

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

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1. Agency Name <u>City of Irvine</u>		Date Stamp 2013 NOV 14 AM 11:17	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>City Manager's Office</u>			
Designated Agency Contact (Name, Title) <u>Sean Joyce City Manager</u>			
Area Code/Phone Number <u>949-724-6249</u>	E-mail <u>S.joyce@cityofirvine.org</u>	☐ Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55⁰⁰

Event Description Cirque du Soleil Date(s) Nov. / 21 / 2013
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? No ☒ Yes ☐ 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Margie Wakeham, executive director</u> <u>92618</u>	<u>20</u>	<u>Pass-through of 20 complimentary tickets from</u>
<u>Families Forward & Thomas Irvine</u>		<u>Cirque du Soleil</u>

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 SEAN JOYCE CITY MANAGER 11-14-13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____