

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

**A Public Document**

**1. Agency Name**

Date Stamp

**California Form 802**

County of San Mateo

For Official Use Only

**Division, Department, or Region** (if applicable)

County Executive Officer/clerk of the Board

**Designated Agency Contact** (Name, Title)

Michael P. Callagy, County Executive

**Area Code/Phone Number**

**E-mail**

650-363-4123

mcallagy@smcgov.org

**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 adults/\$15 children

Event Description: 2022 San Mateo County Fair  
*Provide Title/ Explanation*

Date(s) 6 / 4 / 2022 6 / 12 / 2022

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: San Mateo County Fair Board  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

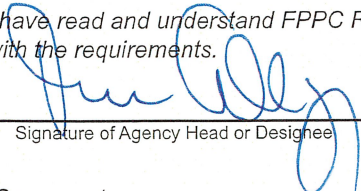
**3. Recipients**

• 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
County of San Mateo	3,124	San Mateo County Employees Appreciation Day at the Fair
<b>B. Name of Individual (Last, First)</b>		
	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>
<b>C. Name of Outside Organization (include address and description)</b>		
	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 of Agency Head or Designee

Michael Callagy  
Print Name

County Executive  
Title

9/7/2022  
(month, day, year)

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

**Print Clear**