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

A Public Document

1. Agency Name

City of Placentia

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

Administration

Street Address

401 E. Chapman Ave

Designated Agency Contact *(Name, Title)*

Troy L. Butzlaff, City Administrator

Area Code/Phone Number: (714) 993-8231

E-mail: adminstration@placentia.org

Date Stamp

California Form 802

For Official Use Only

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

Date of Original Filing: 09/14/11 *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title OC Fair and Event Center

Face Value of Each Admission $ 0

Description Sand Sports Super Show

Date(s) 09/16/11 09/18/11

Ticket(s)/Admission(s) provided by agency? Yes ☐ **No** ☑ If no: Sand Sports *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.	
City of Placentia	10	Yes ☐ No ☐	Public promotion of a public event	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	09/14/11

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