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

A Public Document

California Form 802

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MAY 22 2012
TOWN OF HILLSBOROUGH

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

1. Agency Name

Town of Hillsborough

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Miyuki Yokoyama

Area Code/Phone Number	**E-mail**
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 $ 40.00

Event Description Hillsborough 32nd Kitchen Tour
Provide Title/Explanation

Date(s) 05 / 18 / 12 ___/___/___

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
City Manager's Department	2	Promoting enhanced Town employee morale
Finance Department	1	Promoting enhanced Town employee morale

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Kasten, Thomas	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Town supported community event
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

[redacted] *tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Kathy Leroux	Assistant City Manager	5.22.12
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____