

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

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|---|--------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| Town of Windsor | | JUN 11 2018 | For Official Use Only |
| Division, Department, or Region (if applicable) | | TOWN OF WINDSOR | |
| Town Manager's Office | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| Maria De La O, Town Clerk | | Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number | E-mail | | |
| (707) 838-5315 | mdelao@townofwindsor.com | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$15

Event Description: SC Hot Air Balloon Classic Event Date(s) 06 / 09 / 17 06 / 10 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Steve Henricksen, President of SCHABC
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 |
|---|-----------------------------|---|
| Parks and Recreation | 5 | Ticket Policy Section 5.3(o) |
| Public Works | 8 | Ticket Policy Section 5.3(o) |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Millan, Mark | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Section 5.3 (e) |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input checked="" type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| 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.

Maria De La O Maria De La O Town Clerk 6-11-18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Agency Report of:
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 Continuation Sheet

Agency Name

Town of Windsor

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 |
|--|-----------------------------|--|
| Town Manager's Office | 7 | Ticket Policy Section 5.3(o) |
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| | | |
| 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"/> <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> |
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