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

A Public Document

California Form 802

For Official Use Only

Date Stamp: RECEIVED JAN 15 2025 CITY CLERK'S DIVISION CITY OF MOORPARK

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 1/15/2025 *(month, day, year)*

1. Agency Name

City of Moorpark

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Ky Spangler

Area Code/Phone Number	**E-mail**
(805) 517-6223	kspangler@moorparkca.gov

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 95.00

Event Description: EDC 28th Annual Meeting/Dinner *Provide Title/ Explanation* Date(s) 01 / 16 / 25 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____ *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 *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Bandek, John	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy 6.C.3), Economic or business development purposes on behalf of City
Spondello, Doug	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy 6.C.3), Economic or business development purposes on behalf of City

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	Print Name	Title	*(month, day, year)*
Ky Spangler	Ky Spangler	City Clerk	1/16/2025

Comment: _____