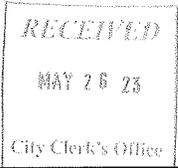


**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Hemet			For Official Use Only
Division, Department, or Region (if applicable)			
City Manager			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>05/22/2023</u> <small>(month, day, year)</small>	
Mark Prestwich			
Area Code/Phone Number	E-mail		
951-765-2301	mprestwich@hemetca.gov		

2. Function or Event Information

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

Event Description: Our Family/Ramona Pageant - (List) Date(s) 04 / 22 / 23 04 / 29 / 23
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Various.
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: City Manager's Office
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
See attached List.		Various.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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.

MP Signature of Agency Head or Designee
 Mark Prestwich Print Name
 City Manager Title
 5/24/2023 (month, day, year)

Comment: _____

Date	Event	Cost (per ticket or table)	Total Amount	# of tickets	Notes	Organization/Association	Purpose for Attendance
4/22/2023	Our Family Our Future California Family Life Center	\$75.00	\$75.00	1	comped entry	City of Hemet	Community engagement
4/29/2023	Ramona Pageant and VIP Reception	\$20.00	\$100.00	5	comped (will call)	City of Hemet	Community engagement

City Manager's Office Ticket Tracking