

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

A Public Document

1. Agency Name

City of Tracy

Division, Department, or Region (if applicable)

City Manager's Office

Designated Agency Contact (Name, Title)

Adrianne Richardson

Area Code/Phone Number

209-831-6105

E-mail

adrianne.richardson@cityoftracy.org

Date Stamp

JAN 30 2025

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TRACY
CA

California
Form

802

For Official Use Only

☒ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 01/30/2024
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description: Tracy Chamber of Commerce Gala

Date(s) 01/26/2024

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Tracy Chamber of Commerce

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
	City Manager's Office Finance Department	3	To support and/or show appreciation for community and/or non-profit programs or services benefiting City residents.
	Police Department Community Economic Developmen	3	To support and/or show appreciation for community and/or non-profit programs or services benefiting City residents.
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Young, Nancy (Mayor)	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
	Davis, Eleassia (Mayor Pro Tem) Arriola, Dan (Council Member)	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To support and/or show appreciation for community a nd/or non-profit programs or services benefiting City residents.
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

Adrianne Richardson

Print Name

City Clerk

Title

01/30/2025

(month, day, year)

Comment:

Print

Clear