas  
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
Administration	6	Promotion of events and activities supported by the City.
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/ Passes	<b>Identify one of the following:</b>
		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>
<b>C. Name of Outside Organization (include address and description)</b>		
	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.*

	Patricia M. Barajas	City Clerk	9/19/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: \_\_\_\_\_