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CITY OF CARSON **A Public Document**

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

<b>1. Agency Name</b> City Council, City of Carson Division, Department, or Region (if applicable)		Date Stamp	California Form <b>802</b> For Official Use Only
Street Address 701 E. Carson Street, Carson, California 90745		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
Designated Agency Contact (Name, Title) <i>Jim Dear, Mayor</i>			
Area Code/Phone Number <i>310-830-7600</i>	E-mail <i>jdear@carson.ca.us</i>		

**2. Function, Event, or Ceremonial Role Information**

Title South Bay Food Fest Face Value of Each Admission \$ 40.00

Description Welcome Ceremony Date(s) 10 / 15 / 2014

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Home Depot Center  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) (Ticket/s)	Agency Official	Chief of the Agency or the Agency Official claims admission is taxable income of the agency official performed a ceremonial role. If provided to a public official, the purpose must be the public purpose, including ceremonial distributions by an agency official, individual or organization.	Income
Dear, Jim	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Ceremonial role: welcoming public to event	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

*Jim Dear* JIM DEAR MAYOR 10-15-11  
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.)