

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

A Public Document

1. Agency Name Town of Windsor		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Town Manager's Office			
Designated Agency Contact (Name, Title) Maria De La O, Town Clerk			
Area Code/Phone Number (707) 838-5315	E-mail mdelao@townofwindsor.com	<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 \$ \$75

Event Description: July 3rd Event Date(s) 07 / 03 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Active 20-30 Club
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

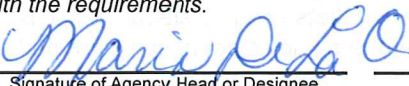
3. Recipients

• 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
Town Manager's Office	2	Ticket Policy Section 5.3 (o)
B. Name of Individual (Last, First)		
Foppoli, Dominic	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Section 5.3 (a)
Fudge, Debora	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Section 5.3 (e)
C. Name of Outside Organization (include address and description)		

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
Town Clerk
07-08-19
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Lemus, Esther	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Section 5.3 (e)
Okrepkie, Bruce	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Section 5.3 (e)
Salmon, Sam	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Section 5.3 (e)
		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy