

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Salinas			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Salinas Municipal Airport			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>09/30/2013</u> <i>(Month, Day, Year)</i>	
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 \$ 15.00

Event Description California International Airshow Salinas Date(s) 09 / 21 / 13 09 / 22 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: California International Airshow Salinas
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: English, Crissy
Official's Name (Last, First)

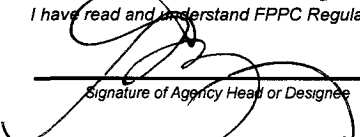
3. Recipients

• 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
City of Salinas, Active Employees	75	Promotion of events/activities supported by the City
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below</i>
C. Name of Outside Organization <i>(include address and description)</i>	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

 <i>Signature of Agency Head or Designee</i>	Patricia M. Barajas <i>Print Name</i>	City Clerk <i>Title</i>	09/20/2013 <i>(Month, Day, Year)</i>
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