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 $ 50

Event Description Hour of Bowling & Shoe Rentals for 4
Provide Title/Explanation

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

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

If no: Zodo's Bowling
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:
Ryan Dalforno	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* 5.3.f-encouraging or rewarding significant academic achievements by Santa Barbara students
Serah Hodson	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* 5.3.f-encouraging or rewarding significant academic achievements by Santa Barbara students

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: _____