

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

A Public Document

1. Agency Name Town of Hillsborough Division, Department, or Region (if applicable)		RECEIVED Date Stamp JUL 05 2019 TOWN OF HILLSBOROUGH	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Miyuki Yokoyama			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>
Area Code/Phone Number 650-375-7412	E-mail myokoyama@hillsborough.net		

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 / 10 / 19

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
Central County Fire 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.

 Signature of Agency Head or Designee	Ann Ritzma Print Name	City Manager Title	7-5-19 (month, day, year)
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Comment: _____