1. Agency Name
   City of Santa Rosa
   Division, Department, or Region (if applicable)
   City Manager's Office/City Council
   Designated Agency Contact (Name, Title)
   Dina Manis, Interim City Clerk
   Area Code/Phone Number 707-543-3126
   E-mail dmanis@ssrcity.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ ☐
   Event Description: 2023 Legal Aid of Sonoma County Gala
   Date(s) 3 / 11 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Legal Aid 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. 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>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. 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>Rogers, Natalie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2023 Gala Attendee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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>
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</tbody>
</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

   Marakeshia Smith
   City Manager

   Date 3/28/2023
   (month, day, year)

   Comment: ______________________