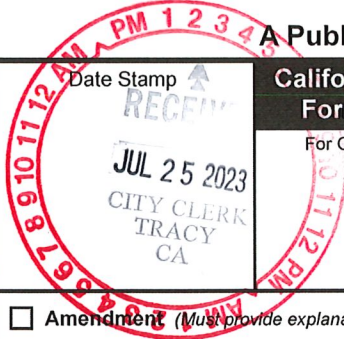


Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name City of Tracy			California Form 802
Division, Department, or Region (If Applicable) City Manager's Office			For Official Use Only
Designated Agency Contact (Name, Title) Adrienne Richardson		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 209-831-6101	E-mail adrienne.richardson@cityoftracy.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100.00

Event Description Tracy Chamber of Commerce Gala Date(s) 01 / 27 / 2023
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Tracy Chamber of Commerce
Name of Source

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

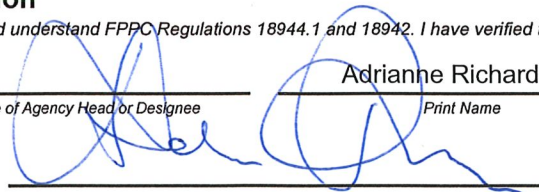
3. Recipients

• 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
Mayor Nancy Young Mayor Pro Tem Davis Council Member Dan Arriola Council Member Mateo Bedolla Council Member Dan Evans	5	To support and/or show appreciation for community and/or non-profit programs or services benefiting City residents.
		To support and/or show appreciation for community and/or non-profit programs or services benefiting City residents.
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Rogers, Michael Schneider, Karin Millington, Sekou Carrera, Vanessa	4	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To support and/or show appreciation for community and/or non-profit programs or services benefiting City residents.
		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	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.

 <small>Signature of Agency Head or Designee</small>	Adrienne Richardson <small>Print Name</small>	City Clerk <small>Title</small>	07/25/2023 <small>(Month, Day, Year)</small>
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Comment: _____