

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Placentia			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>09/27/2011</u> <small>(month, day, year)</small>	
Street Address			
401 E. Chapman Avenue			
Designated Agency Contact (Name, Title)			
Troy L. Butzlaff, City Administrator			
Area Code/Phone Number	E-mail		
714-993-8231	administration@placentia.org		

2. Function, Event, or Ceremonial Role Information

Title El Dorado High School Face Value of Each Admission \$ N/A

Description 2011-2012 Date(s) 09/02/2011 11/03/2011

Ticket(s)/Admission(s) provided by agency? Yes No If no: El Dorado High School
Name of Source

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

Yes No If yes: City Council
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	<ul style="list-style-type: none"> 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. 	Income
City of Placentia		Yes <input type="checkbox"/> No <input type="checkbox"/>	Community Engagement	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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.

 Troy L. Butzlaff City Administrator 09/27/2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

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