

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

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A Public Document

1. Agency Name		11 DEC 28 <small>Date Stamp</small>	California Form 802
Pasadena Center Operating Company (PCOC) <i>Division, Department, or Region (if applicable)</i>		CITY CLERK CITY OF PASADENA	For Official Use Only
Street Address 300 E. Green Street, Pasadena, CA 91101-2399			
Designated Agency Contact (Name, Title) Michael Ross, CEO		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 626-793-2122	E-mail info@pasadenacenter.com	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title Distinguished Speakers Series: Face Value of Each Admission \$ 65.00

Description Suze Orman Date(s) 10 / 03 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Pasadena Civic Auditorium
Name of Source

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

Yes No If yes: see attached
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.
See attached		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"/>
		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.

 Michael W. Ross CEO 12/14/11
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.)

Name	# of Tickets	Description of Organization	Address	Purpose of Distribution	Ticket Recipients
Catherine Keystone	2	LAUSD		(3) Economic or business development purposes on behalf of the City/RBOC/PCOC	
	2				