

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

**A Public Document**

<b>1. Agency Name</b> City of Murrieta Division, Department, or Region <i>(if applicable)</i> City Clerk Designated Agency Contact <i>(Name, Title)</i> Jane Halstead, City Clerk Area Code/Phone Number      E-mail 951-461-6030                      jhalstead@murrietaca.gov		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 20.00

Event Description: Community Prayer Breakfast    Date(s) 5 / 5 / 16  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: Murrieta Community Prayer Breakfast Foundation  
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
City Manager's Office	9	
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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.*

\_\_\_\_\_      Jane Halstead      \_\_\_\_\_      City Clerk      \_\_\_\_\_      6/29/16  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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

California Form 802 – Attachment (Murrieta Valley Community Prayer Breakfast / 25<sup>th</sup> Silver Anniversary)

Last Name	First Name	Title	Department	# of Tickets
Lane	Randon	Mayor	City Council	1
Gibbs	Rick	Mayor Pro-Tem	City Council	1
Long	Alan	Council Member	City Council	1
Ramos	Harry	Council Member	City Council	1
Dudley	Rick	City Manager	Administration	1
Summers	Kim	Asst. City Manager	Administration	1
Holler	Ivan	Development Svc. Dir.	Development Svc.	1
Halstead	Jane	City Clerk	City Clerk	1