

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

A Public Document

1. Agency Name Solano County Transit (SolTrans)		Date Stamp SolTrans JAN 05 2018	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) SolTrans Employee			
Designated Agency Contact (Name, Title) Suzanne Fredriksen, Board Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 707-736-6993	E-mail suzanne@soltransride.com	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 \$ 30.00

Event Description: FilAm Chamber Annual Holiday Party Date(s) 12 / 09 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: FilAm Chamber of Commerce
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
SolTrans Executive Director	1	To attend an event sponsored by SolTrans
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input 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.

 Suzanne Fredriksen Board Clerk 1/5/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____