

**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 <small>For Official Use Only</small>
Division, Department, or Region (If Applicable) Administration, City Manager's Office		CITY OF MURRIETA CITY CLERK'S OFFICE	
Designated Agency Contact (Name, Title) MARCI WEAST, SECRETARY			
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: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$30.00

Event Description Lake Elsinore EWDC Luncheon Date(s) 9 / 20 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Lake Elsinore Valley Chamber of Commerce
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

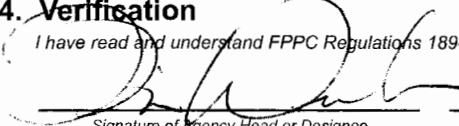
3. Recipients

• 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
		9:1 Increasing public awareness of the various recreational, cultural, and educational activities available to the public
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>McAllister, Doug</u>	1	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 9:1 description in Section A.</u>
<u>LANE, RANDON</u>	1	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 9:1 description in Section A.</u>
C. Name of Outside Organization <small>(include address and description)</small>	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.

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