**Tickets Provided by**

**Agency Report**

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>[CITY OF LAKE ELSINORE]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>[CITY MANAGER'S DEPARTMENT]</td>
</tr>
<tr>
<td>Street Address</td>
<td>[130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530]</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>[951-674-3124, EXT. 362]</td>
</tr>
<tr>
<td>E-mail</td>
<td>[<a href="mailto:JSIMPSON@LAKE-ELSIHORE.ORG">JSIMPSON@LAKE-ELSIHORE.ORG</a>]</td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
<td>[ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER]</td>
</tr>
</tbody>
</table>

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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 | \[Yes\] |

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

Number of Tickets Received: \[10\] 

Ticket(s) Provided to Agency: \[Pursuant to Contract\] 

---

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

| Name of Official | \[BRIAN TISDALE, MAYOR PRO TEM\] |
| 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 | \[JASON SIMPSON, ASSISTANT CITY MGR\] |
| Number of Tickets | \[10\] |
| Description of Organization | 
| Address of Organization | 
| 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 of Agency Head or Designee: \[JASON SIMPSON\] 

Print Name: \[ASSISTANT CITY MANAGER\] 

Title: \[\] 

Date: \[10-3-19\] 

(Fill out (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

1. Agency Name
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
951-674-3124, EXT. 362 JSIMPSON@LAKE-ELSI NORE.ORG
Agency Contact (name and title)
ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/26/19 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: SENIOR CENTER VOLUNTEERS, LK ELSINO 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 of Agency Head or Designee
Print Name
Title
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   CITY OF LAKE ELSINORE
   CITY MANAGER'S DEPARTMENT

Street Address
130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530

Area Code/Phone Number: 951-674-3124, EXT. 362
E-mail: JSIMPSON@LAKE-ELSGINE.ORG

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

   [Blank lines for continuation]

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.)

   [Blank line for continuation]

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 of Agency Head or Designee: Jason Simpson
   Print Name:  Title: City Manager
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
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
951-674-3124, EXT. 362 JSIMPSON@LAKE-ELSIONE.ORG
Agency Contact (name and title)
ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER

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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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.

Signature of Agency Head or Designee Print Name Title Date (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   E-mail
   951-674-3124, EXT. 362   JSIMPSON@LAKE-ELSIHOME.ORG

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

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 ELSINOORE   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 of Agency Head or Designee   Print Name   Title

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by**

**Agency Report**

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<td>130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530</td>
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<tr>
<td>951-674-3124, EXT. 362</td>
<td>JSIMPSON@LAKE-ELSI NORE.ORG</td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
<td>ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
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</thead>
<tbody>
<tr>
<td>05 / 07 / 19</td>
<td>STORM BASEBALL TICKETS</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

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

Name of Outside Source of Tickets Provided to Agency:

Number of Tickets Received: 10 Ticket(s) Provided to Agency: No, Pursuant to Contract

---

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

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**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.

Signature of Agency Head or Designee: JASON SIMPSON

Print Name: ASSISTANT CITY MANAGER

Date: 10-3-19 (month, day, year)

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

(Additional information or comments)
1. Agency Name
   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
   951-674-3124, EXT. 362  JSIMPSON@LAKE-ELSGNORE.ORG
Agency Contact (name and title)
   ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/04/19  Description of Event: STORM BASEBALL TICKETS
   / / / 15.00  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)

<table>
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<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

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 16944.1.

   Signature of Agency Head or Designee
   [Signature]
   Print Name
   Jason Simpson
   Title
   Asst City Manager
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   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
   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: 07/19/19
   Description of Event: STORM BASEBALL TICKETS
   Face Value of Ticket: $15.00
   Agency Event: Yes ☒ No ☐
   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 RESTORATION
   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 of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

## 1. Agency Name
- 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
- 951-674-3124, EXT. 362

## E-mail
- JSIMPSON@LAKE-ELSI NORE.ORG

## 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

## 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>ROBERT MAGEE, COUNCIL MEMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization:</th>
<th>BRETT MASTERS, DREAM CENTER</th>
<th>Number of Tickets: 10</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Organization:</th>
</tr>
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<table>
<thead>
<tr>
<th>Address of Organization:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)</th>
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<tbody>
<tr>
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</table>

## 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 of Agency Head or Designee] [Print Name] [Title] 10-3-19

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/20/19</td>
<td>STORM BASEBALL TICKETS</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

**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

**Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

**Individual or Organization Receiving Ticket(s)**

- **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.)

**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  
Print Name: Asset City Mgr  
Date: 10-3-19 (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   CITY OF LAKE ELSINORE
   CITY MANAGER'S DEPARTMENT
   130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530
   951-674-3124, EXT. 362
   JSIMPSON@LAKE-EL SINORE.ORG
   ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER

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.)

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

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:
   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 of Agency Head or Designee: Jason Simpson
   Print Name: Jason Simpson
   Title: Asst City Mgr
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

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   CITY OF LAKE ELSINORE
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   Area Code/Phone Number 951-674-3124, EXT. 362
   E-mail JSIMPSON@LAKE-ELSIONE.ORG
   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.)

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 of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)

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Tickets Provided by
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A Public Document

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   Area Code/Phone Number
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   E-Mail
   JSIMPSON@LAKE-ELSIONORE.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
   Item 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: ☑ Gratuity
   Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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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.

   Signature of Agency Head or Designee
   Jason Simpson
   City Manager

   (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   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
   951-674-3124, EXT. 362  JSIMPSON@LAKE-ELSI NORE.ORG

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/31/19
   Description of Event: STORM BASEBALL TICKETS
   Face Value of Ticket: $15.00
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency:
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: 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: JOHNATHAN SKINNER, COMMUNITY SERV
   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 of Agency Head or Designee
   Print Name
   Title
   Date: 10/3/19
   (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helplines: 866/ASK-FPPC (866/275-3772)
2. Event For Which Tickets Were Distributed
Date(s) of Event: 04/13/19
Description of Event: STORM BASEBALL TICKETS
Face Value of Ticket: $15.00
Agency Event: ☒ Yes  ☐ No
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)

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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: GRANT YATES, CITY MANAGER
Number of Tickets: 10
Description of Organization:
Address of Organization:
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 of Agency Head or Designee
Print Name: JASON SIMPSON
Title: ASSISTANT CITY MANAGER
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by**

**Agency Report**

1. **Agency Name**
   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
951-674-3124, EXT. 362 J Simpsons@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)

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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.

   [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 

1. Agency Name  
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 951-674-3124, EXT. 362  
E-mail JSIMPSON@LAKE-ELSIÑORE.ORG 
Agency Contact (name and title)  
ATTN: JASON SIMPSON, ASSISTANT CITY MANAGER  

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 05/23/19  
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: ☑ Gratuity ☐ Pursuant to Contract  

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)  
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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: BUILDING & SAFETY DEPT, LAKE ELSINORE  
Number of Tickets: 10  
Description of Organization:  
Address of Organization:  
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 of Agency Head or Designee  
Print Name  
Title  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)