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

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-		4 K 2		1 75 25		

licker/Admission Distribution	115				A Public L	A CHEST AND THE REST
I. Agency Name		Date Stamp	Californi	^a 802		
City of Santa Barbara						
Division, Department, or Region (if appl			For Offici	al Use Only		
Active Adults & Classes / Parks and						
Street Address			di se ance			
100 E. Carrillo St., Santa Barbara, C.	a. Mi					
Designated Agency Contact (Name, Title	Г	Amendment (Must	provide explanation	in Part 3)		
Jason Bryan, Senior Recreation Sup-	Ι,	*				
Area Code/Phone Number E-mail	-	Date of Original Filing):(month, day, y	ear)		
805-897-2519 jbryan@	gsantabarbaraca	- India	of claffing card has the conficted			
. Function, Event, or Ceremonial	Role Informat	tion				
- Sonta Parhara Symphony Ticks	ate all a mall			1 2 3 m	25	
Title Santa Barbara Symphony Ticke	:15	Face Val	ue of Each Admis	ssion \$ _ 25 _		
Description Approximation for low inc	omo coniero frer		Dete(a)	2 , 12 , 12	e- Ur make	
non-profit organization.						
,			a Is Amv Ba	ssett. Symphony Dire	ctor of Education	and Outreach
Ticket(s)/Admission(s) provided by	agency? Yes	∐ No L	Ir no: Yang Da	Name	of Source	
Was the distribution to persons ide	entified below r	nade at th	ne behest of a	n agency official?	2	
Bn/ar	Jason - Senior Re	ecreation S	unervisor			
Yes No If yes: Bryan	, Jason - Senior Ro Official's	Name (Last.	First) and Title			
			, , , , , , , , , , , , , , , , , , ,			
The identity of recipient(s) and	the explanation	on:				
Name (I and First)					official claims adm al performed a cere	
(Last, First)	Number of Admission(s)/	Agency Official	also provide	ride a description.		
Organization (Name, Address, Description)	Ticket(s)	0.6		e, describe the public puroles, performed by an a		vidual, or
(Maine, Address, Description)			organization		0.00	
Prowell, Dave	2	Yes 🗖	by non-profit organization	appreciation for programs or servic ons which programs or services ha	es rendered to the commusive benefited Santa Barbar	·a
		No 🖸	residents.			geatter Laty
Oviatt, Paula	1	Yes 🗆	by non-profit organization	appreciation for programs or services ha	es rendered to the commu	unity Income
- Total	1	No 🔽	residents.			<u> </u>
Gordon, Elaine	1	Yes	by non-profit organization	appreciation for programs or services ha	es rendered to the commu	
	-	No 🕧	residents.			1 2
		Yes 🗆				Income
		No 🗆				
		Yes				Income
		No 🗆				
. Verification						
I have read and understand FPPC Regula	ations 18944.1 an	d 18942. I f	have verified that	t the distribution of a	dmissions, set f	orth above,
is in accordance with the provisions.						
YUMUK KAMAN N	ancy Rapp		Director	r, Parks and Recre	eation 2	-19/12
Signature of Agency Head or Designee	Print Nar	me		Title		nth, day, year)
					1	
Comment: (Use this space or an attachmen						