

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

A Public Document

1. Agency Name CITY OF MURRIETA		Date Stamp RECEIVED NOV 14 2012	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Administration, City Manager's Office			
Designated Agency Contact (Name, Title) MARCI WEAST, SECRETARY		CITY OF MURRIETA CITY CLERK'S OFFICE	
Area Code/Phone Number 951-461-6010	E-mail MWEAST@MURRIETA.ORG		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
		Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description MU CHAMBER INSTALLATION DINN
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 100⁰⁰

Date(s) 6 / 9 / 12

If no: MURRIETA CHAMBER
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		9:G Promotion of business activity, development, and/or redevelopment with the city.
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Bennett, Kelly</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>See 9:G description in Sec. A above</u>
<u>Lane, Randon</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>See 9:G description in Sec. A above</u>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Marci Weast Secretary 10/31/12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)