Designated Ag Brenda Green Area Code/Pho 714-754-5221  2. Function or Does the ager Event Descrip	Mesa rtment, or Reg ency Contact , City Clerk one Number  Event Informacy have a tick tion: MLK Practices (es) provided	E-mail brenda.green@cos mation ket policy? Yes [ayer Breakfast	No 🗆	CIT)	Each Ticket/Pass \$	(month, day, year)
Division, Depa  Designated Ag Brenda Green Area Code/Pho 714-754-5221  2. Function or Does the ager Event Descrip	ency Contact , City Clerk one Number  Event Informacy have a tick tion: MLK Practices	(Name, Title)  E-mail brenda.green@cos  mation ket policy? Yes [ayer Breakfast	No 🗆	OV Experience of large of large value v	Date of Original Filing:	For Official Use Only  de Explanation in Part 3.)  (month, day, year)
Designated Ag Brenda Green Area Code/Pho 714-754-5221  2. Function or Does the ager Event Descrip	ency Contact , City Clerk one Number  Event Informacy have a tick tion: MLK Practices	(Name, Title)  E-mail brenda.green@cos  mation ket policy? Yes [ayer Breakfast	No 🗆	ov Face Value of I	Date of Original Filing:	de Explanation in Part 3.) (month, day, year)
Brenda Green Area Code/Pho 714-754-5221  2. Function or Does the ager Event Descrip	Event Informacy have a tick tion:  MLK Practices provided	E-mail brenda.green@cos mation ket policy? Yes [ayer Breakfast	No 🗆	ov Face Value of I	Date of Original Filing:	(month, day, year)
Area Code/Pho 714-754-5221  2. Function or Does the ager Event Descrip	Event Informacy have a tick tion:  MLK Practice:  (es) provided	brenda.green@cos mation ket policy? Yes  ayer Breakfast  Provide Title/ Explai	No 🗆	ov Face Value of I	Date of Original Filing:	(month, day, year)
Area Code/Pho 714-754-5221  2. Function or Does the ager Event Descrip	Event Informacy have a tick tion:  MLK Practice:  (es) provided	brenda.green@cos mation ket policy? Yes  ayer Breakfast  Provide Title/ Explai	No 🗆	ov Face Value of I	Date of Original Filing:	(month, day, year)
2. Function or  Does the ager  Event Descrip	ncy have a tick tion: MLK Praction: (es) provided	mation ket policy? Yes  ayer Breakfast  Provide Title/ Explai	No 🗆	Face Value of I	Lach Ticket/Pass \$	18.60
Does the ager Event Descrip	ncy have a tick tion: MLK Praction: (es) provided	ket policy? Yes ayer Breakfast  Provide Title/ Explai				18.60
Event Descrip	tion: MLK Practices (es) provided	ayer Breakfast  Provide Title/ Explai				18.60
	(es) provided	ayer Breakfast  Provide Title/ Explai		Date(s) 01/16		
	(es) provided	Provide Title/ Explai	nation	Date(s) <u>5 17 19</u>	5/2023	
Ticket(s)/Pass		by agency? Yes [	lation			ANALYSISI - BANGAPANANA - POPERANANANANA
Ticket(s)/Pass(es) provided by agency? Yes [			□ No 🔳	Name of Source		
Was ticket dis of agency off		e at the behest Yes [	□ No 🔳	If yes: ———	Official's Name (Last, First)	
or agents, on	TOTAL		and the second second second second			
3. Recipients						
• Use Section A to	o identify the ager	ncy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to identify ar	n outside organization.
A. Name	e of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	ant to the agency's policy
В.	Name of Ind	ividual	Number of Ticket(s)/		Identify one of the folio	owing:
	(Last, Fir	rst)	Passes			
Reynolds, Arlis			1	If check 5.3(a) Performan	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  5.3(a) Performance of a ceremonial role or function representing the City at the event at the request of the event holder.	
					nonial Role Other Other king "Ceremonial Role" or "Other" describ	Income
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	ant to the agency's policy
. Verification			AREA ATTER TO THE ADMINISTRATION OF THE ADMINISTRATION COLOR		NE EROZEITANNO ANTARIO COLLIPSIA RAZANDRIO EREALEI (LECER REPOZZANDERA EREA	
		PPC Regulations 18944	.1 and 18942	2. I have verified t	that the distribution set forth	above, is in accordanc
Brenda Orcen/ Brenda Green				City		05/09/2024
Signature of Age	ncy Head or Design	nee Pi	rint Name		Title	(month, day, year)
Comment:						

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)