Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** Date Stamp California 1. Agency Name **Form** Sacramento County For Official Use Only 2022 JUN 16 PM 12: 1 G Division, Department, or Region (if applicable) Board of Supervisors - District 4 **Designated Agency Contact** (Name, Title) Matt Hedges - Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 916-874-8162 hedgesm@saccounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$13}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sacramento Rivercats Provide Title/ Explanation If no: Sacramento Rivercats Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** To be given to children via local non-profits. Folsom Police Foundation 40 To be given to children via local non-profits. Sunrise Recreation and Park District 120 4. Verification

I have read and understand FPPC Regulations	18944.1	and 18942	. I have	verified tha	at the	distribution	set forth	above,	is in a	accordance
with the requirements.										

//M an	Matt Hedges	Chief of Staff	6/16/2022		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
Comment:					

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



ency Name ramento County		
Recipients	Use Section B to ic	lentify 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:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income I Income I If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
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
Rio Linda Elverta Recreation and Park District	120	To be given to children via local non-profits.
Lilliput Families	20	To be given to children via local non-profits.
Orangevale Chamber of Commerce	120	To be given to children via local non-profits.