

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

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1. Agency Name		Date Stamp 2016 FEB 25 PM 1:28	California Form 802 For Official Use Only
City of Irvine			
Division, Department, or Region (if applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Sean Joyce, City Manager			
Area Code/Phone Number 949-724-6249	E-mail sjoyce@cityofirvine.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>02/25/16</u> (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ -0-

Event Description: Odysseo Date(s) 02 / 26 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

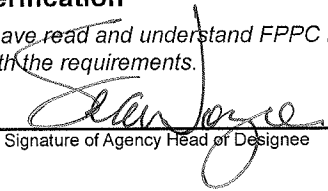
3. Recipients

• 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
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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
Human Options 5540 Trabuco Rd., Irvine, CA 92620	125	Supporting programs rendered by non-profit organizations benefiting Irvine residents.
Families Forward 8 Thomas, Irvine, CA 92618	125	Supporting programs rendered by non-profit organizations benefiting Irvine residents.

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.

 Sean Joyce City Manager 02/25/16
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____