

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

COUNTY OF SACRAMENTO  
BOARD OF SUPERVISORS A Public Document

<b>1. Agency Name</b>		Date Stamp <b>14 APR 16 PM 2: 10</b>	<b>California Form 802</b>
County of Sacramento		For Official Use Only	
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Mamie Yee, Chief of Staff			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(916) 874-5481	yeema@sacounty.net	Date of Original Filing: <u>04/16/14</u> <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 \$ 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: Yee, Jimmie R. Yee  
Official's Name (Last, First)

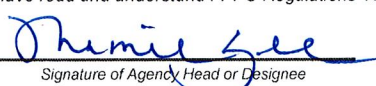
**3. Recipients**

• 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 <small>(Last, First)</small>	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 <small>(include address and description)</small>	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.*

 <small>Signature of Agency Head or Designee</small>	Mamie Yee <small>Print Name</small>	Chief of Staff <small>Title</small>	04/16/14 <small>(Month, Day, Year)</small>
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## 2014 River Cats Vouchers Distribution (400)

La Familia Counseling Center, Inc. 5523 – 34 <sup>th</sup> Street Sacramento, CA 95820 Attn: Oralia Bermudez	50
Boys and Girls Club 5212 Lemon Hill Avenue Sacramento, CA 95824 Attn: Ms. Debbie Kemp	50
Laura Grossman Sheriff's Department 7000 – 65 <sup>th</sup> Street Sacramento, CA 95823	50
Mr. Michael Whitton PENNA 5029 Spica Parkway Sacramento, CA 95823	50
Mr. Bob Wilson East Parkway 7408 West Parkway Sacramento, CA 95823	50
Asian Community Center 7375 Park City Drive Sacramento, CA 95831 Attn: Dr. Donna Yee	50
Sacramento Chinese Community Service Center 420 I Street, Ste. 5 Sacramento, CA 95814 Attn: Henry Kloczkowski	50
Staff	50