#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document ROHNER California 1. Agency Name Form City of Rohnert Park For Official Use Only 8 2024 Division, Department, or Region (if applicable) APR City Manager's Office CITY CLERK Designated Agency Contact (Name. Title) Blanca Fraass, Administrative Assistant II Confidential Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (707) 588-2223 bfraass@rpcity.org (month, day, year) 2. Function or Event Information 90.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: 38th Annual Sharing of Green Gala 2024 04 2024 06 04 06 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source If yes: Piedra, Marcela Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 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. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. Passes Fundraiser to support EFCRP Roaring '24: The 38th City of Rohnert Park, City Manager's Office 8 Annual Sharing of the Green Gala Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Piedra, Marcela 1 Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Hollingsworth Adams, Susan 1 Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Marcela Piedra City Manager Print Name Title d or Designee day, year, Signature of Comment:

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



### Agency Name

City of Rohnert Park

## 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
City of Rohnert Park, City Manager's Office	8	Fundraiser to support EFCRP Roaring '24: The 38th Annual Sharing of the Green Gala
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rodriguez, Samantha	1	Ceremonial Role Other I Income
Lopez, Sylvia	1	Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:
Giudice, Gerard	1	Ceremonial Role Other I Income Income
Elward, Jackie	2	Ceremonial Role Other I Income Income
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

Print

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#### Agency Name

City of Rohnert Park

# 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
City of Rohnert Park, City Manager's Office	8	Fundraiser to support EFCRP Roaring '24: The 38th Annual Sharing of the Green Gala
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:
Sanborn, Emily	Passes 1	Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income
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

Print

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