

**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)

Adrienne Richardson, City Clerk

Area Code/Phone Number

209-831-6105

E-mail

adrienne.richardson@cityoftracy.org

	Date Stamp	California Form 802
	JAN 30 2025	For Official Use Only
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		
02/10/2020		
Date of Original Filing: _____ (month, day, year)		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 75.00

Event Description: Tracy Chamber of Commerce Gala Date(s) 01/24/2020
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 Yes No If yes: _____
Official's Name (Last, First)
of agency official?

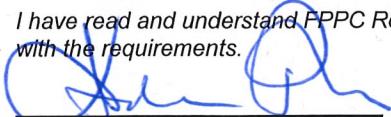
3. Recipients

• 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	1	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:		
Rickman, Robert (Mayor)	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>		
Arriola, Dan (Council Member) Ransom, Rhodesia (Council Member) Vargas, Veronica (Council Member) Young, Nancy (Mayor Pro Tem)	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To support and/or show appreciation for community and/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		
N/A				

4. Verification

I have read and understand PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Adrienne Richardson

City Clerk

01/30/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print

Clear