

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> City of Riverside		Date Stamp <b>RECEIVED</b> MAY 24 2010 City of Riverside City Clerk's Office	<b>California Form 802</b>
Division, Department, or Region (if applicable) Development Dept.			For Official Use Only
Street Address 3900 Main St., Riverside, CA 92522			
Area Code/Phone Number 951-826-5769	E-mail phogan@riversideca.gov		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)
Agency Contact (name and title) Pamela Hogan			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 02 / 13 / 10 Description of Event: Natalie Cole Concert at Fox Performing Arts Center  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 77.00

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

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: \_\_\_\_\_ 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
Adams, Steve	1	Promotion of City Profile
Davis, Paul	1	Promotion of City Profile
Hart, Nancy	1	Promotion of City Profile

**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: \_\_\_\_\_ 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.

 \_\_\_\_\_ Deanna Lorson \_\_\_\_\_ Director \_\_\_\_\_ 2/15/10  
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.)  
 \_\_\_\_\_