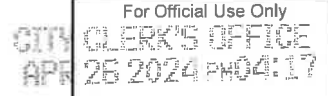


**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
City of Elk Grove			For Official Use Only
Division, Department, or Region (if applicable)			
City Manager's Office			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Jason Behrmann, City Manager			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
916.478.2200	jbehrmann@elkgrovecity.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 60

Event Description: Taste of Elk Grove 2024    Date(s) 4 / 20 / 24

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Rotary Club of Laguna Sunrise

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
City Staff	8	Per City Policy; Resolution 2009-238
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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

 Signature of Agency Head or Designee	Jason Behrmann Print Name	City Manager Title	4/23/2024 (month, day, year)
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Comment: \_\_\_\_\_