

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp COUNTY OF SACRAMENTO BOARD OF SUPERVISORS	<b>California Form 802</b> For Official Use Only
County of Sacramento		2019 MAY -8 PM 3:22	
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Lisa Nava, Chief of Staff			
Area Code/Phone Number 916-874-5485	E-mail naval@saccounty.net	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: River Cats Baseball Vouchers    Date(s) 04 / 01 / 19    10 / 01 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Serna, Phil  
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
See attached list.	400	Provide tickets to youths/seniors in support and appreciation for community/non-profit programs/services.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

**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	<u>LISA NAVA</u> Print Name	<u>CHIEF OF STAFF</u> Title	<u>5/7/19</u> <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

**Sacramento County  
Supervisor Phil Serna, District 1  
2019 River Cats Vouchers Distribution**

Breakthrough Sacramento Attn: Faith Galati 5320 Hemlock St., Room 7 Sacramento, CA 95841	50	Underserved youth/families
Sacramento Junior Giants c/o Coach Paula Villescaz 4039 Oak Villa Circle Carmichael, CA 95608	50	Underserved youth Del Paso Hts.
Roberts Family Development Center Attn: Derrell Roberts 770 Darina Avenue Sacramento, CA 95815	50	Underserved youth/families
Stanford Settlement Neighborhood Center Attn: Sister Jeanne Felion 450 West El Camino Avenue Sacramento, CA 95833	50	Underserved youth/families
Instituto Mazatlan Bellas Artes de Sacramento Attn: Abraham Perez, Director 4300 Stockton Blvd. Sacramento, CA 95820	50	South Oak Park underserved youths
Sheriff's Activities League Attn: Sergeant Cary Trzcinski #124 Director of Sheriff's Activities League Sacramento County Sheriff's Department Non-Profit Taxpayer ID # 45-2402757	150	South Oak Park underserved youths