

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

A Public Document

1. Agency Name		Date Stamp RECEIVED MAY 20 2015	California Form 802 For Official Use Only
Town of Hillsborough			
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i>		TOWN OF HILLSBOROUGH	
Miyuki Yokoyama		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
650-375-7412	myokoyama@hillsborough.net		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 50.00

Event Description Hillsborough/San Mateo Kitchen Tour Date(s) 05 / 15 / 15 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Community Service League
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Fire Department	1	Promoting enhanced Town employee morale
City Manager's Office	1	Promoting enhanced Town employee morale

B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	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.

Katharine Leroux
Acting City Manager
5-20-15

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)