

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

A Public Document

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|--|---|---|----------------------------|
| 1. Agency Name CITY OF SANTA MARIA | | Date Stamp | California Form 802 |
| Division, Department, or Region (if applicable) Fire Department | | For Official Use Only 2 AUG 2018 PM 12:30 CITY CLERK'S OFFICE | |
| Designated Agency Contact (Name, Title) Rhonda Garietz, Chief Deputy City Clerk | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number 805-925-0951, Ext. 2307 | E-mail rgarietz@cityofsantamaria.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 167.00

Event Description: 1-Day Park Hopper Disneyland Resort Date(s) 2 / 14 / 18 12 / 31 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Walt Disney Company Disneyland Resort
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 |
|---|-----------------------------|--|
| Santa Maria Fire Department | 118 | Section 6.C.16. Recognizing or rewarding meritorious service by a City employee. |
| | | |
| 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.

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
| | Jason Stilwell | City Manager | 8/2/2018 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

Comment: _____