

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF SACRAMENTO		COUNTY OF SACRAMENTO BOARD OF SUPERVISORS	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Dept. of Economic Development and Intergovernmental Affairs			
Street Address 700 H Street, Room 7650; Sacramento, CA 95814		10 SEP 21 PM 12:00	
Area Code/Phone Number 916-874-5603	E-mail konoa@saccounty.net		
Agency Contact (name and title) Annette Kono, ASO I			
		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 09 / 11 / 10 Description of Event: Airshow Gala  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 60.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: California Capital Airshow  
 Number of Tickets Received: 4 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

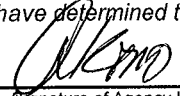
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
MacGlashan, Roberta	2	To support nonprofit program that benefit residents
McGinness, John	2	To support nonprofit program that benefit residents

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_  
 Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Annette Kono Admin. Svc. Ofcr. I 09/21/2010  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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