Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY

Ageney Report					AGENCY REPORT	
1. Agency Name				Date Stamp	California 802	
COUNTY OF SACRAMENTO Division, Department, or Region (if applicable) Dept. of Economic Development and Intergovernmental Affairs				DECEIVE	J	
				JUN 1 9 2010		
						Street Address
700 H Street, Room 7650				BOARD OF SUPERVISOR	8	
Area Code/Phone Number E-mail				Amendment (Must explain	in Part 5.1	
916-874-5603 konoa@saccounty.net			Turiorianione (madi explain	mr an o.y		
Agency Contact (name and title)		Date of Original Filing:	nonth, day, year)			
Annette Kono, ASO I				,	,,, y & &,	
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event: 05 / 14	, 10 Descr	ription of Ever	nt. Amgen Tou	ır of California Gala Dinnei	•	
Date(s) of Event: 05 / 14 / 10 Description of Event: Amgen Tour of California Gala Dinner 300/ea.						
	Face	Value of Ticke	et: \$	***************************************		
Agency Event ☐ Yes	⊠ No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of Ti	ialcat(a) Drovidad t	Sa	acramento Spo	rts Commission		
Name of Outside Source of Ti	cket(s) Provided to	o Agency:	·			
Number of Tickets Received: 7 Ticket(s) Provided to Agency: Gratuitously 🗵 Pursuant to Contract						
3. Agency Official(s) Receiv	vina Ticket(s) (us	e a continuatio	on sheet for addi	tional names)		
				-	4- H- Off : 1	
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		

See Attachment						
1 Individual on Organization	n Dessiulus Tis	katia) (D				
4. Individual or Organization	n Receiving Tic	Ket(s) (Provid	ded at the behes	et of an agency official.)		
Name of Behesting Agency O	fficial:					
Name of Individual or Organiz	zation:	 .		Number of	f Tickets:	
	•					
Description of Organization: _				with the second		
Address of Organization						
Address of Organization: Numb	per and Street		City		State Zip Code	
Purpose for Distribution: (Des	cribe the public pur	noce for the dis	etribution to the	organization)	i. Ve	
Tarpede for Biotribation. (Bee	one the public puri	pose for the dis		organization.)	* \$_ ₁ /	
				· · · · · · · · · · · · · · · · · · ·		
5. Verification						
I have defeninged that the distrib	uution of tickets set f	orth ahove is in	accordance wit	th the provisions of EPPC Re	gulation 18044 1	
There actoffinged that the distrib			· accordance wit	in the provisions on FFC Ne		
Strano	Annette Kon		Adm	in. Service Officer I	05-25-2010	
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)	
Comment: (Use this space or an a	attachment for any add	ditional information	on including amen	dment explanation.)		

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		
Dickinson, Roger	2	A community event to which the County is a sponsor		
MacGlashan, Roberta	2	A community event to which the County is a sponsor		
Yee, Jimmie	1	A community event to which the County is a sponsor		
Leonard, Robert	2	A community event to which the County is a sponsor		
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