

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

19 JAN 22 8:35AM

CITY CLERK

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1. Agency Name		Date Stamp CITY CLERK	California Form 802 For Official Use Only
Pasadena Center Operating Company (PCOC)			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Michael W. Ross, CEO			
Area Code/Phone Number	E-mail		
626-793-2122	info@pasadenacenter.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$65

Event Description Winter of Oz - Civic Date(s) 12 / 28 / 18 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
See attached		
B. Name of Individual (Last, First)		
		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)		
		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.

 _____ <small>Signature of Agency Head or Designee</small>	Michael W. Ross _____ <small>Print Name</small>	CEO _____ <small>Title</small>	01/02/19 _____ <small>(Month, Day, Year)</small>
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Comment: _____

Name	# of Tickets	Description of Organization	Address	Purpose of Distribution	Ticket Recipients
Gia Ngo	5		Pasadena	15) Received as income that may be reportable to the IRS	Gia Ngo and guests
	5				