

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name

Town of Hillsborough

Division, Department, or Region (if applicable)

Street Address

1600 Floribunda Avenue

Area Code/Phone Number

650-375-7412

E-mail

myokoyama@hillsborough.net

Agency Contact (name and title)

Miyuki Yokoyama, City Clerk

RECEIVED

JUN 14 2010

TOWN OF HILLSBOROUGH

California
Form **802**

For Official Use Only

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: _____
(month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6 / 14 / 10 Description of Event: San Mateo Co Fair 76th Anniversary Celebration Party

_____/_____/____ Face Value of Ticket: \$ Unknown

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

Name of Outside Source of Ticket(s) Provided to Agency: San Mateo County Event Center Board of Directors

Number of Tickets Received: 2 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
Marie Bernardo	2	staff appreciation

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

Name of Behesting Agency Official: Anthony Constantouros, City Manager

Name of Individual or Organization: Town of Hillsborough Number of Tickets: 2

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.


(Signature of Agency Head or Designee)

Kathy Leroux

Print Name

Assistant City Manager

Title

(month, day, year)

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