

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

A Public Document

1. Agency Name City of Murrieta _____ Division, Department, or Region (if applicable) _____ City Clerk _____ Designated Agency Contact (Name, Title) Jane Halstead, City Clerk _____ Area Code/Phone Number E-mail 951-461-6030 jhalstead@murrietaCA.gov		Date Stamp _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <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 \$ _____

Event Description: _____ Date(s) _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Temecula Wellness Center
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	
Melody 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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.

 Signature of Agency Head or Designee	Jane Halstead Print Name	City Clerk Title	11/28/16 (month, day, year)
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Comment: _____