

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

A Public Document

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|---------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name City of Costa Mesa | | Date Stamp 22 FEB 15 PM 12:40 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| Designated Agency Contact (Name, Title) Brenda Green, City Clerk | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number 714-754-5221 | E-mail brenda.green@costamesaca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 500

Event Description: Mesa Verde Classic Golf Tournament Date(s) 01 / 17 / 2022
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Minter, Jason, Parks, Arts, & Community Svcs. Dir.
Name of Source
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 |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Bora, Dane | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Supporting programs/services rendered by a non-profit. |
| | | Ceremonial Role <input 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)/ 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.

Brenda Green Signature of Agency Head or Designee Brenda Green Print Name City Clerk Title 02-14-2022 (month, day, year)

Comment: _____