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

1. Agency Name
City of Santa Rosa
Division, Department, or Region (if applicable)
City Manager's Office/City Council
Designated Agency Contact (Name, Title)
Stephanie Williams, City Clerk
Area Code/Phone Number 707-543-3015
E-mail swilliams@srcity.org

2. Function or Event Information
Does the agency have a ticket policy? □ Yes □ No
Face Value of Each Ticket/Pass $ 140.00
Event Description: Life Works of Sonoma County
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? □ Yes □ No
Date(s) 5/12/23 5/12/23
If no: Life Works of Sonoma County
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.

<table>
<thead>
<tr>
<th>A.</th>
<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>
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<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Natalie Rogers</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
</table>

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<thead>
<tr>
<th>C.</th>
<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>
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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 ____________________________
Print Name Maraskeshia Smith
City Manager ____________________________
Title ____________________________
(month, day, year) 4/28/23

Comment: ____________________________________________________

Print Clear