

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

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**CITY OF COSTA MESA**  
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California Form **802**  
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Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**1. Agency Name**  
City of Costa Mesa  
Division, Department, or Region (if applicable)

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 150

Event Description: Goat Hill Lions Open Golf Tournament    Date(s) 06 / 20 / 2022

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Eagle Open  
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 type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Supporting programs/services rendered by a non profit.
		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.*

Brenda Green      Brenda Green      City Clerk      9-1-2022  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_