

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

RELIEF BY
CITY OF IRVINE
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1. Agency Name City of Irvine		Date Stamp 2019 JUN -3 AM 10:15	California Form 802
Division, Department, or Region (if applicable)			For Official Use Only
City Manager			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 949.724.6909	E-mail mmarysheva@cityofirvine.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 115

Event Description: OC World Trade Week Breakfast & Forum Date(s) 05 / 16 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Edwards Lifesciences / Chamber of Commerce
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
City of Irvine, City Manager's Office	1	Representing the City at a trade event to facilitate City and Great Park promotion
B. Name of Individual (Last, First)		
		Identify one of the following:
Marysheva, Marianna		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)		
		Describe the public purpose made pursuant to the agency's policy
Edwards Lifesciences / Chamber of Commerce		

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.

 <small>Signature of Agency Head or Designee</small>	Marianna Marysheva <small>Print Name</small>	Assistant City Manager <small>Title</small>	06/03/2019 <small>(month, day, year)</small>
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Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

City of Irvine

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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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