

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

**A Public Document**

<b>1. Agency Name</b> City of Salinas	<b>CITY OF SALINAS</b>	<b>California Form 802</b> <small>For Official Use Only</small>
<b>Division, Department, or Region</b> (if applicable) City Clerk's Office	<b>AUG 22 2017</b>	
<b>Designated Agency Contact</b> (Name, Title) Elizabeth Soto, Deputy City clerk	<b>CITY CLERKS OFFICE</b>	
<b>Area Code/Phone Number</b> (831) 758-7381	<b>E-mail</b> ccclerk@ci.salinas.ca.us	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)
		<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 225.00

Event Description: California Rodeo Salinas    Date(s) 07 / 20 / 17    07 / 23 / 17  
Provide Title/ Explanation

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?    Yes     No     If yes: Elizabeth Soto  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Barrera, Tony	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of events and activities supported by the City
Craig, Kimbley	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of events and activities supported by the City
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.*

 <small>Signature of Agency Head or Designee</small>	Elizabeth Soto <small>Print Name</small>	Deputy City Clerk <small>Title</small>	08/23/17 <small>(month, day, year)</small>
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Comment: Pursuant to City of Salinas Ticket Distribution Policy Sec. III(o)