

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

**A Public Document**

<b>1. Agency Name</b> City of Tracy		Date Stamp CITY CLERK'S OFFICE 7030 FEB 10 PM 3:27	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Adrienne Richardson			
Area Code/Phone Number 209-831-6105	E-mail adrienne.richardson@cityoftracy.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>02/10/2020</u> <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 \$ 75.00

Event Description: Tracy Chamber of Commerce Gala Date(s) 01 / 24 / 20  
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? Yes  No  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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Tracy City Council	5	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)/ Passes	Identify one of the following:
Haruyama, Jenny	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To support and/or show appreciation for community and/or non-profit programs or services benefiting City residents
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.

Adrienne Richardson
City Clerk
02/10/2020  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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