

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

2019 JUN 13 AM 11:15

A Public Document

1. Agency Name CITY OF IRVINE		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) CITY MANAGER'S OFFICE			
Designated Agency Contact (Name, Title) KAITLYN NGUYEN / ECONOMIC DEVELOPMENT MANAGER		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>6/11/19</u> <small>(month, day, year)</small>	
Area Code/Phone Number 949-724-6024	E-mail KNGUYEN@CITYOFIRVINE.ORG		

2. Function or Event Information

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

Event Description: WORLD TRADE WEEK BREAKFAST Date(s) 5 / 16 / 19 5 / 16 / 19
Provide Title/Explanation

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

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

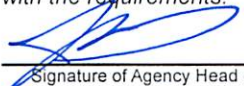
3. Recipients

• 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		ATTENDED A CONFERENCE RELATING TO ECONOMIC DEVELOPMENT
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
KAITLYN NGUYEN	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> GUEST OF THINKBOX
		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)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
THINKBOX 3333 MICHELSON DR., SUITE 300, IRVINE		GUEST ATTENDED A CONFERENCE RELATING TO ECONOMIC DEVELOPMENT

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.


 _____ JOHN RUSSO _____ CITY MANAGER _____ 6/11/19 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____