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

**A Public Document**

## 1. Agency Name

City of Santa Barbara

**Division, Department, or Region** *(If Applicable)*

Library

**Designated Agency Contact** *(Name, Title)*

Jayne Lee, Youth Outreach and Teen Services Coordinator

| **Area Code/Phone Number** | **E-mail** |
|---|---|
| 805-564-5646 | jlee@santabarbaraca.gov |

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

**Date of Original Filing:** 8/6/13 *(Month, Day, Year)*

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 25

Event Description Land Shark Tour *Provide Title/Explanation*

Date(s) 8 / 3 / 13 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Land and Sea Tours *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: |
|---|---|---|
| Shenoah Dalziel | 2 | Ceremonial Role ☐ Other ☒ Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:*<br>5.3.f-encouraging or rewarding significant academic achievements by Santa Barbara students |
| | | Ceremonial Role ☐ Other ☐ Income ☐<br>*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 |
|---|---|---|
| | | |
| | | |

## 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.*

| *Signature of Agency Head or Designee* | *Print Name* | *Title* | *(Month, Day, Year)* |
|---|---|---|---|
| | | | |

Comment: _____