


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

A Public Document

1. Agency Name

Riverside County Regional Park & OPen-Space District
 Division, Department, or Region *(if applicable)*
 Park District
 Designated Agency Contact *(Name, Title)*
 Annie Luciano, Executive Assistant
 Area Code/Phone Number E-mail
 951-955-4398 aluciano@rivco.org

Date Stamp
RECEIVED
 NOV 07 2019
 BY: 
 Amendment *(Must Provide Explanation in Part 3.)*
 Date of Original Filing: _____
(month, day, year)

California Form 802
 For Official Use Only

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00
 Event Description: 2019 FV Wine and Brewfest/Airshow Date(s) 11 / 09 / 19 11 / 09 / 19
Provide Title/ Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: Riverside County Economic Development Agency
Name of Source
 Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

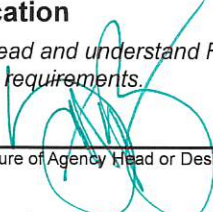
3. Recipients

• 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Please see attached list		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Given to Department as sponsorship entitlements.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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.

 _____ Scott Bangle Parks Director 11/07/19
 Signature of Agency Head or Designee Print Name Title *(month, day, year)*

Comment: _____

