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

California Form

If Amendment - Date of Original Filing (Month, Day, Year)

A Public Document

1. Agency Name		City of Citrus Heights					
Division, Dept. or Region (If Applicable)	'n					Area Code/Phone Number	e/Phone 916-727-4704
Designated Agency Contact (Name, Title)		Amy Van, City Clerk				Email	Email avan@citrusheights.net
I have read and undi	erstand FPP	C Regulations 18944.1 an	d 18942. I have	e verified that the d	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth, is in accou	ccordance with the requirements.	equirements.
Signature of Agency Head or Designee	ead or	amer	Van			Print Name	Any Van
Title		City of	lenk			Month, Day, Year	March 29, 2017
2 Emotion or Event Information	ant Inform	ation .					
Does the agency				Ticket(s)/Pass(es)		Was ticket distribution	
have ticket policy Face (Y/N) T	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	provided by Agency? (Y/N)	If no, list Name of Source	made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)
Yes)	CALI Cash Food	2/3/2017	Yes		No	

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Number of Describe the public purpose made Name of Agency, Department or Unit Ticket(s)/ Pass(es) pursuant to the agency's policy	Number of Ticket(s)/ Pass(es	Number of Describe the public purpose made Name of Individual (cs/s) Pass(es) pursuant to the agency's policy (Last, First)	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Number of Describe the public purpose made Ticket(s)/ Pass(es) pursuant to the agency's policy