

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

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1. Agency Name 12 JAN 23 PM 3:19 Date Stamp
 City of Carson/Carson Redevelopment Agency CITY OF CARSON
 Division, Department, or Region (if applicable)
 Economic Development
 Street Address
 701 E. Carson Street, Carson, CA, 90745
 Designated Agency Contact (Name, Title)
 Jackie Acosta, Administrative Services General Manager
 Area Code/Phone Number E-mail
 (310) 952-1755 jacosta@carson.ca.us

California Form **802**
For Official Use Only

Amendment (Must provide explanation in Part 3.)
 Date of Original Filing: _____
 (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title Eddy Awards Face Value of Each Admission \$ 320.00
 Description Business-friendly cities awards Date(s) 11 / 3 / 11
 Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
 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	<ul style="list-style-type: none"> Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not Income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Dear, Jim	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" type="checkbox"/>
Ruiz-Raber, Julie	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" type="checkbox"/>
Gipson, Mike	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" type="checkbox"/>
Davis-Holmes, Lula	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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.

David C Biggs David Biggs City Manager 1-19-12
 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.)

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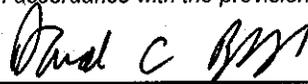
Yes No If yes: _____
Official's Name (Last, First) and Title

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Cruz, Zarah	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" type="checkbox"/>
Waite, Barry	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>

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Print Name

 City Manager
Title

 1-19-12
(month, day, year)

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