

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

A Public Document

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

CITY OF SALINAS Date Stamp OCT 02 2017	California Form 802 For Official Use Only
CITY CLERKS OFFICE	
<input type="checkbox"/> 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 \$ 20.00

Event Description: California International Airshow Date(s) 09 / 30 / 17 10 / 01 / 17
Provide Title/Explanation

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? Yes No If yes: Soto, Elizabeth
Official's Name (Last, First)

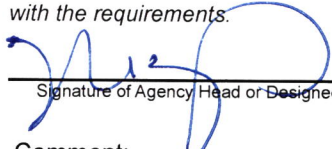
3. Recipients

• 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
City of Salinas, Active Employees	100	Promotion of events and activities supported by the City.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		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>
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 10/02/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____