

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Soalno County Transit (SolTrans)		SEP 10 2018	For Official Use Only
Division, Department, or Region (if applicable)			
SolTrans Board & Employees			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Suzanne Fredriksen, Board Clerk			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
707-736-6993	suzanne@soltransride.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 50

Event Description: APAPA Celebration of Young Leaders Date(s) 08 / 11 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Asian Pacific Islander American Public Affairs

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 Summer Interns	2	To attend an event sponsored by SolTrans
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Malgapo, Jesus	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To attend an event sponsored by SolTrans
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
9/10/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____