Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

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California Form 802

For Official Use Only

Date Stamp: APR 27 2011 PM09:49

1. Agency Name

City of Placentia

Division, Department, or Region *(if applicable)*

Street Address

401 E. Chapman

Designated Agency Contact *(Name, Title)*

Troy L. Butzlaff, City Administrator

Area Code/Phone Number	E-mail
714/993/8231	administration@placentia.org

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 04/27/2011 *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title Angels vs Athletics

Face Value of Each Admission $ 150

Description Angel's Baseball Game

Date(s) 04 / 27 / 2011 04 / 27 / 2011

Ticket(s)/Admission(s) provided by agency? Yes ☐ **No** ☑ If no: Willdan Engineering *(Name of Source)*

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ **No** ☑ If yes: _____ *(Official's Name (Last, First) and Title)*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Butzlaff, Troy	4	Yes ☐ No ☐	Staff development	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Troy L. Butzlaff	City Administrator	04/27/2011

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*