

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

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| | | | |
|--|--|--|---|
| 1. Agency Name City of Costa Mesa | | Date Stamp 19 OCT 16 AM 10:26 CITY OF COSTA MESA BY _____ | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) Police Department | | | |
| Designated Agency Contact (Name, Title) Brenda Green, City Clerk | | | |
| Area Code/Phone Number 714-754-5221 | E-mail brenda.green@costamesaca.gov | | |
| | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 101.00 each

Event Description: Preseason Chargers vs Seahawks Date(s) 08 / 24 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles Chargers
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 |
|--|-----------------------------|--|
| Costa Mesa Police Department | 40 | Community relation, and thank you to dedicated Police |
| 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.

Signature of Agency Head or Designee: Justin Martin Print Name: Justin Martin Title: Acting Assistant City Manager Date: 10/9/19
(month, day, year)

Comment: _____

Charger Tickets 2019

| Name | Number of Tickets |
|----------------|-------------------|
| S. Julian | 2 |
| M. Robbins | 2 |
| B. Carpenter | 2 |
| A. Alvarez | 2 |
| L. Lopez | 2 |
| P. Lara | 2 |
| J. Martinez | 2 |
| S. Luczkiewicz | 2 |
| B. Phot | 2 |
| J. Ruffalo | 2 |
| R. Bolle | 2 |
| J. Hernandez | 2 |
| J. Gutierrez | 2 |
| S. Soukhaseum | 2 |
| C. Quijiuix | 2 |
| Z. Hoferitza | 2 |
| J. Torres | 2 |
| M. Garcia | 2 |
| K. Bao | 4 |
| | 40 |