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

**A Public Document** 

| 1. | Agency Name   |                     |                                     |                        | Date Stamp                                      | California O 0 2         |  |  |
|----|---|---------------------|-------------------------------------|------------------------|---|--------------------------|--|--|
|    | City of Calabasas   |                     | Date Glamp                          | Form 8UZ               |   |                          |  |  |
|    | Division, Department, or Regi   | on (If Applicable)  | -                                   | For Official Use Only  |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    | Designated Agency Contact (   | Name, Title)        | :                                   |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    | Anthony M. Coroalles, City I<br>Area Code/Phone Number  | vianager<br>E-mail  |                                     |                        | Amendment (Must provide explanation in Part 3.) |                          |  |  |
|    | 818-224-1600  | L-111an             |                                     |                        | Date of Original Filing:                        |                          |  |  |
|    | Function or Event Infor   | nation              |                                     |                        |   | (Month, Day, Year)       |  |  |
|    | Does the agency have a ticket   |                     | Yes⊠ No                             | ☐ Face Value o         | of Each Ticket/Pass \$ _                        | 10.00                    |  |  |
|    | Tourth of   | uly Spectacul       |                                     | ·                      |   |                          |  |  |
|    | Event Description Fourth of 3   | Provide Title/Expla | , 04 , 12                           |                        |   |                          |  |  |
|    | Ticket(s)/Pass(es) provided by  | r acency?           | ·<br>V157 N-                        | ☐ If no:               |   |                          |  |  |
|    | Tieket(a)/i daa(ca) provided by   | agency:             | Yes 🗵 No                            | <b>-</b>               | Name of S                                       | - <del></del>            |  |  |
| 4  | Was ticket distribution made a  | t the behest        | No ☐ Yes                            | If yes: Calab          | pasas Fourth of July S                          | Spectacular              |  |  |
|    | of agency official?   |                     |                                     | -                      | 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.  Number of |                     |                                     |                        |   |                          |  |  |
|    | A. Name of Agency, Departme   | nt or Unit          | Ticket(s)/<br>Pass(es)              | Describe the pub       | lic purpose made pursuan                        | t to the agency's policy |  |  |
|    |   |                     | r-asstes)                           |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    | B. Name of Individua<br>(Last, First)   |                     | Number of<br>Ticket(s)/<br>Pass(es) |                        | Identify one of the follow                      | xing:                    |  |  |
|    |   |                     |                                     | Ceremonial Role        | Other   | Income [                 |  |  |
|    | Mary Sue Maurer   |                     | 10                                  | ·                      | ial Role" or "Other" describe below:            |                          |  |  |
|    |   | * 1                 | , ,                                 | Section 4 (b), (h), (  | l), (n)   |                          |  |  |
|    |   |                     |                                     | Ceremonial Role        | Other 🗆   |                          |  |  |
|    |   |                     |                                     |                        | ial Role" or "Other" describe below:            | Income L                 |  |  |
| ٠. | James Bozajian  |                     | 10                                  | Section 4 (b), (h), (l | l), (n)   |                          |  |  |
|    |   |                     |                                     |                        |   | <u> </u>                 |  |  |
|    | C. Name of Outside Organ  |                     | Number of<br>Ticket(s)/             | Describe the pub       | lic purpose made pursuan                        | t to the agency's policy |  |  |
|    | (include address and des  | craption)           | Pass(es)                            |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
|    |   |                     |                                     |                        |   |                          |  |  |
| l, | Verification  |                     |                                     |                        |   |                          |  |  |
| ,  | I have read and uniderstand FDFC Regul  |                     |                                     |                        | orth above, is in accordance w                  | ith the requirements.    |  |  |
| 4  |   | Ar                  | ithony M. C                         |                        | City Manager                                    | 07/13/12                 |  |  |
|    | Signature of Agency Head or Designee  |                     | Print Nam                           | <b>e</b><br>-          | Title   | (Month, Day, Year)       |  |  |
|    | Comment: 1 of 3   |                     |                                     |                        |   |                          |  |  |

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

**A Public Document** 

| 1. | Agency Name  |                        |  | Date Stamp                            | California Q02                 |  |  |
|----|--|------------------------|--|---------------------------------------|--------------------------------|--|--|
|    | City of Calabasas  |                        | Form OUZ   |                                       |                                |  |  |
|    | Division, Department, or Region (If Applicable)  | ,                      |  |                                       | For Official Use Only          |  |  |
| -  |  |                        |  |                                       |                                |  |  |
|    | Designated Agency Contact (Name, Title)  | 1 .                    |  |                                       |                                |  |  |
|    | Anthony M. Coroalles, City Manager   |                        |  |                                       |                                |  |  |
|    | Area Code/Phone Number E-mail  |                        |  |                                       | rovide explanation in Part 3.) |  |  |
|    | 818-224-1600   |                        |  | Date of Original Filing:              | (Month, Day, Year)             |  |  |
| 2. | Function or Event Information  |                        |  |                                       | 10.00                          |  |  |
|    |  | Yes.⊠ No               | Face Value of  | of Each Ticket/Pass \$ _              | 10.00                          |  |  |
|    | Event Description Fourth of July Spectacular Provide Title/Expla   | 7 04 12                |  |                                       |                                |  |  |
|    | <u> </u>   |                        |  |                                       |                                |  |  |
|    | monorially assign browden by agency?   | Yes 🗵 No               |  | Name of So                            |                                |  |  |
|    | Was ticket distribution made at the behest   | No ☐ Yes               | ☑ If yes: <u>Calat</u>   | oasas Fourth of July S                | pectacular                     |  |  |
| _  | of agency official?  |                        |  | Utticial's Name (                     | Lasi, riisi)                   |  |  |
| 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. |                        |  |                                       |                                |  |  |
|    |  | Number of              |  |                                       |                                |  |  |
|    | A. Name of Agency, Department or Unit  | Ticket(s)/<br>Pass(es) | Describe de pui  | olic purpose made pursuant            | о пе аденсу s policy           |  |  |
|    |  |                        |  |                                       | -                              |  |  |
|    |  |                        |  |                                       |                                |  |  |
|    |  |                        |  |                                       | ·<br>·                         |  |  |
|    | R Name of Individual   | Number of              |  |                                       |                                |  |  |
|    | B. Name of Individual (Last, First)  | Ticket(s)/<br>Pass(es) | isjuurusen kan vari unen ken eta liinimis<br>Eksessiaan esi kilili onni eta ositoja eta ke | Identify one of the follow            | ing:                           |  |  |
|    | David Shapira  | 8                      | Ceremonial Role  | Other                                 | income [                       |  |  |
|    | David Shapiro  |                        | If checking "Ceremon<br>Section 4 (b), (h), (  | nial Role" or "Other" describe below: | •                              |  |  |
|    |  |                        | 55500011 + (b), (11), (  | <i>ነክ</i> እማ                          | •                              |  |  |
|    | 73 W 10 TH 100 HILL AND A LOCAL AND A  |                        | Ceremonial Role  |                                       | Income                         |  |  |
|    |  |                        | If checking "Ceremon   | ial Role" or "Other" describe below:  |                                |  |  |
|    |  | •                      |  |                                       |                                |  |  |
|    | Name of Outside Organization   | Number of              |  |                                       |                                |  |  |
|    | (Include address and description)  | Ticket(s)/<br>Pass(es) | Describe the pub   | ilic purpose made pursuant            | to the agency's policy         |  |  |
|    |  |                        |  |                                       |                                |  |  |
|    |  |                        |  |                                       |                                |  |  |
|    |  |                        |  |                                       |                                |  |  |
|    |  |                        |  |                                       |                                |  |  |
|    | Verification   | 40040 [ L              | udfind that the distant  |                                       | 1. (1.                         |  |  |
|    |  |                        |  | orth above, is in accordance wil      |                                |  |  |
|    | Signature of Agency Head or Designee   | nthony M. C            | <del></del>  | City Manager                          | 07/13/12<br>(Month, Day, Year) |  |  |
|    |  | un ivalii              |  | , au                                  | (wonn, Day, Tear)              |  |  |
|    | Comment: 2 of 3  |                        |  | •                                     | •                              |  |  |

## July 4, 2012 Form 802 Continuation Sheet

| Form 802 -Tickets Provided by Agency Report |  |                                 |  |  |  |  |
|---|--|---------------------------------|--|--|--|--|
| Continuation Sheet - 3 of                   | ontinuation Sheet - 3 of 3                       |                                 |  |  |  |  |
| Calabasas Fourth of July                    | labasas Fourth of July Spectacular -July 4, 2012 |                                 |  |  |  |  |
|   |  | Describe the Public Purpose for |  |  |  |  |
| Name of Official                            | Number of Tickets                                | the Distribution                |  |  |  |  |
| Larry Edmonson                              | 2  | Section 4 (b), (h), (I), (n)    |  |  |  |  |
| Dan Huncke                                  | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Tatiana Holden                              | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Barbara Lockwood                            | 2.   | Section4 (b), (h), (l), (n)     |  |  |  |  |
| Karyn Steward                               | 2  | Section4 (b), (h), (l), (n)     |  |  |  |  |
| Roxsana Sepanlou                            | 2  | Section4 (b), (h), (l), (n)     |  |  |  |  |
| Keith Marks                                 | 2  | Section4 (b), (h), (l), (n)     |  |  |  |  |
| Steve Ball                                  | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Arlene Bernholz                             | 2  | Section4 (b), (h), (l), (n)     |  |  |  |  |
| Isidro Figueroa                             | 2  | Section4 (b), (h), (l), (n)     |  |  |  |  |
| Gary Lysik                                  | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Marc Seferian                               | 2  | Section 4 (b), (h), (I), (n)    |  |  |  |  |
| Andrew Brozyna                              | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Glenn Mitchitsch                            | 2  | Section 4 (b), (h), (i), (n)    |  |  |  |  |
| Maureen Tamuri                              | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Deborah Steller                             | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Andrew Cohen-Cutler                         | 2  | Section 4 (b), (h), (l), (n)    |  |  |  |  |
| Robert Yalda                                | 4  | Section 4 (b), (h), (I), (n)    |  |  |  |  |
| Jeff Rubin                                  | 2  | Section 4 (b), (h), (I), (n)    |  |  |  |  |
| Anthony M. Coroalles                        | 2  | Section 4 (b), (h), (i), (n)    |  |  |  |  |