

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name Town of Hillsborough		RECEIVED JUN 02 2010 TOWN OF HILLSBOROUGH	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1600 Floribunda Avenue			
Area Code/Phone Number 650-375-7412	E-mail myokoyama@hillsborough.net	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Miyuki Yokoyama, City Clerk		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 5 / 14 / 10 Description of Event: Hillsborough Historic Homes Tour
_____/_____/____ Face Value of Ticket: \$ 50.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Community Service League

Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Cynthia Richardson	1	staff appreciation
Jeannette Lucero	1	staff appreciation
Nancy Aknin	1	staff appreciation

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Miyuki Yokoyama, City Clerk

Name of Individual or Organization: Town of Hillsborough Number of Tickets: 10

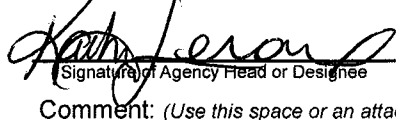
Description of Organization: City/Local government

Address of Organization: 1600 Floribunda Avenue Hillsborough CA 94010
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
staff appreciation

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Kathy Leroux Assistant City Manager 6/3/2010
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.)

California Form 802[illegible]