

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

A Public Document

<b>1. Agency Name</b> City of Santa Barbara		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)  Library			For Official Use Only
Designated Agency Contact (Name, Title)  Jayne Lee, Youth Outreach and Teen Services Coordinator		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> <u>8/6/13</u> <small>(Month, Day, Year)</small>	
Area Code/Phone Number 805-564-5646	E-mail jlee@santabarbaraca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 40

Event Description 2 Hour Tandem Kayak/Board Rental      Date(s) 8 / 3 / 13 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Channel Islands Outfitters  
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Medea Walker	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> 5.3.f-encouraging or rewarding significant academic achievements by Santa Barbara students
		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 <small>(include address and description)</small>	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)