

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

A Public Document

1. Agency Name Town of Hillsborough		RECEIVED <small>Date Stamp</small> JUL 19 2016	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Miyuki Yokoyama		TOWN OF HILLSBOROUGH	
Area Code/Phone Number 650-375-7412	E-mail myokoyama@hillsborough.net	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: San Mateo Co Fair Celebration Party Date(s) 06 / 13 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Mateo County Fair
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Finance Department	2	Promoting enhanced Town employee morale
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	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.

 _____ <small>Signature of Agency Head or Designee</small>	Kathy Leroux _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	<u>7/19/16</u> _____ <small>(month, day, year)</small>
--	--	---	--

Comment: _____