

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

**A Public Document**

**1. Agency Name**

Sacramento County Board of Supervisors

Division, Department, or Region (if applicable)

District 4

Designated Agency Contact (Name, Title)

Matt Hedges, Chief of Staff

Area Code/Phone Number

(916) 874-5491

E-mail

HedgesM@SacCounty.net

COUNTY OF SACRAMENTO  
BOARD OF SUPERVISORS

2017 SEP -7 AM 10:26

California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 7/24/17  
(month, day, year)

**2. Function or Event Information**

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

Event Description: River Cats Baseball Tickets Date(s) 4 / 6 / 17 9 / 4 / 17

*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: Matt Hedges

*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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Ellinghouse, Andrea	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: For participation in community engagement
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
Casa Roble Ramsmen Boosters 9151 Oak Avenue, Orangevale, CA 95662	40	To support the Casa Roble Sober Grad Night

**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.


Matt Hedges
Chief of Staff
9-6-17  
 Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_