Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

D D D	County of Sacramento			lī.		alifornia 802			
D B									
B D	Division, Department, or Regi	County of Sacramento				Form CV4			
D	Division, Department, or Region (If Applicable) Board of Supervisors, District 4				AUG 1 4 2014				
C	Designated Agency Contact (Name, Title)				OARD OF SUPERVISORS				
	Celia Coronado				Amendment (Must provide explanation in Part 3.)				
Ā	Area Code/Phone Number E-mail				Date of Original Filing: August 14, 2014 (Month, Day, Year)				
9	916-874-5491 coronadoc@		saccounty.net						
2. F	Function or Event Information								
D	Does the agency have a ticket policy? Yes ☒ No ☐								
E	Event Description California Capital Airshow Provide Title/Explanation Date(s)				0 , 06 , 14 09				
	Frovide Hue/Explanation								
T	Ticket(s)/Pass(es) provided by agency? Yes ☑ No [Name of Source					
V	Was ticket distribution made at the behest No ☐ Yes ☒ If yes:			XI If yes. Mac	MacGlashan, Roberta				
(of agency official?			Official's Name (Last, First)					
3. F	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.								
P	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the	agency's policy			
•									
Ē	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:				
-				Ceremonial Role If checking "Ceremor	Other Initial Role" or "Other" describe below:	Income 🗌			
-				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income			
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to the agency's policy				
	Antelope Lions Club 7909 Walerga Rd, Antelope, CA 95843		8		o a community organization whose mission is to the youth of the community				
	Verification have read and understand FPPC Requ	lations 18944 1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance with the re	equirements.			
,,	Cele à a Conon	edo	Celia Corc		Deputy Chief of Staff	08/14/2014			
•••	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)			