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

1. **Agency Name**
   - CITY OF INGLEWOOD
   - Division, Department, or Region (if applicable)

2. **Designated Agency Contact (Name, Title)**
   - MELANIE MCDADE EXECUTIVE TO THE CITY MANAGER

3. **Area Code/Phone Number**
   - 310.412.5301

4. **E-mail**
   - MMCDADE@CITYOFINGLEWOOD.ORG

5. **Date Stamp**
   - California Form 802
   - For Official Use Only

6. **Amendment**
   - (Must Provide Explanation in Part 3.)

**Date of Original Filing:**
- (month, day, year)

**2. Function or Event Information**

- **Does the agency have a ticket policy?**
  - Yes ☒ No ☐

- **Event Description:**
  - RAMS/CARDINALS

- **Face Value of Each Ticket/Pass:** $ __________

- **Date(s):**
  - 09 / 16 / 18
  - 09 / 16 / 18

- **Ticket(s)/Pass(es) provided by agency?**
  - Yes ☐ No ☒

- **If no: RAMS ORGANIZATION**
  - Name of Source

- **Was ticket distribution made at the behest of agency official?**
  - Yes ☒ No ☐

- **If yes:**
  - Officials Name (Last, First)

7. **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.**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>INGLEWOOD ARE AIRPORT CHAMBER OF COMMERCE</td>
<td>7</td>
<td>NO VALUE</td>
</tr>
</tbody>
</table>

**B.**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                                   |                             | Ceremonial Role ☐ Other ☐ Income ☐ |
| If checking "Ceremonial Role" or "Other" describe below |

**C.**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

**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: Artie Fields
Print Name: Artie Fields
Title: City Manager
Date: 09/16/2018
(month, day, year)

Comment: ________________________________

FPPC Form 802 (2/2016)
FPPC TDD-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
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<tr>
<th>NAME</th>
<th>No.</th>
<th>PURPOSE</th>
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<tr>
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<td>No Value</td>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
CITY OF INGLEWOOD
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
MELANIE MCDADE EXECUTIVE TO THE CITY MANAGER
Area Code/Phone Number E-mail 310.412.5301 M MCDADE@CITYOFINGLEWOOD.ORG

Date Stamp California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)
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 $ __________

Event Description: RAMS/CHARGERS
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If no: RAMS ORGANIZATION
Name of Source

If yes: ________________________________
Official’s Name (Last, First)

Date(s) 09 / 23 / 18 09 / 23 / 18

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
INGLEWOOD ARE AIRPORT CHAMBER OF COMMERCE

Number of Ticket(s)/Passes 7

Describe the public purpose made pursuant to the agency’s policy NO VALUE

B. Name of Individual (Last, First)

Number of Ticket(s)/Passes

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

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 ARTIE FIELDS CITY MANAGER 09/23/2018
Print Name Title (month, day, year)

Comment: ________________________________

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

1. Agency Name  
CITY OF INGLEWOOD  
Division, Department, or Region (if applicable)  

Designated Agency Contact (Name, Title)  
MELANIE MCDADE EXECUTIVE TO THE CITY MANAGER  

Area Code/Phone Number  
310.412.5301  
E-mail  
MMCDADE@CITYOFINGLEWOOD.ORG  

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☑ No □  
Face Value of Each Ticket/Pass $ ________  
Event Description: RAMS/VIKINGS  Provide Title/Explanation  
Date(s) 09 / 27 / 18  09 / 27 / 18  
Ticket(s)/Pass(es) provided by agency?  
Yes ☑ No □  
If no: RAMS ORGANIZATION  
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>INGLEWOOD ARE AIRPORT CHAMBER OF COMMERCE</td>
<td>7</td>
<td>NO VALUE</td>
</tr>
</tbody>
</table>

| B. Name of individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
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</table>

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  
ARTIE FIELDS  
Print Name  
CITY MANAGER  
Title  
09/27/2018  
(month, day, year)

Comment: ____________________________
<table>
<thead>
<tr>
<th>NAME</th>
<th>No.</th>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
CITY OF INGLEWOOD
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
MELANIE MCCADE EXECUTIVE TO THE CITY MANAGER
Area Code/Phone Number E-mail
310.412.5301 MMCAD@CITYOFINGLEWOOD.ORG

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: RAMS/SEAHAWKS
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $
Date(s) 11/11/18 11/11/18
Name of Source
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<td>INGLEWOOD ARE AIRPORT CHAMBER OF COMMERCE</td>
<td>7</td>
<td>NO VALUE</td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tr>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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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
ARTIE FIELDS
Print Name
CITY MANAGER
Title
11/11/2018 (month, day, year)

Comment: 
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Agency Name: CITY OF INGLEWOOD
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
MELANIE MCDADE EXECUTIVE TO THE CITY MANAGER

Area Code/Phone Number 310.412.5301  E-mail MMCDADE@CITYOFINGLEWOOD.ORG

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 $ 

Event Description: RAMS/SEACHIEFS

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 11 / 19 / 18 11 / 19 / 18

If no: RAMS ORGANIZATION

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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.

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<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
</table>

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  ARTIE FIELDS  CITY MANAGER  11/19/2018

Print Name  Title

(month, day, year)

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   CITY OF INGLEWOOD
   Division, Department, or Region (if applicable)

   Designated Agency Contact (Name, Title)
   MELANIE MCDADE EXECUTIVE TO THE CITY MANAGER
   Area Code/Phone Number
   310.412.5301
   E-mail
   MMCDADE@CITYOFINGLEWOOD.ORG

   □ Amendment (Must Provide Explanation in Part 3)
   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: RAMS/EAGLES
   Face Value of Each Ticket/Pass $ _________
   Date(s) 12 / 16 / 18 12 / 16 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: RAMS ORGANIZATION
   Name of Source
   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
      INGLEWOOD ARE AIRPORT CHAMBER OF COMMERCE
      Number of Ticket(s)/Passes
      7
      Describe the public purpose made pursuant to the agency’s policy
      NO VALUE

   B. Name of Individual
      (Last, First)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
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      Ceremonial Role ☐ Other ☐ Income ☐
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   C. Name of Outside Organization
      (Include address and description)
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      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: ARTIE FIELDS
   Title: CITY MANAGER
   Date: 12/16/2018 (month, day, year)

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

1. Agency Name
CITY OF INGLEWOOD

Designated Agency Contact (Name, Title)
MELANIE MCDADE EXECUTIVE TO THE CITY MANAGER

Area Code/Phone Number  E-mail
310.412.5301  MMCDADE@CITYOFINGLEWOOD.ORG

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: RAMS/49ERS

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

Face Value of Each Ticket/Pass $_________

Date(s) 12/30/18  12/30/18

If no: RAMS ORGANIZATION

Name of Source

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.

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Signature of Agency Head or Designee  ARTIE FIELDS  CITY MANAGER  12/30/2018
Print Name  Title  (month, day, year)
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