Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

City of Riverside

Division, Department, or Region *(if applicable)*

Development Dept.

Street Address

3900 Main St., Riverside, CA 92522

Area Code/Phone Number

951-826-5769

E-mail

phogan@riversideca.gov

Agency Contact *(name and title)*

Pamela Hogan

Date Stamp

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MAY 24 2010
City of Riverside
City Clerk's Office

California Form **802**

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 15 / 10

_____ / _____ / _____

Description of Event: Pat Benatar Concert at Fox Performing Arts Center

Face Value of Ticket: $ 72.00

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.

Signature of Agency Head or Designee | Deanna Lorson (Print Name) | Director (Title) | _____ *(month, day, year)*

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

_____