

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

COUNTY OF SACRAMENTO
BOARD OF SUPERVISORS

A Public Document

1. Agency Name

County of Sacramento

Division, Department, or Region (If Applicable)

Board of Supervisors, District 2

Designated Agency Contact (Name, Title)

Mamie Yee, Chief of Staff

Area Code/Phone Number

(916) 874-5481

E-mail

yeema@saccounty.net

Date Stamp

13 APR -5 PM 12:45

California Form **802**

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 04/02/2013
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ 15.00

Event Description River Cats Baseball Vouchers
Provide Title/Explanation

Date(s) 04 / 01 / 13 09 / 02 / 13

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

If no: _____
Name of Source

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

If yes: Yee, Mamie
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
(see attached list)	400	To support and show appreciation for community/non-profit programs/services
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	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>
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

Mamie Yee
Print Name

Chief of Staff
Title

04/02/13
(Month, Day, Year)

Comment: _____

2013 River Cats Vouchers Distribution (400)

La Familia Counseling Center, Inc. 50
5523 – 34th Street
Sacramento, CA 95820
Attn: Mayra

Boys and Girls Club 50
5212 Lemon Hill Avenue
Sacramento, CA 95824
Attn: Ms. Judy McCurry

Laura Grossman 50
Sheriff's Department
7000 – 65th Street
Sacramento, CA 95823

Mr. Michael Whitton 50
PENNA
5029 Spica Parkway
Sacramento, CA 95823

Mr. Bob Wilson 50
PENA
7408 West Parkway
Sacramento, CA 95823

Asian Community Center 50
7375 Park City Drive
Sacramento, CA 95831
Attn: Dr. Donna Yee

Sacramento Chinese Community Service Center 50
420 I Street, Ste. 5
Sacramento, CA 95814
Attn: Henry Kloczkowski

Staff 50