

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

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<b>1. Agency Name</b>		Date Stamp CITY CLERK 24 MAY 16 PM 1:05 CITY OF COSTA MESA <input checked="" type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	California Form <b>802</b> For Official Use Only
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 \$ \_\_\_\_\_ 65.00

Event Description: OC Soccer Kickoff Reception & Game Date(s) 03/11/2023  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Orange County Soccer Club  
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:
Reynolds, Arlis	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.
		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 Brenda Green City Clerk 05/09/2024  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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