

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

**A Public Document**

**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



**California Form 802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)  
Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 20.00  
Event Description: Gilroy Garlic Festival    Date(s) 7 / 28 / 17    7 / 30 / 17  
*Provide Title/ Explanation*  
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*  
Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Gonzalez, Gabriel  
*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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Viale, Andrew	1	Raffle of tickets from City Administrator - policy 5.3 (h)
Moran-Garcia, Claudia	1	Raffle of tickets from City Administrator - policy 5.3 (h)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

**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]                      Gabriel Gonzalez                      City Administrator                      7/27/17  
Signature of Agency Head or Designee                      Print Name                      Title                      (month, day, year)

Comment: \_\_\_\_\_