

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

COUNTY OF SACRAMENTO
 BOARD OF SUPERVISORS A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Sacramento		11 JUN 26 PM 2:23	For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, District 1		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>06/26/14</u> <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Lisa Nava, Chief of Staff			
Area Code/Phone Number	E-mail		
(916) 874-5485	naval@saccounty.net		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25.00

Event Description River Cats Baseball Vouchers Date(s) 04 / 01 / 14 09 / 01 / 14
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? No Yes If yes: Serna, Phil
Official's Name (Last, First)

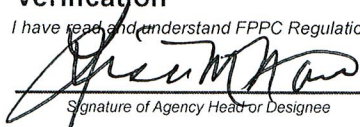
3. Recipients

• 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
(see attached list)	400	Provide tickets to deserving youth; show support and 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"/> <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)/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.

 Lisa Nava Chief of Staff 06/26/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

2014 River Cats Vouchers Distribution (400 total)

California Form 802 Attachment

Junior Giants Little League c/o Coach Paula Villescaz City of Sacramento Parks and Recreation Department 915 I Street, Fifth Floor Sacramento, CA 95814	100
Sheriff's Department 7000 65 th St Sacramento, CA 95823 Attn: Sam Flores, Program Director Sacramento Sheriff's Activities League, Family Life Center	100
Stanford Settlement Neighborhood Center 450 West El Camino Avenue Sacramento, CA 95833 Attn: Sister Jeanne Felion	50
North Natomas Little League - c/o Coach Valeri Garcia 34 Topam Court Sacramento, CA 95833	30
Boys and Girls Club 1117 G Street Sacramento, CA 95814 Attn: Curtis Harrison	50

California Form 802 Attachment (cont.)

Roberts Family Development Center	50
770 Darina Avenue	
Sacramento, CA 95815	
Attn: Derrell Roberts	
Staff	20