

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of San Clemente			
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 100 Avenida Presidio, San Clemente, CA			
Area Code/Phone Number 949-361-8322	E-mail CampagnoloL@San-Clemente.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanne Baade, City Clerk		Date of Original Filing: <u>11-20-09</u> (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11 / 6 / 09 Description of Event: Taste of San Clemente
 _____/_____/_____ Face Value of Ticket: \$ 75 per ticket

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: San Clemente Chamber of Commerce

Number of Tickets Received: 19 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Campagnolo, Laura	2	Support of community event
Ferguson, Laura	2	Support of community event
Baade, Joanne (List continued next page)	2	Support of community event

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: N/A

Name of Individual or Organization: _____ Number of Tickets: _____

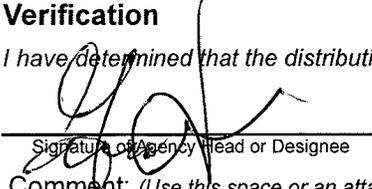
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 George Scarborough City Manager 11-19-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

TICKET RECIPIENTS (CONTINUED)

Name of Official	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Mejia, Anthony	2	Support of community event
Holloway, Jim	2	Support of community event
Scarborough, George	2	Support of community event
Dahl, Jim	2	Support of community event
Eggleston, Wayne	1	Support of community event
DiCandia, Carla	2	Support of community event
Gibson, Carol	2	Support of community event