

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
City of Anderson			
Division, Department, or Region (if applicable)			
Street Address			
1887 Howard Street, Anderson, CA 96007			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
(530) 378-6646	jbarnett@ci.anderson.ca.us		
Agency Contact (name and title)			
Juanita Barnett, City Clerk			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 06 / 16 / 10 Description of Event: Shasta District Fair  
06 / 20 / 10 Face Value of Ticket: \$ 5/\$5/\$1

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Shasta District Fair

Number of Tickets Received: 10/2/36 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract  
*(10 Admission / 2 Parking / 36 Ride)*

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: Liz Cottrell and Pam Mead Number of Tickets: 5/1/10

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Contest to promote healthy activities among employees of the City and to encourage participation at the County fair.

**5. Verification**

*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*

Dana Shigley Dana Shigley City Manager 7/12/10  
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.)