

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

A Public Document

1. Agency Name Cosumnes Community Services District Division, Department, or Region (if applicable) Street Address 8820 Elk Grove Boulevard Designated Agency Contact (Name, Title) Jeff Ramos, General Manager Area Code/Phone Number E-mail 916-405-7150	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>09/22/2011</u> (month, day, year)		

2. Function, Event, or Ceremonial Role Information

Title 6th Annual Rockin Beef & Reef Face Value of Each Admission \$ 35.00
 Description Fundraiser Date(s) 09/24/2011 09/24/2011

Ticket(s)/Admission(s) provided by agency? Yes No If no: Rotary Club of Elk Grove
Name of Source

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

Yes No If yes: _____
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	• 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. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Ramos, Jeff	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
Roessler, Bob	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" 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"/>
		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.

Jeff Ramos
General Manager
09/22/2011
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.)

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Area Code/Phone Number 916-405-7150	E-mail		

2. Function, Event, or Ceremonial Role Information

Title Spotlight Elk Grove Face Value of Each Admission \$ 40.00

Description Community Awards Event/Fund Date(s) 09/08/2011 09/08/2011

Ticket(s)/Admission(s) provided by agency? Yes No If no: Elk Grove Community Foundation
Name of Source

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

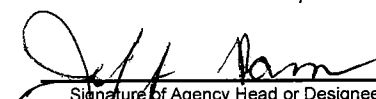
Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Albiani, Gil	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
Ramos, Jeff	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
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 Signature of Agency Head or Designee
 Jeff Ramos
 Print Name
 General Manager
 Title
 09/22/2011
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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2. Function, Event, or Ceremonial Role Information

Title California Capital Airshow Face Value of Each Admission \$ 12.00
 Description _____ Date(s) 09 / 10 / 2011 09 / 11 / 2011

Ticket(s)/Admission(s) provided by agency? Yes No If no: Elk Grove Citizen
 Name of Source _____

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

Yes No If yes: _____
 Official's Name (Last, First) and Title

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Albiani, Gil	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
Hardesty, Kate	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
McNay, Chris	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Community Outreach/Intergovernmental Purpos <input checked="" type="checkbox"/> Income <input type="checkbox"/>
	2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
	2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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 Jeff Ramos General Manager 09/22/2011
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