

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

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|---|----------------------------|---|--|
| 1. Agency Name | | Date Stamp | California Form 802 <small>For Official Use Only</small> |
| City of Anderson | | | |
| Division, Department, or Region (if applicable) | | | |
| Street Address | | | |
| 1887 Howard Street, Anderson, CA 96007 | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| (530) 378-6646 | jbarnett@ci.anderson.ca.us | | |
| Agency Contact (name and title) | | | |
| Juanita Barnett, City Clerk | | | |

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 16 / 10 Description of Event: Shasta District Fair
06 / 20 / 10 Face Value of Ticket: \$ 5/\$5/\$1

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

Name of Outside Source of Ticket(s) Provided to Agency: Shasta District Fair

Number of Tickets Received: 10/2/36 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract
(10 Admission / 2 Parking / 36 Ride)

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

| Name of Official <small>(Last, First)</small> | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--|-------------------|--|
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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: Liz Cottrell and Pam Mead Number of Tickets: 5/1/10

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.)
Contest to promote healthy activities among employees of the City and to encourage participation at the County fair.

5. Verification

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

Dana Shigley Dana Shigley City Manager 7/12/10
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.)