

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		COUNTY OF SACRAMENTO BOARD OF SUPERVISORS 10 SEP 21 PM 2:00	California Form <b>802</b> For Official Use Only
COUNTY OF SACRAMENTO			
Division, Department, or Region (if applicable) Dept. of Economic Development and Intergovernmental Affairs			
Street Address 700 H Street, Room 7650; Sacramento, CA 95814			
Area Code/Phone Number 916-874-5603	E-mail konoa@saccounty.net	<input type="checkbox"/> Amendment (Must explain in Part 5.) - Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Annette Kono, ASO I			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 09 / 11 / 10 Description of Event: Airshow  
09 / 12 / 10 Face Value of Ticket: \$ 150.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: California Capital Airshow

Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
SEE ATTACHMENT		

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

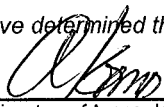
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

	Annette Kono	Admin. Svc. Ofcr. I	09/21/2010
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
 \_\_\_\_\_

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Dickinson, Roger	2	To support and show appreciation for community and nonprofit programs that benefit County residents
MacGlashan, Roberta	2	To support and show appreciation for community and nonprofit programs that benefit County residents
McGinness, John	2	To support and show appreciation for community and nonprofit programs that benefit County residents
Scully, Jan	2	To support and show appreciation for community and nonprofit programs that benefit County residents
Yee, Jimmie	2	To support and show appreciation for community and nonprofit programs that benefit County residents

COUNTY OF SACRAMENTO  
 BOARD OF SUPERVISORS  
 10 SEP 21 PM 12: 00