## 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@arcity.org

## Function or Event Information

- Does the agency have a ticket policy? Yes [ ] No [ ]  
- Event Description: Sonoma Coty Farm Bureau Crab Feed  
- Face Value of Each Ticket/Pass $160.00  
- Date(s): 2/4/23, 2/4/23  
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]  
- If no: Sonoma County Farm Bureau  
- Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]  
- If yes: Official's Name (Last, First)

## 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

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual

<table>
<thead>
<tr>
<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>Natalie Rogers</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Farm Bureau Crab Feed Attendee</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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:  
Date (month, day, year): 2/23/23  
Comment: