

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

A Public Document

1. Agency Name Helendale Community Services District <i>Division, Department, or Region (if applicable)</i>		Date Stamp RECEIVED MAR 26 2012 BY: _____	California 802 Form For Official Use Only
Street Address 26540 Vista Road, Ste. B, Helendale, Ca. 92342			
Designated Agency Contact (Name, Title) Kristi Rossman, Clerk of the Board		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (760) 951-0006	E-mail Krossman@helendalecsd.org	Date of Original Filing: 03/16/2012 <i>(month, day, year)</i>	

2. Function, Event, or Ceremonial Role Information

Title Royal Purple 300 Face Value of Each Admission \$ \$160.00

Description Auto race Date(s) 03 / 24 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Burrtec Waste Industries
Name of Source

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


Yes No If yes: Cox, Kimberly General Manager
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	<ul style="list-style-type: none"> 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. 	Income
Clark, David	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Public purpose, community promotion	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"/>
		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.

 _____ Kimberly Cox _____ General Manager _____ 03/16/2012
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.)