Agency Report of: Ceremonial Role Events and Tisket/Admission Distribution

	cket/Admission Distri	noitudi	S			RECEIVEDA	Public Document
1.	Agency Name					Date Stamp	California 802
	CITY OF PASADENA				112	JAN 30 A8:55	Form OUZ
	Division, Department, or Regi	on (if applica	able)			עניטא טב וואני	For Official Use Only
						CITA ULEDA	
	Street Address				(CITY CLERK NTY OF PASADENA	
	100 N. GARFIELD AVENUE	PASADE	NA CA 9110	01	_		
	Designated Agency Contact (/		,			☐ Amendment (Must pro	vide evalenation in Port 2.)
						Amendment (Mast pro	viue explanation in Falt 3.)
	Area Code/Phone Number	E-mail	****			Date of Original Filing: _	(month, day, year)
	(626) 744-4333	mbeck@	cityofpasadena	a.net			, , ,,
2.	Function, Event, or Cere						
	KIOK OFF LUNOUFON						. \$00.00
	Title KICK OFF LUNCHEON				Face \	Value of Each Admiss	ion \$ _ \$90.00
	-				D-4-4-	. 1 , 1 , 12	
	Description				Date(s	s)	
	T' 1 (/2)/A 1 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		V	- N	ır TOU	IRNAMENT OF ROSES	
	Ticket(s)/Admission(s) pro	viaea by a	agency? Yes	М ио Г	I ii no:	Name of S	Source
	Was the distribution to per-	sons iden	itified below r	nade at th	e behest of	f an agency official?	
	V = N = K						
	Yes □ No ☑ If yes:Official's Name (Last, First) and Title						
	The identity of recipient(e) and th	o ovnlanatic	n.			
		s, and th	ie explanatio)	Check th	e income box if the agency off	icial claime admission as
	Name (Last, First)		Number of	Agency	taxable i	ncome. If the agency official p	
	or		Admission(s)/	Official		vide a description. come, describe the public purpo	ose including
	Organization (Name, Address, Descrip	tion)	Ticket(s)			ial roles, performed by an ager	
		<u> </u>	<u> </u>	Yes 🔽	Organiza	uon.	Income
	MICHAEL J. BECK		12	No 🗆	SEE ATTA	ACHED LIST	
				Yes 🗆			Income
				No 🗖			
				Yes 🗖			Income
				No 🗖			
		-		Yes 🗖			Income
				No 🗖			
				Yes 🗖			Income
				No 🗖			
3.	Verification						
	I have read and understand FPF	PC Regulati	ions 18944.1 an	d 18942. I h	ave verified t	that the distribution of adm	nissions, set forth above,
	is in accordating with the provisi	ons.					
	AHIT	MIC	HAEL J. BEC	K	CITY	MANAGER	Jan. 25, 2012
	Signature of Agency Head or Designe		Print Na			Title	(month, day, year)
	Signature overgency riead or Designe		riiit Nai			Tiuc	(monar, day, year)
	Comment: (Use this space or an	attachment f	or any additional i	information inc	cluding amend	lment explanation.)	

2012 Tournament of Roses ROSE BOWL KICK OFF LUNCHEON - January 1, 2012

Name	Position	# of tickets received	Purpose of Distribution
Beck, Michael	City Manager	-	Ceremonial role representing the City
Madison, Steve	Councilmember	1	Ceremonial role representing the City
Masuda, Gene	Councilmember	_	Ceremonial role representing the City
Sanchez, Phillip	Chief of Police	2	(1) Ceremonial role representing the City (1) Immediate family
Tornek, Terry	Councilmember	1	Ceremonial role representing the City
Wells, Calvin	Interim Fire Chief	1	Ceremonial role representing the City
Unused Tickets		5	
TOTAL		12	