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

A Public Document

	Date Stamp	**California Form 802**
		For Official Use Only

1. Agency Name

Dublin San Ramon Services District

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Nicole Genzale, Executive Services Supervisor

☐ **Amendment** *(Must provide explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
925-828-0515	

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 $ _____ 250.00

Event Description **Fundraiser for Senator Bob Wieckowski**
Provide Title/Explanation
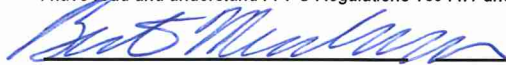
Date(s) 06 / 26 / 15   ___ / ___ / ___

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

If no: **California Water Political Action Committee**
Name of Source

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

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Vonheeder-Leopold, Georgean	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Attended political fundraiser event with spouse
Halket, Richard	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Attended political fundraiser event with spouse

C. Name of Outside Organization *(include address and description)*	Number of Ticket(s)/ Pass(es)	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	Bert Michalczyk *Print Name*	General Manager *Title*	July 2, 2015 *(Month, Day, Year)*

Comment: _____

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)