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

A Public Document

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APR 2 5 2023

Redlands City Clerk

California Form 802

For Official Use Only

1. Agency Name

City of Redlands

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Jeanne Donaldson, City Clerk

Area Code/Phone Number	**E-mail**
(909) 798-7531	jdonaldson@cityofredlands.org

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 04/25/2023
(month, day, year)

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ _____ 0.00

Event Description: Redlands Bicycle Classic Date(s) 04 / 15 / 23   04 / 16 / 23
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Redlands Bicycle Classic Committee
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Donaldson, Jeanne
Official's Name (Last, First)

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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)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Council Members	5	Support of local annual event
City Manager's Office & Executive Staff	22	Support of local annual event

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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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

Signature of Agency Head or Designee	Jeanne Donaldson Print Name	City Clerk Title	04/25/23 *(month, day, year)*

Comment: _____

[Print] [Clear]