1. /		Contract of the second			PECFIVE	
	Agency Name				Date Stamp	California 802
	County of Tulare				APR <b>04</b> 2024	For Official Use Only
	Division, Department, or Region (if applicable)  Fire Department  Designated Agency Contact (Name, Title)					
				TULARE COUNTY		
Ì				CLERK OF THE BOARD		
	Anne Haynes, Department Secretary			Amendment (Must Prov	ride Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	559-802-9800	ahaynes1@tulareco	ounty.ca.gov		Date of Original Filing: —	(month, day, year)
2.	Function or Event Infor	mation				5
	Does the agency have a tic	ket policy? Yes [			Each Ticket/Pass \$	3
	Event Description: Annual	Public Safety Dinner		04	04 2024	i i
	Event Description: Annual Public Safety Dinner Date(s) 04					
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:			no:	Name of Source	
	3320 80 2 2 23 38 38 30					
	Was ticket distribution made	e at the behest Yes [	□ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	Use Section A to identify the age	ncy's department or unit.	Use Section B to it	dentify an individ	lual. Use Section C to identify a	an outside organization.
	A Name of Agency Dee	astment or Unit	Number	Describe t	ha aublic aurages made aureu	eant to the agency's policy
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency		ant to the agency's policy
	Fire Department		50	Free ticket Knights of	s to Annual Public Safet Columbus - Visalia	y Dinner hosted by
	B. Name of Ind		Number of Ticket(s)/		Identify one of the following	lowing:
					Identify one of the following the description of th	Income
			of Ticket(s)/	If che	monial Role  Other  Cking "Ceremonial Role" or "Other" descr	Income [
			of Ticket(s)/	If che Cere	monial Role Other	Income [
		Organization	of Ticket(s)/	If che Cere If che	monial Role  Other  or "Other" description	Income [ Inc
	(Last, Fi	Organization	of Ticket(s)/ Passes  Number of Ticket(s)/	If che Cere If che	monial Role  Other  cking "Ceremonial Role" or "Other" described on the ching "Ceremonial Role" or "Other" described on the cking "Ceremonial Role" or "Other" described on the ching "Ceremonial Role" or "Other" or "Other" described on the ching "Ceremonial Role" or "Other" or "Other" described on the ching "Ceremonial Role" or "Other" described on the ching "Ceremonial Role" or "Other" or "Ceremonial Role" or "Ceremoni	Income [ Inc
	C. Name of Outside C (include address an	Organization	of Ticket(s)/ Passes  Number of Ticket(s)/	If che Cere If che	monial Role  Other  cking "Ceremonial Role" or "Other" described on the ching "Ceremonial Role" or "Other" described on the cking "Ceremonial Role" or "Other" described on the ching "Ceremonial Role" or "Other" or "Other" described on the ching "Ceremonial Role" or "Other" or "Other" described on the ching "Ceremonial Role" or "Other" described on the ching "Ceremonial Role" or "Other" or "Ceremonial Role" or "Ceremoni	Income [ Inc
	C. Name of Outside C (include address an Verification	Organization d description)	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cere If che	monial Role  Other  or "Other" description  of the  or "Other" description  of the  or  other  or	Income In
	C. Name of Outside C (include address an	Organization d description)	Number of Ticket(s)/ Passes	Cere If che Describe t	monial Role  Other  or "Other" description  of the  or "Other" description  of the  or  other  or	Income In



Reci	pients		
Use Se	ection A to identify the agency's department or un	it. • Use Section B to id	entify an individual. Use Section C to identify an outside organization.
۸.	Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Fire	Department	50	Free tickets to Annual Public Safety Dinner hosted by Knights of Columbus - Visalia
 B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below:
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

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200			A CONTRACT OF THE SERVICE			
1.	Agency Name				RECEIVED	California 802
	County of Tulare Division, Department, or Reg	ion (if applicable)				Form OUZ For Official Use Only
	Sitistion, Dopartment, or Neg	юн (п аррпсавіс)			MAY 1 0 2022	
	Designated Agency Contact	(Name, Title)			TULARE COUNTY BOARD OF SUPERVISOR	RS
	Jason T. Britt, County Admi Area Code/Phone Number				Amendment (Must Prov	vide Explanation in Part 3.)
		E-mail			Date of Original Filings	
	559-636-5005	jtbritt@tularecount	y.ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				400.00
	Does the agency have a tick			ace Value of I	Each Ticket/Pass \$	100.00
	Event Description: Cattlewo	men Spurs & Spike	s [	Date(s)/	, 01 , 22	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 I	r no:	Name of Source	
	Was ticket distribution made	at the behest Yes I	■ No 🗆 📙	f yes: Britt, Jas	SON T. Official's Name (Last, First)	
	of agency official?				Oπicial's Name (Last, First)	
3.	Recipients					
٠.	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify a	n outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made pursua	
			Passes			
	<del></del>					
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the folk	owing:
				Ceremo	onial Role Other	Income
	Townsend, Dennis		2		ing "Ceremonial Role" or "Other" describ	
				Promoting s	ervices and programs a	vailable to the public
	Hass John		a a	STATE STATE OF THE	onial Role Other on "Other on "Other" describ	Income 🗌
	Hess, John		1			
			Number	Fromoting S	ervices and programs a	ivaliable to trie public
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy
	The second search are printed by S. S. David Lander, June 2017	A CONTROL TERM TO THE STATE OF	100 March 1875	Service Chilly Pro-	rem requirem he was	
					***************************************	
	Verification					
1	have read and understand FPF	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set forth	above, is in accordance
1	with the requirements.					-1-1-
-	Signature of Agency Head or Designe	Jason T. Britt	int Name	Count	y Administrative Officer	
	Signature of Agenty Head of Designe	e Pri	III Name		Title	(month, day, year)
	Comment:					



	ency Name		
	Recipients		
	<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>		entify 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
	R. Name of Individual	Number	
-	B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
-			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
•			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
-			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
(	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
8=			
-			

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						=
1.	Agency Name				Date Stamp	California 802
	County of Tulare Division, Department, or Reg	ion (if applicable)			INLULIA ED	Form OUZ For Official Use Only
	or neg				MAY 1 0 2022	
	Designated Agency Contact	(Name, Title)			TULARE COUNTY BOARD OF SUPERVISOR	s
	Jason T. Britt, County Admi Area Code/Phone Number				Amendment (Must Provid	
	559-636-5005	E-mail			Date of Original Filing:	
_		jtbritt@tularecounty	y.ca.gov		Jacob St. Orngillian t Illings	(month, day, year)
2.	Function or Event Infor					100.00
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: 2022 Bir	Provide Title/ Expla	[	Date(s)		
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made	at the behest v.		f yes: Britt, Ja		
	of agency official?	e at the benest Yes I	■ No L	r yes	Official's Name (Last, First)	
_	- · · · ·					
3.	Recipients • Use Section A to identify the agen	cv's department or unit. •	Use Section B to i	dentify an individu	al Vse Section C to identify an	outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made pursuar	
			Passes			
	#					
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes	4	Identify one of the follow	ving:
	Shuklian, Amy		2	I	onial Role Other Ing "Ceremonial Role" or "Other" describe	Income
	Shukilah, Ariiy		2	SEAT RESIDENCE	ervices and programs av	
					onial Role Other	Income
	Micari, Larry		2	If checki	ing "Ceremonial Role" or "Olher" describe	below:
	•			Promoting s	services and programs av	ailable to the public
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursuan	t to the agency's policy
- 69	Verification					
	I have read and understand FPI	PC Regulations 18944.	1 and 18942. I	I have verified th	nat the distribution set forth a	above, is in accordance
	with the requirements.					-1122
	TWP	Jason T. Britt		Count	ty Administrative Officer	515/22
	Signature of Agency Head or Designe	ee Pr	int Name		Title	(month, day, year)
	Comment:					



_	ency Name		
	Recipients		
-	Use Section A to identify the agency's department or unit	. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
,	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
-			
<del>111</del>			
E	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Dennis Townsend	2	Promoting services and programs available to the public
_			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
-			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
<b>C</b>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
_			

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	Agency Name	-		The state of the s	olic Document
	County of Tulare			KECEIVED	Form OUZ For Official Use Only
	Division, Department, or Region (if applicable)	Division, Department, or Region (if applicable)			To onotal out only
	Designated Agency Contact (Name, Title)			TULARE COUNTY BOARD OF SUPERVISORS	
	Jason T. Britt, County Administrative Office	er		Amendment (Must Provide E	Explanation in Part 3.)
	559-636-5005 jtbritt@tulared	county.ca.gov		Date of Original Filing:	onth, day, year)
2.	Function or Event Information				******
			ace Value of	Each Ticket/Pass \$	100.00
	Event Description: Salt & Light Golf Tourna	ament C	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	/ Explanation Yes □ No ■ If	no:		
		* *** <del>-</del> * *** <del>-</del> *	yes: Britt, Ja	Name of Source	
	Was ticket distribution made at the behest of agency official?	Yes ■ No 📙 "	yes. <u></u>	Official's Name (Last, First)	•
3.	Recipients				
٠.	Use Section A to identify the agency's department or use.	unit. • Use Section B to i	dentify an individu	ual. Use Section C to identify an ou	tside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant t	o the agency's policy
		Number			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		ldentify one of the followin	g:
		of Ticket(s)/	If check	Identify one of the followin  Ionial Role  Other  Ing "Ceremonial Role" or "Other" describe belowers are all of the control of	Income C
	(Last, First)	of Ticket(s)/ Passes	Promoting s	nonial Role Other describe beling "Ceremonial Role" or "Other" describe beli	Income Cow:    able to the publication of the publi
	(Last, First) Townsend, Dennis	of Ticket(s)/ Passes	Promoting s  Cerem If check Promoting s	nonial Role  Other  or "Other" describe belowers and programs avail onial Role  Other  or "Other" describe belowers of "Other" describe belowers or "Other" descr	Income ow:    able to the publication of the public
	(Last, First)  Townsend, Dennis  Vander Poel, Pete  Name of Outside Organization	of Ticket(s)/ Passes  2  Number of Ticket(s)/	Promoting s  Cerem If check Promoting s	onial Role  Other  sing "Ceremonial Role" or "Other" describe beloevices and programs avail onial Role  Other  sing "Ceremonial Role" or "Other" describe beloeving "Ceremonial Role" or "Other" describe beloevices and programs avail	Income ow:   able to the publication   Income ow:   able to the publication
	(Last, First)  Townsend, Dennis  Vander Poel, Pete  Name of Outside Organization	of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Promoting s  Cerem If check Promoting s  Describe th	onial Role  Other  sing "Ceremonial Role" or "Other" describe beloevices and programs avail onial Role  Other  sing "Ceremonial Role" or "Other" describe beloevices and programs avail services and programs avail e public purpose made pursuant to	Income Cow:  Incom



Recipients							
Use Section A to identify the agency's department or uni		dentify an individual. Use Section C to identify an outside organization.					
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
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					
	Name of Agency, Department or Unit  Name of Individual (Last, First)  Name of Outside Organization	Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes					

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1	Aganov Name		PROPERTY AND TRANSPORT			
1.	Agency Name				RFC-IVFD	California 802
	County of Tulare Division, Department, or Region (if applicable)				d Value V limited	For Official Use Only
	- Trially - Trially of trogson (in applicable)				MAY 1 0 2022	,
	Designated Agency Contact (Name, Title)				TULARE COUNTY BOARD OF SUPERVISOR	s
	Jason T. Britt, County Admi Area Code/Phone Number	nistrative Officer IE-mail			Amendment (Must Pro	
	Vaccimos de descripción de la compansión	16563 Atmospherical Atmospheri			Date of Original Filing: _	
	559-636-5005	jtbritt@tularecounty	y.ca.gov			(month, day, year)
2.	Function or Event Infor					75.00
	Does the agency have a tick				Each Ticket/Pass \$	73.00
	Event Description: Tree to	Table Farmer Bob's \		Date(s)	, 22 , 22	
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		f no:		
	ricket(s)/Fass(es) provided	by agency? Yes [			Name of Source	
	Was ticket distribution made	at the behest Yes	■ No 🗆 🏻	yes: Britt, Ja	SON T. Official's Name (Last, First)	
	of agency official?				Onicial's Name (Last, First)	
3.	Recipients					
٠.	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/	rremove userni:	e public purpose made pursu	
			Passes			
	· · · · · · · · · · · · · · · · · · ·					
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the following	lowing:
				. (건 작성으로 열었	onial Role Other	Income
	Shuklian, Amy		2		ing "Ceremonial Role" or "Other" descr	
	E CONTRACTOR OF THE CONTRACTOR				services and programs	available to the public
	Minori Loro		_		onial Role Other Ing "Ceremonial Role" or "Other" descri	Income
	Micari, Larry		2	1	services and programs	
	New York I		Number	1 Torrioung s	services and programs	available to trie public
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
						<del></del>
						_
ļ. '	Verification					
	I have read and understand FPF with the requirements.	<sup>2</sup> C Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set fort	h above, is in accordance
	A A A A A A A A A A A A A A A A A A A			1941		05/05/00
12	Signature of Agency Head or Designe	Jason T. Britt	int Name	Coun	ty Administrative Office	7 05/05/22 (month, day, year)
	( )	95 J. W.				(month, day, year)
	Comment:					



Red	Recipients						
• Use	• 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.						
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
В.	Name of Individual	Number of Ticket(s)/	Identify one of the following:				
39,416	(Last, First)	Passes	identity one of the following.				
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Briti	t, Jason	1	Promoting services and programs available to the public				
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Vale	ero, Eddie	1	Promoting services and programs available to the public				
<u> </u>			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
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				

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					5.00.00	
1.	Agency Name				RE Date Stamp	California 802
	County of Tulare Division, Department, or Reg	ion (if applicable)			MAV 7 0 2022	Form OUZ For Official Use Only
	sisii, populationi, of Neg	nen (n apphoable)			MAY 1 0 2022	
	Designated Agency Contact	(Name, Title)			TULARE COUNTY BOARD OF SUPERVISORS	
	Jason T. Britt, County Adm				Amendment (Must Pro	
	Area Code/Phone Number	E-mail				
	559-636-5005	jtbritt@tularecount	y.ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor					100.00
	Does the agency have a tic	1 5 15-51			Each Ticket/Pass \$	100.00
	Event Description: Sierra V	Tew Golf Classic  Provide Title/ Expla	nation [	Date(s)		
	Ticket(s)/Pass(es) provided	92		f no:	Name of Source	
	Was ticket distribution made	at the behad		f yes: Britt, Ja		
	of agency official?	e at the benest Yes	■ No 🗆 🖽	yes. <u>,</u>	Official's Name (Last, First)	
_						
3.	Recipients • Use Section A to identify the ager	ncv's department or unit •	Use Section B to i	dentify an individu	ial	en outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/	CONTRACTOR OF STREET	e public purpose made pursu	English memberakan kemi
			Passes			
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the follo	owing:
	Townsend, Dennis		2		onial Role Other ing "Ceremonial Role" or "Other" descri	he helow:
	rownsend, Dennis		2		services and programs a	
					onial Role Other	Income
	Hess, John		1	If check	ing "Ceremonial Role" or "Other" descri	be below:
				Promoting s	services and programs a	available to the public
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy
			газэвэ			
8 8	M					
	<b>Verification</b> I have read and understand FP.	PC Regulations 18044	1 and 18042	have verified #	hat the distribution set forth	ahove is in accordance
	with the requirements.	O Nogalations 10944.	1 and 10342.1	nave vermed ti	ומנ נווס עוסנווטענוטוו ספנ וטועו	r above, is in accordance
-	THE	Jason T. Britt		Coun	ty Administrative Officer	5 5 22
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Comment:					



Red	cipients		
		nit. • Use Section B to id	entify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
- Constitution of the Cons			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
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

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4	A manage NI						
١.	Agency Name				RECEIVED	California 802	
	County of Tulare Division, Department, or Reg	ion (if applicable)			MAV I A 2022	For Official Use Only	
	or neg	MAY 1 0 2022					
	Designated Agency Contact (	Name, Title)			TULARE COUNTY BOARD OF SUPERVISOR	RS	
	Jason T. Britt, County Admi				Amendment (Must Pro	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			8.5		
	559-636-5005	jtbritt@tularecounty	.ca.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				25.00	
	Does the agency have a tick	tet policy? Yes			Each Ticket/Pass \$	65.00	
	Event Description: Tulare C	ounty Farm Bureau	Annual 🏰 🏻	Date(s)	04 , 22		
	Ticket(a)/Pagg(ag) provided	Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [			Name of Source		
	Was ticket distribution made	at the behest Yes	■ No□ If	yes: Britt, Ja	on T.  Official's Name (Last, First)		
	of agency official?	-	e: <del></del> -		Oπiciais Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agent	cy's department or unit.	Use Section B to i	dentify an individu	al. Use Section C to identify a	n outside organization.	
	A. Name of Agency, Depa	ET SE MANUEL TALVESON	Number of Ticket(s)/	September 1901	e public purpose made pursu		
			Passes				
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the follow	owing:	
					onial Role Other	Income	
	Shuklian, Amy		2		ing "Ceremonial Role" or "Other" descri		
					ervices and programs a		
	Micari, Larry		2	32	onial Role Other on Other of O	Income Income	
			_		ervices and programs a		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	NO. NO. NO.						
	Verification						
	I have read and understand FPF with the lequirements.	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set forth	above, is in accordance	
	A ACADA	Jason T. Britt		Count	v Administrativa Officer	05/05/22	
•	Signature of Agency Head or Designe		nt Name	Count	y Administrative Officer	(month, day, year)	
	Comment:						



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						
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:						
(Last, First)	Passes							
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
Britt, Jason	1	Promoting services and programs available to the public						
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
Valero, Eddie	1	Promoting services and programs available to the public						
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
Townsend, Dennis	2	Promoting services and programs available to the public						
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
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						

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A Public Document

1.	Agency Name			THE STATE OF THE S	RECEIVED	California OOO
	County of Tulare				KECEIVED	Form OUZ
	Division, Department, or Reg	ion (if applicable)			MAY 1 0 2022	For Official Use Only
	Designated Agency Contact	(Name,Title)			TULARE COUNTY BOARD OF SUPERVISORS	
	Jason T. Britt, County Admi	nistrative Officer				
	Area Code/Phone Number	E-mail			Amendment (Must Provi	de Explanation in Part 3.)
	559-636-5005	jtbritt@tularecounty	.ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	25.00
	Event Description: TCAG L				, 05 , 22	
	Event Description.	Provide Title/ Explai	nation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 🔳 I	f no:	Name of Source	
	Mas tisket distribution would			f yes: Britt, Ja		
	Was ticket distribution made of agency official?	at the benest Yes	■ No 🗆	r yes. Dritt, ou	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identify an	outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	nt to the agency's policy
	B. Name of Indi	vidual	Number		Identify and falls falls	
	(Last, Firs		of Ticket(s)/ Passes		Identify one of the follow	wing.
	Shuklian, Amy		1	If check	onial Role Other other ing "Ceremonial Role" or "Other" describes	
				1	onial Role Other	Income
	Micari, Larry		1		ing "Ceremonial Role" or "Other" describe	to an a superior and
				Promoting s	services and programs av	vailable to the public
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes		e public purpose made pursuar		
1.	Verification					
	l have read and understand FPI	<sup>2</sup> C Regulations 18944.	1 and 18942.	have verified th	hat the distribution set forth	above, is in accordance
	with the requirements.					
72	TIDAHA	Jason T. Britt		Coun	ty Administrative Officer	05/05/22
9	Signature of Agency Head or Designe	e Pri	nt Name		Title	(month, day, year)
	Comment:					



чg	ency Name		
	Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
2 1 1 1 1 1	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
8.	(Last, First)	Passes	Ceremonial Role Other Income
	Vander Poel, Pete	1	If checking "Ceremonial Role" or "Other" describe below:  Promoting services and programs available to the public
_			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	Valero, Eddie	1	Promoting services and programs available to the public
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Britt, Jason	1	Promoting services and programs available to the public
			Ceremonial Role Other Income Income
	Hess, John	1	Promoting services and programs available to the public
(	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
20			
-			
733			

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document R = Date Stavije 1. Agency Name California **Form** County of Tulare For Official Use Only MAR 3 1 2022 Division, Department, or Region (if applicable) TULARE COUNTY
BOARD OF SUPERVISORS Designated Agency Contact (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 559-636-5005 jtbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 60.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ■ No □ Exeter Centennial Awards Banquet Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: Britt, Jason T. Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last. First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: 2 Micari, Larry Promoting services and programs available to the publical Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4	Vei	rific	atio	n

Comment:

I have n	ead and understand	FPPC Regulations	18944.1 and 1	8942. I have	verified that the	distribution set for	th above, is i	n accordance
with the	reduisements	FPPC Regulations						
WILLI LITE	1 Common Control							

1	1	
Signature of	gency	Head or Designee

Jason T. Britt

County Administrative Officer

2/26/22

Print Name

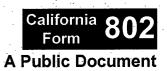
Tille

(month, day, year)

-	onial Role Even	ts and Ticket/F	Pass Distri	ibutions		ıblic Document		
1. Ager	ncy Name				RECEIVED	California 802		
Coun	nty of Tulare on, Department, or Reg	ion (if applicable)		For Official Use Only				
Divion	on, Doparanona, or Rog	(ii applicable)			MAR <b>0 3</b> 2022			
Desig	nated Agency Contact	Name,Title)			TULARE COUNTY BOARD OF SUPERVISORS			
Jasor	n T. Britt, County Admi				Amendment (Must Provide	e Explanation in Part 3.)		
	Code/Phone Number	E-mail			Date of Original Filing:			
559-6	336-5005	jtbritt@tularecount	y.ca.gov		Date of Original Filling.	month, day, year)		
2. Fund	ction or Event Infor	mation				150.00		
	the agency have a tick		(500) E (100)		Each Ticket/Pass \$			
Event	t Description: Rotary 0	Centennial Celebration		Date(s)				
Ticket	t(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes		f no:	Name of Source			
				Britt Is	Name of Source			
	ticket distribution made gency official?	at the behest Yes	No 🗆 📑	yes: Ditt, oc	ASON T. Official's Name (Last, First)			
or ag	gency official:							
	cipients							
• Use	Section A to identify the ager	cy's department or unit.	• Use Section B to i	dentify an individ	ual. Use Section C to identify an	outside organization.		
Α.	Name of Agency, Depa	ertment or Unit	of Ticket(s)/	Describe th	ne public purpose made pursuan	t to the agency's policy		
1000000								
		SPEARS A BY A STATE OF	Number					
В.	Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the follow	ving:		
				Hall Control of the C	monial Role Other	Income		
Shu	ıklian, Amy		2	Promoting services and programs available to the public				
			-					
Mic	ari, Larry		2	COMPAND AND	monial Role Other Other Ceking "Ceremonial Role" or "Other" describe	Income		
	•			Promoting	services and programs av	ailable to the public		
c.	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
4. Verifi		IDC Begulations 1904	1 1 and 19012	I have verified	that the distribution set forth	ahove is in accordance		
	ne requirements.	PC Regulations 1694	4. I dilu 10942.	i ilave vermed	triat trie distribution set fortir	above, is in accordance		
	- YARA	Jason T. Brit	t	Cou	nty Administrative Officer	2/1/22		
Sign	ature of Agency Head or Design		Print Name		Title	(month, day, year)		
Comi	ment.							

Ceremonial Role Ev  . Agency Name	and monour				Iblic Document
- III				RECEIVED	California 802
County of Tulare  Division, Department, or I	Region (if applicable)			MAR <b>0 3</b> 2022	For Official Use Only
				MAIN O D LOLL	
Designated Agency Conta	act (Name, Title)			TULARE COUNTY BOARD OF SUPERVISORS	
Jason T. Britt, County A	dministrative Officer			Amendment (Must Provide	e Explanation in Part 3.)
Area Code/Phone Number	r E-mail				,
559-636-5005	jtbritt@tularecoun	ty.ca.gov		Date of Original Filing:	month, day, year)
Function or Event In	formation				
Does the agency have a	ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	60.00
Event Description: Tular		A CONTRACTOR OF THE PARTY OF TH	ate(s) 02	1822	
Event Description.	Provide Title/ Expl	anation	ale(5)		
Ticket(s)/Pass(es) provide	led by agency? Yes	□ No ■ If	no:	Name of Source	
Was ticket distribution m	ada at the behast .v		yes: Britt, Ja		
of agency official?	ade at the benest Yes	■ No □ If	y 00	Official's Name (Last, First)	
or agency omorar:					***
. Recipients					
Use Section A to identify the	agency's department or unit.	• Use Section B to id	lentify an individ	ual. Use Section C to identify an	outside organization.
A. Name of Agency,	Department or Unit	Number of Ticket(s)/	Describe th	he public purpose made pursuan	t to the agency's policy
		Passes			
( <del>)</del>		+			
		Number			
	Individual t, First)	of Ticket(s)/ Passes		Identify one of the follow	ving:
			Cerer	monial Role Other	Income
Valero, Eddie		1	1017/06110000	cking "Ceremonial Role" or "Other" describe	
			Promoting	services and programs av	ailable to the public
				monial Role Other	Income
Townsend, Dennis		1		cking "Ceremonial Role" or "Other" describe	
			Promoting	services and programs av	ailable to the public
	de Organization	Number of Ticket(s)/	Describe th	he public purpose made pursuan	t to the agency's policy
(include address	and description)	Passes			
***************************************					
Verification			2.20	The service of the se	and control of the control of
I have read and understand with the requirements.	FPPC Regulations 1894	4.1 and 18942.	have verified	that the distribution set forth	above, is in accordan
with the recommends.		77	•		02/02/22
Signature of Agency Head or D	Jason T. Bri	tt Print Name	Cou	nty Administrative Officer	(month, day, year)
				1140	

Comment:



Αç	ency Name		
•	Recipients  • Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify an individual. Use Section C to identify an outside organization.
; '	Α Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Berger A. Land C. St. Co. St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co		
,· ••.			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other More Income If checking "Ceremonial Role" or "Other" describe below:
	Hess, John	1	Promoting services and programs available to the public
•			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	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
٠.			
		·	

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Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name County of Tulare For Official Use Only Division, Department, or Region (if applicable) MAR 0 3 2022 TULARE COUNTY BOARD OF SUPERVISO Designated Agency Contact (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 559-636-5005 jtbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 150.00 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes No Event Description: Tulare Co. Farm Bureau Scholarship Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source If yes: Britt, Jason T. Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Townsend, Dennis 1 Promoting services and programs available to the publication Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. 1 Valero, Eddie Promoting services and programs available to the publication Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

									22
4.	V	e	rı	TI	c	а	TI	O	n

Commen

I have read and understand FPPC Regulations 18944.1	and 18942. I h	have verified that the d	listribution set forth above,	is in accordance
I have read and understand FPPC Regulations 18944.1 a with the requirements.				

Jason T. Britt

County Administrative Officer

2/1/22

Head or Designee

(month, day, year)



Agency Name		
. Recipients  • Use Section A to identify the agency's department or unit.	. •Use Section B to i	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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Vander Poel, Pete	. 1	Promoting services and programs available to the public
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
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
· · · · · · · · · · · · · · · · · · ·		
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# **Agency Report of:**

Canamanial	Dala	Evente and	Tieket/Dees	Dietributions
Jeremoniai	Role	Events and	TICKEUPass	<b>Distributions</b>

**A Public Document** 

1.	Agency Name				RECEIVED	California 802
	County of Tulare				KECEIVED	
	Division, Department, or Regi	on (if applicable)			MAR 0 3 2022	For Official Use Only
	Designated Agency Contact (	Name, Title)			TULARE COUNTY BOARD OF SUPERVISOR	98
	Jason T. Britt, County Admir	nistrative Officer			Amendment (Must Provi	
	Area Code/Phone Number	E-mail				
	559-636-5005	jtbritt@tularecounty	.ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	65.00
	Event Description: Tulare C	hamber Awards Ban	iquet	Date(s)1	28	
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [			Name of Source	
	Was ticket distribution made	at the behest Yes	■ No 🗆 If	yes: Britt, Ja	Official's Name (Last, First)	
	of agency official?	19			Official's Name (Last, First)	
3.	Recipients		the second second			
٥.	Use Section A to identify the agent	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify ar	n outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pursua	int to the agency's policy
			Passes			
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the follo	wing:
					nonial Role Other	Income
	Vander Poel, Pete		2	0.0000000000000000000000000000000000000	king "Ceremonial Role" or "Other" describ	
					services and programs a	
	Britt, Jason T.		2	1 (0.00)	nonial Role Other describ	Income Income
	Britt, bason 1.		_	Promoting	services and programs a	vailable to the publica
	C. Name of Outside Or (include address and		Number of Ticket(s)/		ne public purpose made pursua	
			Passes			
4.	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set forth	above, is in accordance
	with the requirements.	420, 200 0000		-		2/1/22
	Signature of Agency Head or Design	Jason T. Britt	rint Name	Cour	nty Administrative Officer	(month, day, year)
	Signature of Agency fread of Design				Time	(monin, day, your)
	Comment:					

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Agency Report of: Ceremonial Role Events an icket/Pass Distributions A Public Document 1. Agency Name Date Stamp California RECEIVED Form County of Tulare For Official Use Only Division, Department, or Region (if applicable) OCT 1 9 2021 Designated Agency Contact (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 559-636-5005 itbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 50.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No No Event Description: Happy Trails Round Up Fundraiser Date(s) 10 , 08 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no:

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Micari, Larry	2	Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:  Promoting services and programs available to the publication.
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
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

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

If yes: Britt, Jason T.

Official's Name (Last, First)

Print

or Designee

Was ticket distribution made at the behest Yes ■ No □

of agency official?

Recipients

4. Verification

with the requirements

Signature of Age

Comment:

Clear

Print Name

Jason T. Britt

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

County Administrative Officer

Title

10/19/21

(month, day, year)

١.	Agency Name				RECEIVED	California Form 802
	County of Tulare Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Division, Department, or Neg	поп (п аррпсавле)			OCT 1 9 2021	
	Designated Agency Contact	(Name, Title)			TULARE COUNTY BOARD OF SUPERVISORS	
	Jason T. Britt, County Adm	inistrative Officer			Amendment (Must Provide	de Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	559-636-5005	jtbritt@tularecount	ty.ca.gov		Date of Original Filing:	(month, day, year)
	Function or Event Infor	mation			1	50.00
	Does the agency have a tic			ace Value of	Each Ticket/Pass \$	50.00
	Event Description: Tulare 0	Co. Farm Bureau Mix	xer	oate(s)		
	Ticket(s)/Pass(es) provided	Provide Title/ Expla	anation	no:		
	Ticket(s)/1 ass(es) provided	by agency! Yes	A Les divines		Name of Source	
	Was ticket distribution made	e at the behest Yes	■ No□ If	yes: Britt, Ja	son T.  Official's Name (Last, First)	
	of agency official?					
	Recipients					
	Use Section A to identify the agent	ncy's department or unit.		dentify an individu	ual. Use Section C to identify an	outside organization.
	Δ Name of Agency, Dep	Number				
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	Describe th	e public purpose made pursua	nt to the agency's policy
	A. Name of Agency, Dep	artment or Unit	Passes	Describe th	e public purpose made pursua	nt to the agency's policy
	A. Name of Agency, Dep	artinent or Unit		Describe th	e public purpose made pursua	nt to the agency's policy
	A. Name of Agency, Dep	artment or Unit		Describe th	e public purpose made pursua	nt to the agency's policy
	A. Name of Agency, Dep	artment or Unit		Describe th	e public purpose made pursua	nt to the agency's policy
	B. Name of Ind	ividual	Passes	Describe th	Identify one of the follo	
		ividual	Passes		Identify one of the follo	wing:
	B. Name of Ind	ividual	Number of Ticket(s)/	Cerem		wing:
	B. Name of Ind	ividual	Number of Ticket(s)/	Cerem If check	Identify one of the follo	wing: Income
	B. Name of Ind	ividual	Number of Ticket(s)/	Cerem If check Promoting s	Identify one of the follo	wing: Income e below: vailable to the public
	B. Name of Ind	ividual	Number of Ticket(s)/	Cerem If check Promoting s Cerem If check	Identify one of the follo	wing: Income e below: vailable to the public Income e below:
	B. Name of Ind (Last, Fin	ividual	Number of Ticket(s)/ Passes	Cerem If check Promoting s Cerem If check	Identify one of the follo	wing: Income e below: vailable to the public Income e below:
	B. Name of Ind (Last, Fine Micari, Larry  Townsend, Dennis  Name of Outside O	ividual rst)	Number of Ticket(s)/ Passes	Cerem If check Promoting s Cerem If check Promoting s	Identify one of the follo	wing: Income e below: vailable to the public Income e below: vailable to the public
	B. Name of Ind (Last, Fin)  Micari, Larry  Townsend, Dennis	ividual rst)	Number of Ticket(s)/ Passes  2  Number	Cerem If check Promoting s Cerem If check Promoting s	Identify one of the follo	wing: Income e below: vailable to the public Income e below: vailable to the public
	B. Name of Ind (Last, Fine Micari, Larry  Townsend, Dennis  Name of Outside O	ividual rst)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/	Cerem If check Promoting s Cerem If check Promoting s	Identify one of the follo	wing:  Income e below: vailable to the public Income e below: vailable to the public
	B. Name of Ind (Last, Fine Micari, Larry  Townsend, Dennis  Name of Outside O	ividual rst)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/	Cerem If check Promoting s Cerem If check Promoting s	Identify one of the follo	wing:  Income e below: vailable to the public Income e below: vailable to the public
	B. Name of Ind (Last, Fine Micari, Larry  Townsend, Dennis  Name of Outside O	ividual rst)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/	Cerem If check Promoting s Cerem If check Promoting s	Identify one of the follo	wing:  Income e below: vailable to the public Income e below: vailable to the public
	B. Name of Ind (Last, Fit)  Micari, Larry  Townsend, Dennis  C. Name of Outside Of (include address and	ividual rst)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/	Cerem If check Promoting s Cerem If check Promoting s	Identify one of the follo	wing:  Income e below: vailable to the public Income e below: vailable to the public
	B. Name of Ind (Last, Fine Micari, Larry  Townsend, Dennis  C. Name of Outside Of (include address and other)  Verification	ividual rst)  Organization d description)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Cerem If check Promoting s  Cerem If check Promoting s	Identify one of the follo	wing:  Income e below: Income Income e below: vailable to the public vailable to the public nt to the agency's policy
	B. Name of Ind (Last, Fit)  Micari, Larry  Townsend, Dennis  C. Name of Outside Of (include address and	ividual rst)  Organization d description)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Cerem If check Promoting s  Cerem If check Promoting s	Identify one of the follo	wing:  Income e below: Income e below: vailable to the public vailable to the public nt to the agency's policy
	B. Name of Ind (Last, Fin  Micari, Larry  Townsend, Dennis  C. Name of Outside Continue address and (include address and	ividual rst)  Organization d description)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Cerem If check Promoting s  Cerem If check Promoting s  Describe th	Identify one of the follo	wing:  Income e below:  vailable to the public  Income e below:  vailable to the public  nt to the agency's policy  above, is in accordar

Agency Report of: Ceremonial Role Events and ...cket/Pass Distributions A Public Document 1. Agency Name California **Form** County of Tulare For Official Use Only Division, Department, or Region (if applicable) OCT 1 9 2021 TULARE COUNTY BOARD OF SUPERVISOR Designated Agency Contact (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 559-636-5005 jtbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No Event Description: Tree to Table Celebration Date(s) 10 / 15 / 21 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: . If yes: Britt, Jason T. Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Valero, Eddie 1 Promoting services and programs available to the public Ceremonial Role Other Income \_\_ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the dis	stribution set forth above	, is in accordance
I have read and understand FPPC Regulations with the requirements.				

Signature of Agency Head or Designee

Jason T. Britt

County Administrative Officer

10/19/21

3.4.

Print Name

Title

(month, day, year)



ency Name		
Recipients  • Use Section A to identify the agency's department or unit.	. • Use Section B to i	dentify 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 polic
Board of Supervisors	2	Promoting services and programs available to the publication within the county and supporting local charities
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incon If checking "Ceremonial Role" or "Other" describe below:
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role Other Incom  If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incon If checking "Ceremonial Role" or "Other" describe below:
	Number	
C Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police
· · · · · · · · · · · · · · · · · · ·		

Print

Agency Report of: Ceremonial Role Events an cket/Pass Distributions A Public Document 1. Agency Name California Form County of Tulare For Official Use Only Division, Department, or Region (if applicable) OCT 1 9 2021 TULARE COUNTY BOARD OF SUPERVISORS Designated Agency Contact (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 559-636-5005 jtbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 30.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No No Event Description: Tulare Co. Cattlemen's Assoc. Fall B Date(s) 10 15 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: \_ Name of Source If yes: Britt, Jason T. Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s) Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Micari, Larry 2 Promoting services and programs available to the publica Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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

Jason T. Britt County Administrative Officer (month, day, year) ead or Designee Print Name Signature of Agend

Comment:

with the requir

10/19/21

Agracy Report of: Ceremonial Role Events an ... cket/Pass Distributions A Public Document 1. Agency Name California RECEIVED County of Tulare For Official Use Only Division, Department, or Region (if applicable) OCT 1 9 2021 TULARE COUNTY OARD OF SUPERVISORS **Designated Agency Contact (Name, Title)** Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 559-636-5005 jtbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 50.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🗆 Event Description: Carry the Light Annual Event Date(s) \_\_10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: Name of Source If yes: Britt, Jason T. Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Health & Human Services Agency Promoting services and programs available to the public 2 within the county and supporting local charities **Board of Supervisors** Promoting services and programs available to the public 2 within the county and supporting local charities Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Valero, Eddie 1 Promoting services and programs available to the publication Ceremonial Role Income \_\_\_ Other If checking "Ceremonial Role" or "Other" describe below. 1 Micari, Larry Promoting services and programs available to the publication Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Verification

I have read	and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth	above, is in accordance
with the man	vino ma Ata	9				N.
with the real	IIICHTICALIS					

TVA

Jason T. Britt

County Administrative Officer

10/19/21

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

1.	Agency Name				RECEIVED	California 802
	County of Tulare				KECEIVED	
	Division, Department, or Regio	n (if applicable)			OCT 0 4 2021	For Official Use Only
	Designated Agency Contact (N	ame, Title)			TULARE COUNTY BOARD OF SUPERVISORS	
	Jason T. Britt, County Admini	strative Officer			Amendment (Must Provide	de Explanation in Part 3.)
		E-mail			_	
	559-636-5005	jtbritt@tularecour	nty.ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	ation	, , , , , , , , , , , , , , , , , , ,			25.00
	Does the agency have a ticket	et policy? Ye	s No 🗆 F	ace Value of	Each Ticket/Pass \$	25.00
	Event Description: United Wa	ay Annual Recog	nition Break	ate(s)9	<u>, 24 , 21 </u>	
	Ticket(s)/Pass(es) provided b	Provide Title/Exp		no:		
	Ticket(s)/Fass(es) provided b	y agency: Te	S INO	110.	Name of Source	
	Was ticket distribution made a	at the behest Ye	s■ No□ If	yes: Britt, Ja	SSON T.  Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agency	y's department or unit.	• Use Section B to it	dentify an individ	ual. Use Section C to identify an	outside organization.
	A. Name of Agency, Depart	tment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursua	nt to the agency's policy
	B. Name of Indivi		Number of Ticket(s)/ Passes		Identify one of the follow	wing:
				Assessment	nonial Role Other	Income
	Shuklian, Amy		1	1	king "Ceremonial Role" or "Other" describe	
				Promoting	services and programs av	allable to the public
	Minori Loren				nonial Role Other Making "Ceremonial Role" or "Other" describe	Income [
	Micari, Larry		1	0.50,000.00	services and programs av	
	C. Name of Outside Org		Number of Ticket(s)/		ne public purpose made pursuar	
	` .		Passes			
_						
1.	Verification	C Populations 190	14.1 and 19042	I have verified	that the distribution set forth	ahove is in accordance
	I have read and understand FPP with the requirements.	c Regulations 189	44.1 and 18942.	riave verified	ırıat irie distribution set forth	above, is in accordance
	TAND	Jason T. Bı	ritt	Cour	nty Administrative Officer	10/4/21
	Signature of Agency Head or Designee		Print Name	Coul	Title	(month, day, year)

Comment



A	gency Name		
3.	Recipients  • Use Section A to identify the agency's department or unit.	Ușe Section B to id	dentify 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
-			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
•	Vander Poel, Pete	1	Promoting services and programs available to the public
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Valero, Eddie	1	Promoting services and programs available to the public
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Britt, Jason	1	Promoting services and programs available to the public
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	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
: • .			
			<u> </u>

**Print** 

	Agency Name County of Tulare				RECEIVE	Form 802
Ē	County of Tulare Division, Department, or Reg	ion (if applicable)			SEP 2 8 2021	For Official Use Only
Ī	Designated Agency Contact (	(Name,Title)			TULARE COUNTY BOARD OF SUPERVISOR	S
×	Jason T. Britt, County Admi Area Code/Phone Number	nistrative Officer			Amendment (Must Provide I	Explanation in Part 3.)
	559-636-5005	jtbritt@tularecounty	.ca.gov		Date of Original Filing:	onth, day, year)
2. 1	Function or Event Infor	mation				30.00
	Does the agency have a ticl				Each Ticket/Pass \$	30.00
F	Event Description: TCAOR	Centennial Celebration	on D	oate(s)	<u>, 17 , 21                                   </u>	
-	Ticket(s)/Pass(es) provided			no:	Name of Source	
١	Was ticket distribution made	e at the behest Ves		yes: Britt, Ja	son T.	
- 7	of agency official?	- C 163	NO	,	Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit. • U	Jse Section B to ic	dentify an individu	ual. Use Section C to identify an o	utside organization.
	A. Name of Agency, Depart		Number of Ticket(s)/ Passes		e public purpose made pursuant	
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, Fir	rst)	Passes	0	nonial Role Other	Income
	Shuklian, Amy		2	If checi	king "Ceremonial Role" or "Other" describe buservices and programs ava	elow:
	10.000 20.001				nonial Role Other Minima "Ceremonial Role" or "Other" describe be	Income _
	Micari, Larry		2	1170.7500.000	services and programs ava	
	C. Name of Outside C		Number of Ticket(s)/ Passes		ne public purpose made pursuant	
	Verification	DDO Demilations 40044	1 and 19040	I have verified	that the distribution set forth a	hove is in accordance
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 16942.	i nave vermed	that the distribution set form a	bovo, io in accordance
	ZVAP	Jason T. Britt		Cour	nty Administrative Officer	9/23/21
11.5	Signature of Agency Head or Desig  Comment:	nee Pr	rint Name		Title	(month, day, year)



Recipients Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify an individual. Use Section C to identify an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
Vander Poel, Pete	1	Promoting services and programs available to the publ
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
	<u> </u>	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic

**Print** 

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Form County of Tulare For Official Use Only Division, Department, or Region (if applicable) SEP 2 0 2021 TULARE COUNTY BOARD OF SUPERVISOR Designated Agency Contact (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 559-636-5005 itbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 150.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🗌 Event Description: CASA Once Upon a Dream Gala Ticket(s)/Pass(es) provided by agency? If no: \_\_ Yes No Name of Source If yes: Britt, Jason T. Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Promoting services and programs available to the public County Administrative Office Staff 1 within the county and supporting local charities Board of Supervisors Staff Promoting services and programs available to the public 1 within the county and supporting local charities Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 1 Valero, Eddie Promoting services and programs available to the public, Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the

Print

Head or Designee

Signature

Comme



Print Name

Jason T. Britt

County Administrative Officer

8/27/21

(month, day, year)



 gency Name					
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.					
Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
Health & Human Services Agency Staff	1	Promoting services and programs available to the publi within the county and supporting local charities			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Incom			
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:			
Name of Outside Organization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's polic			
(include address and description)	Passes	Describe the public purpose made pursuant to the agency of points			
<u> </u>					

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#### Agency Report of:

	eremonial Role Even	ts and Ticket	/Pass Distri	butions	AI	Public Document	
	Agency Name	8			Date Stamp	California 802	
	County of Tulare Division, Department, or Region (if applicable)			RECEIVED	For Official Use Only		
	Division, Department, or Reg	ion (ir applicable)			SEP 0 1 2021		
	Designated Agency Contact (Name, Title)			TULARE COUNTY BOARD OF SUPERVISOR			
	Jason T. Britt, County Administrative Officer				Amendment (Must Pro		
	Area Code/Phone Number E-mail				Date of Original Filing:		
	559-636-5005	jtbritt@tularecou	nty.ca.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	Function or Event Information 50.00					
	Does the agency have a tick	100 1 100 110 1.8		ace Value of	Each Ticket/Pass \$	30.00	
	Event Description: State of	Event Description: State of the City - Tulare Chamber Date(s) 08 / 27 / 21					
	Ticket(s)/Pass(es) provided	Provide Title/Ex	es 🔲 No 🔳 If	no:	Name of Source		
				Dritt la	Name of Source		
	Was ticket distribution made	at the behest Ye	es 🔳 No 🗌 🏻 If	yes: Britt, Ja	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agent	cy's department or unit.		dentify an individ	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy	
			Passes				
			Number				
	B. Name of Indi		of Ticket(s)/		Identify one of the fo	llowing:	
			1 43333	Cerer	monial Role Other	Income	
	Vander Poel, Pete		1		king "Ceremonial Role" or "Other" desc	cribe below:	
				Presenting			
	Dritt Jacon T				monial Role Other Meking "Ceremonial Role" or "Other" desc	Income Income	
	Britt, Jason T.		1	Telescone Contraction	county resources and p		
	Name of Outside O	rganization	Number	- 9-2-10-10-10-10-10-10-10-10-10-10-10-10-10-			
	C. (include address and		of Ticket(s)/ Passes	Describe tr	ne public purpose made purs	uant to the agency's policy	
	Marie Acceptance of the Control of t						
_	Verification						
••	I have read and understand FP	PPC Regulations 189	944.1 and 18942.	I have verified	that the distribution set for	rth above, is in accordance	
	with the requirements.		c severation (management) (number (management))		annessa a decembro de especial de la companya de l		
		Jason T. B	ritt	Cou	nty Administrative Office		
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)	
	Comment						

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

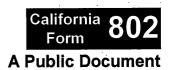


**A Public Document** 

ntify an individual. Use Section C to identify an outside organization.  Describe the public purpose made pursuant to the agency's policy
Describe the public purpose made pursuant to the agency's policy
Identify one of the following:
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Promoting county resources and programs
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Describe the public purpose made pursuant to the agency's policy

**Print** 

1.	Agency Name				RECEIVED	California 802	
	County of Tulare						
	Division, Department, or Region (if applicable)			AUG 27 2021	For Official Use Only		
	Designated Agency Contact (Name, Title)			TULARE COUNTY OARD OF SUPERVISORS			
	Jason T. Britt, County Administrative Officer Area Code/Phone Number   E-mail				Amendment (Must Provide Explanation in Part 3.)		
	559-636-5005	itbritt@tularecoun	ty ca gov		Date of Original Filing:	(month, day, year)	
_			ty.oa.gov		(A)	(month, day, year)	
2.	Function or Event Infor			\ /-lf	Fook Ticket/Dags ¢	62.50	
		Does the agency have a ticket policy? Yes No Tace Value of Each Ticket/Pass \$					
	Event Description: State of the County - Visalia Chamber Date(s) 08 / 26 / 21						
	Ticket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no:					
				Britt Ia	Name of Source		
	Was ticket distribution made	e at the behest Yes	No 🗌	yes: Ditt, oc	Official's Name (Last, First)		
	of agency official?						
3.	Recipients		NAME OF THE OWNER OWNER OF THE OWNER OWNE				
	Use Section A to identify the ager	• 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, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
				-			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
				No. of the last of	monial Role Other O	Income  Income	
	Shuklian, Amy		2	Presenting	king "Ceremonial Role" or "Other" desc	Tibe below.	
			-				
	Britt, Jason T.				monial Role Other Making "Ceremonial Role" or "Other" desc	Income Income	
	Britt, Gdoor 1.		1	Promoting	county resources and p	orograms	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy	
	(melade address and	r description,	Passes				
4.	Verification						
	I have read and understand FF	PPC Regulations 1894	14.1 and 18942.	I have verified	that the distribution set for	rth above, is in accordance	
	with the requirements				0/07/04		
	Jason T. Britt			Cou	nty Administrative Office	er 8/27/21 (month, day, year)	
	Signature of Agency Head or Design	nee	Print Name		Tiue	(month, day, year)	
	Comment.						



gency Name		,			
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			
Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
Micari, Larry	1	Promoting county resources and programs			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
Hess, John	1	Promoting county resources and programs			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
Lutz, Tim	1	Promoting county resources and programs			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
England, Denise	1	Promoting county resources and programs			
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			
. 1					

**Print** 

Ceremonial Role Events an cket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** RECEIVED County of Tulare For Official Use Only Division, Department, or Region (if applicable) AUG 2 3 2021 **Designated Agency Contact** (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 559-636-5005 jtbritt@tularecounty.ca.gov (month, day, year) 2. Function or Event Information 125.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No Event Description: Salt & Light Summer Soiree Fundraise Date(s) 08 / 20 / 21 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: \_ Name of Source If yes: Britt, Jason T. Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income Other \_ If checking "Ceremonial Role" or "Other" describe below: 1 Shuklian, Amy Promoting services available to the public within the Cour Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Valero, Eddie 1 Promoting services available to the public within the Cour Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 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. County Administrative Officer 8/23/21 Jason T. Britt Title (month, day, year) Signature ency Head or Designee Print Name

Comment

Agency Report of:

F. -A



Αg	Agency Name						
	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)/	Describe the public purpose made pursuant to the agency's policy				
		rasses	· 鐵度 · 克隆 · 克里特 · · · · · · · · · · · · · · · · · · ·				
	<del></del>						
•	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
	Micari, Larry	2	Promoting services available to the public within the Cou				
	:		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
	Vander Poel, Pete	2	Promoting services available to the public within the Cou				
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
	Townsend, Dennis	2	Promoting services available to the public within the Cou				
-			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
		,					
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
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	· · · · · · · · · · · · · · · · · · ·	<u> </u>					

**Print** 

Ceremonial Role Events and ...cket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** RECEIVED County of Tulare For Official Use Only Division, Department, or Region (if applicable) MAY 2 4 2021 Board of Supervisors **Designated Agency Contact** (Name, Title) Jason T. Britt, County Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 559-636-5005 jtbritt@tularecounty.ca.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\_\_\_\_\_ Does the agency have a ticket policy? Yes ✓ No 🗆 Date(s)  $\frac{06}{12}$  , 21 Family Services of Tulare County - Guest C Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \_\_\_ Income \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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 Jason T. Britt County Adminstrative Officer 05/24/21 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment



gency Name ounty of Tulare		
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income I Income I Income I Income I I Checking "Ceremonial Role" or "Other" describe below:
Amy Shuklian	1 '	Promoting cultural, recreational or educational facilities, service
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ceremonial Role Other Income
Eddie Valero	1	Promoting cultural, recreational or educational facilities, service
		Ceremonial Role ☐ Other ☑ Income ☐  If checking "Ceremonial Role" or "Other" describe below:
Dennis Townsend	1	Promoting cultural, recreational or educational facilities, service
		Ceremonial Role ☐ Other ☑ Income ☐  If checking "Ceremonial Role" or "Othér" describe below:
Larry MIcari	1	Promoting cultural, recreational or educational facilities, service
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
,		