

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

**A Public Document**

<b>1. Agency Name</b> City of Murrieta <b>Division, Department, or Region (if applicable)</b> City Clerk <b>Designated Agency Contact (Name, Title)</b> Jane Halstead, City Clerk <b>Area Code/Phone Number</b> <b>E-mail</b> 951-461-6030                      jhalstead@murrietaCa.gov		Date Stamp <b>RECEIVED</b>  <b>AUG 09 2016</b>  CITY OF MURRIETA CITY CLERK'S OFFICE <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 100.00

Event Description: Night of the Stars                      Date(s) 07 / 16 / 16                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Murrieta Chamber of Commerce  
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
Council Member Jonathan Ingram	1	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	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.*

 _____ <small>(Signature) of Agency Head or Designee</small>	Jane Halstead _____ <small>Print Name</small>	City Clerk _____ <small>Title</small>	8/9/16 _____ <small>(month, day, year)</small>
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Comment: \_\_\_\_\_