

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

A Public Document

1. Agency Name City of Redlands		Date Stamp FILED JAN 04 2024	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Jeanne Donaldson		Redlands City Clerk	
Area Code/Phone Number (909) 798-7531	E-mail jdonaldson@cityofredlands.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>01/04/2024</u> <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 0.00

Event Description: NYE Orange Drop Event Date(s) 12 / 31 / 23 12 / 31 / 23
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Chamber of Commerce - Orange Drop Committee
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Donaldson, Jeanne
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 Council Members	9	Support of local event
City Manager's Office & Executive Staff	6	Support of local event
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

	Jeanne Donaldson <small>Print Name</small>	City Clerk <small>Title</small>	01/04/24 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: _____