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

RECEIVED CITY CLERK

A Public Document

California Form 802

1. Agency Name
City of Costa Mesa

Date Stamp

20 JUN 16 AM 11: 52

CITY OF COSTA MESA
BY ████

For Official Use Only

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*
Brenda Green, City Clerk

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	E-mail
714-754-5221	brenda.green@costamesaca.gov

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 $ 0.00

Event Description: Lunar New Year   Date(s) 01 / 23 / 20   ___ / ___ / ___
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒   If no: South Coast Plaza
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
	Mayor, Katrina Foley	3	Representing the City of Costa Mesa

B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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	Brenda Green	City Clerk	06/04/2020
	Print Name	Title	*(month, day, year)*

Comment: _____