

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

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1. Agency Name City of Costa Mesa		California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 22 MAY 17 PM 2:54		
Designated Agency Contact (Name, Title) Brenda Green, City Clerk		CITY OF COSTA MESA BY _____ <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 \$ _____ 100

Event Description: Wooden Floor 10th Step Beyond Annual Breakfast Date(s) 04 / 27 / 2022

Ticket(s)/Pass(es) provided by agency? Yes No If no: Saar Swartzon of Cohn & Swartzon
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Stephens, John	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Performance of a ceremonial role or function representing the City at the event at the request of the event holder
		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 _____ City Clerk _____ 05/17/2022 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____