

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b> OCT 08 2019 CITY CLERK'S OFFICE	California Form <b>802</b> For Official Use Only
CITY OF LAKE ELSINORE			
Division, Department, or Region (if applicable) CITY MANAGER'S DEPARTMENT			
Street Address 130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
951-674-3124, EXT. 362	JSIMPSON@LAKE-ELSINORE.ORG		
Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 06 / 08 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: BRIAN TISDALE, MAYOR PRO TEM

Name of Individual or Organization: JASON SIMPSON, ASSISTANT CITY MGR Number of Tickets: 10

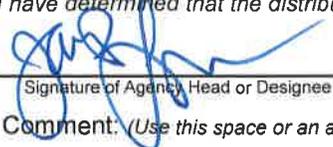
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


Jason Simpson Asst. City Manager 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Area Code/Phone Number 951-674-3124, EXT. 362	E-mail JSIMPSON@LAKE-ELSINORE.ORG	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 08 / 06 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_  
 Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: BRIAN TISDALE, MAYOR PRO TEM

Name of Individual or Organization: CONGRESSMAN CALVERT'S OFFICE Number of Tickets: 10

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

[Signature] Jason Simpson Asst City Manager 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 08 / 22 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_  
 Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: BRIAN TISDALE, MAYOR PRO TEM

Name of Individual or Organization: SOCIAL WORK ACTION GROUP, LK ELSINR Number of Tickets: 10

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


Jason Simpson Asst City Mgr 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 09 / 02 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: BRIAN TISDALE, MAYOR PRO TEM

Name of Individual or Organization: ADMIN STAFF, CITY OF LAKE ELSINORE Number of Tickets: 10

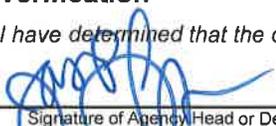
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


Jason Simpson Asst City Manager 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER		<input type="checkbox"/> Amendment (Must explain in Part 5) Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 05 / 07 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: STEVE MANOS, MAYOR

Name of Individual or Organization: STEVE WILSON, IT DEPARTMENT Number of Tickets: 10

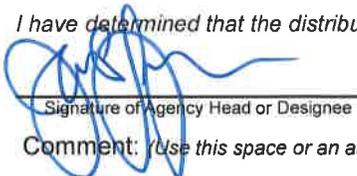
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


Jason Simpson Asst City Manager 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)  
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**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 07 / 04 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_  
 Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: STEVE MANOS, MAYOR  
 Name of Individual or Organization: GRANT YATES, CITY MANAGER Number of Tickets: 10  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

[Signature] Jason Simpson Asst City Manager 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 07 / 19 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: STEVE MANOS, MAYOR

Name of Individual or Organization: GARRETT HALE, RIGHT STOP RESTORATIO Number of Tickets: 10

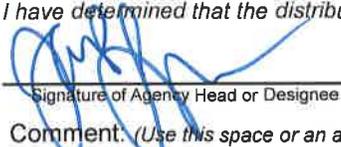
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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Jason Simpson Asst City Manager 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 05 / 12 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: ROBERT MAGEE, COUNCIL MEMBER

Name of Individual or Organization: BRETT MASTERS, DREAM CENTER Number of Tickets: 10

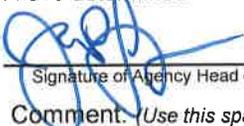
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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**5. Verification**

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Jason Simpson Asst City Mgr 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 06 / 20 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: ROBERT MAGEE, COUNCIL MEMBER

Name of Individual or Organization: SGT MIDDLETON, AFV Number of Tickets: 10

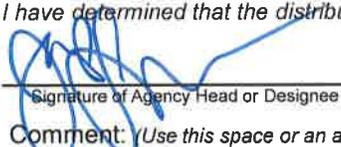
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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**5. Verification**

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Jason Simpson Asst City Mgr 10-3-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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<b>Area Code/Phone Number</b>	<b>E-mail</b>					
951-674-3124, EXT. 362	JSIMPSON@LAKE-ELSINORE.ORG					

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 07 / 18 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: ROBERT MAGEE, COUNCIL MEMBER

Name of Individual or Organization: BOBBIE SUTTON, STORM BOOSTER CLUB Number of Tickets: 10

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*

	<u>Jason Simpson</u>	<u>Asst City Mgr</u>	<u>10.3.19</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 07 / 08 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: NATASHA JOHNSON, COUNCIL MEMBER

Name of Individual or Organization: WOMEN'S CLUB MEMBERS Number of Tickets: 10

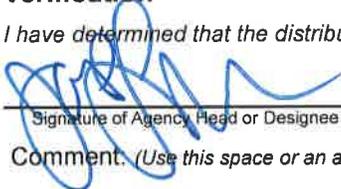
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


Jason Simpson Asst City Mgr 10.3.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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Division, Department, or Region (if applicable) CITY MANAGER'S DEPARTMENT			
Street Address 130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: _____ (month, day, year)	
951-674-3124, EXT. 362	JSIMPSON@LAKE-ELSINORE.ORG		
Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 07 / 17 / 19 Description of Event: STORM BASEBALL TICKETS

Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: TIMOTHY J. SHERIDAN, COUNCIL MEMBER

Name of Individual or Organization: EVMWD Number of Tickets: 10

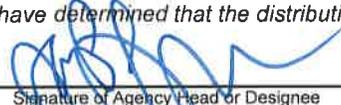
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


Jason Simpson Asst City Mgr 10.3.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
 \_\_\_\_\_





**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> CITY OF LAKE ELSINORE		Date Stamp   CITY CLERK'S OFFICE	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) CITY MANAGER'S DEPARTMENT			<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)  Date of Original Filing: _____ (month, day, year)
Street Address 130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530			
Area Code/Phone Number 951-674-3124, EXT. 362	E-mail JSIMPSON@LAKE-ELSINORE.ORG		
Agency Contact (name and title) ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 05 / 08 / 19 Description of Event: STORM BASEBALL TICKETS  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 15.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: \_\_\_\_\_

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: BRIAN TISDALE, MAYOR PRO TEM

Name of Individual or Organization: NICOLE DAILEY, ASST TO THE CITY MGR Number of Tickets: 10

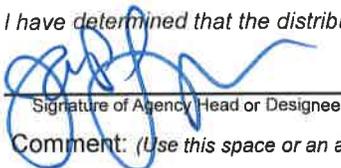
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*


Jason Simpson Assistant City Manager 9-25-19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
 \_\_\_\_\_

