

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

RECEIVED

A Public Document

<b>1. Agency Name</b>		Date Stamp <b>11 DEC 28 12:57</b>	California Form <b>802</b> For Official Use Only
Pasadena Center Operating Company (PCOC) Division, Department, or Region (if applicable)			
Street Address 300 E. Green Street, Pasadena, CA 91101-2399		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Michael Ross, CEO	Area Code/Phone Number E-mail (626)793-2122 info@pasadenacenter.com		

CITY CLERK  
CITY OF PASADENA

**2. Function, Event, or Ceremonial Role Information**

Title UCLA Football Game/Rose Bowl Face Value of Each Admission \$ 64

Description UCLA vs Colorado Date(s) 11 / 19 / 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: see attached  
Official's Name (Last, First) and Title

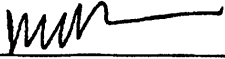
**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
		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"/>

• 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.

**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 12/21/11  
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
Prof. Amy Woodson-Boulton	3	North American Victorian Studies Assn		(3) Economic or business development purposes on behalf of the City/RBOC/PCOC	
Bridget Elliott	4	Executive Director of Ca Dietetic Assoc. Tent.		(3) Economic or business development purposes on behalf of the City/RBOC/PCOC	
Unused	2			(15) Unused Tickets	
	<b>9</b>				