

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Riverside County Regional Park and Open-Space District			
Division, Department, or Region (if applicable)			
<b>Street Address</b>			
4600 Crestmore Road, Riverside, CA 92509-6858			
<b>Designated Agency Contact (Name, Title)</b>		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Scott Bangle, General Manager		Date of Original Filing: _____	
<b>Area Code/Phone Number</b>		(month, day, year)	
951-955-4398			
<b>E-mail</b>			
sbangle@rivcoparks.org			

**2. Function, Event, or Ceremonial Role Information**

Title Opening Season Face Value of Each Admission \$ 12.00-16.00

Description The Cove Date(s) 5 / 29 / 11 9 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Bangle, Scott- General Manager  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Holland, Suzanne	8	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marketing New Facility Income <input type="checkbox"/>
Lock-Dawson, Patricia	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marketing New Facility Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 \_\_\_\_\_ Scott Bangle \_\_\_\_\_ General Manager \_\_\_\_\_ 07/05/11  
 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.)

10/10/10

10/10/10