

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
City of Aliso Viejo			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Mitzi Ortiz			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(949) 425-2505	city-clerk@cityofaliso Viejo.com	Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 25

Event Description: Theater Performance at ANHS Date(s) 07 / 25 / 18 07 / 28 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Aliso Niguel High School  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Chun, Ross	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Charitable fundraisers for the purpose of networking with other community and civic leaders.
		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 (include address and description)	Number of Ticket(s)/ Passes	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	Mitzi Ortiz Print Name	City Clerk Title	07/30/2018 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_