

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

A Public Document

1. Agency Name

City of San Juan Capistrano
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Benjamin Siegel, City Manager

Area Code/Phone Number

(949) 443-6375

E-mail

bsiegel@sanjuancapistrano.org

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California Form 802

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 7/7/2021
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 164

Event Description: Mission Fest 2021 - music festival Date(s) 07 / 10 / 2021 07 / 10 / 2021
Provide Title/ Explanation

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

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

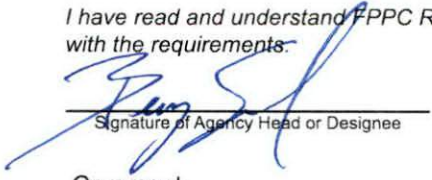
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Taylor, John | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promotion of local and regional businesses |
| Hart, Howard | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promotion of local and regional businesses |
| 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 |
| | | |
| | | |

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

Benjamin Siegel
Print Name

City Manager
Title

7/7/2021
(month, day, year)

Comment: _____