

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

A Public Document

1. Agency Name County of Sacramento		COUNTY OF SACRAMENTO BOARD OF SUPERVISORS Date Stamp 2017 APR 24 PM 3:42	California Form 802 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: _____ (month, day, year)
Designated Agency Contact (Name, Title) Lisa Nava, Chief of Staff			
Area Code/Phone Number 916-874-5485	E-mail 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) 05 / 01 / 17 09 / 01 / 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: 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 deserving youth; show 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	Lisa Nava Print Name	Chief of Staff Title	<u>4/24/17</u> (month, day, year)
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Comment: _____

**Sacramento County
Supervisor Phil Serna, District 1
2017 River Cats Vouchers Distribution (400 total)**

<p>Sheriff's Activities League Attn: Sergeant Cary Trzcinski #124 Director of Sheriff's Activities League 7000 65th St., Sacramento, CA 95823 Non-Profit Taxpayer ID # 45-2402757</p>	<p>150</p>	<p>South Oak Park underserved youth</p>
<p>Stanford Settlement Neighborhood Center Attn: Sister Jeanne Felion 450 West El Camino Avenue Sacramento, CA 95833</p>	<p>50</p>	<p>Underserved youth/families</p>
<p>Roberts Family Development Center Attn: Derrell Roberts 770 Darina Avenue Sacramento, CA 95815</p>	<p>50</p>	<p>Underserved youth/families</p>
<p>Next Move Sacramento Attn: Marilyn Mann, Director of Community Partnerships 2925 34th Street Sacramento, CA 95817</p>	<p>50</p>	<p>South Oak Park underserved families</p>
<p>Sacramento Junior Giants c/o Coach Paula Villescaz 4524 Wyman Dr. Sacramento, CA 95821</p>	<p>50</p>	<p>Underserved youth Del Paso Hts.</p>
<p>River Oak Center for Children Attn: Lisa Gates 5445 Laurel Hills Drive Sacramento, California 95841</p>	<p>50</p>	<p>Underserved youth/families</p>