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

1. Agency Name
   City of Gilroy
   Division, Department, or Region (if applicable)

   Designated Agency Contact (Name, Title)
   Shawna Freels

   Area Code/Phone Number E-mail
   408-846-0204 shawna.freels@cityofgilroy.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Gilroy Garlic Festival
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 20.00
   Date(s) 7 / 28 / 17, 7 / 30 / 17
   If no: _______________________________
   If yes: _______________________________
   Name of Source: _______________________________
   Official's Name (Last, First): _______________________________
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viale, Andrew</td>
<td>1</td>
<td>Raffle of tickets from City Administrator - policy 5.3 (h)</td>
</tr>
<tr>
<td>Moran-Garcia, Claudia</td>
<td>1</td>
<td>Raffle of tickets from City Administrator - policy 5.3 (h)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>------------------------------</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>------------------------------</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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: _______________________________
   Gabriel Gonzalez
   City Administrator
   Print Name
   Title
   (month, day, year)

   Comment: _______________________________