Agency Report	A Public I	Document <u>Çbanı</u> ı	TICKETS PROVIDED B
1. Agency Name		Øate/Star	hip SUPE California 202
County of Sacramento			
Division, Department, or Region (if app	licable)	DECE	For Official Use Only
Board of Supervisors, District 2			
Street Address		AUG 2 6	2010
700 H Street, Suite 2450, Sacramen	to, CA 95814		
Area Code/Phone Number E-mail		BOARD OF SUP	ERMSORS IMust exolair n Part 5.)
	@saccounty.net	Date of Origina	
Agency Contact (name and title)	Agency Contact (name and title)		
Mamie Yee, Special Assistant			
2. Event For Which Tickets Were I	Distributed		
Date(s) of Event: 4 / 1 / 10	_ Description of Event: _	····	
	Face Value of Ticket: \$		
Agency Event ☐ Yes ☒ No	(Identify source of tickets b	elow.)	
Name of Outside Source of Ticket(s)	Provided to Agency: Sacrai	mento River Cats	· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received: 400	Ticket(s) Provide	d to Agency: 🔲 Gratuito	ously 🗵 Pursuant to Contrac
			ously 🗵 Pursuant to Contrac
		neet for additional names) State Whether the Distribut	ion is Income to the Official or urpose for the Distribution
3. Agency Official(s) Receiving Tio	cket(s) (use a continuation sh	neet for additional names) State Whether the Distribut	ion is Income to the Official or
3. Agency Official(s) Receiving Tic  Name of Official (Last, First)  4. Individual or Organization Rece	Number of Tickets  Piving Ticket(s) (Provided a	neet for additional names) State Whether the Distribut Describe the Public Pu	ion is Income to the Official or urpose for the Distribution
Name of Official (s) Receiving Tice  Name of Official (Last, First)  4. Individual or Organization Receiving Agency Official:	Number of Tickets  eiving Ticket(s) (Provided a Supervisor Jimmie R. Yee	neet for additional names) State Whether the Distribut Describe the Public Pu	ion is Income to the Official or urpose for the Distribution
3. Agency Official(s) Receiving Tic  Name of Official (Last, First)  4. Individual or Organization Rece	Number of Tickets  eiving Ticket(s) (Provided a Supervisor Jimmie R. Yee	neet for additional names) State Whether the Distribut Describe the Public Pu	ion is Income to the Official or urpose for the Distribution
Name of Official (s) Receiving Tice  Name of Official (Last, First)  4. Individual or Organization Receiving Agency Official:	Number of Tickets  eiving Ticket(s) (Provided a Supervisor Jimmie R. Yee  See attachment	neet for additional names) State Whether the Distribut Describe the Public Pu	ion is Income to the Official or urpose for the Distribution
3. Agency Official(s) Receiving Tice  Name of Official (Last, First)  4. Individual or Organization Receivation R	Piving Ticket(s) (Provided a Supervisor Jimmie R. Yee See attachment ment	neet for additional names) State Whether the Distribut Describe the Public Pu	ion is Income to the Official or urpose for the Distribution

## 5. Verification

I have determined that the distribution	on of tickets set forth above is in accordance	ce with the provisions of FPPC Regulation 18944.	1.1.
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Thing see-	Mamie Yee	Special Assistant, District 2	08-31-10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

## 2010 RIVER CATS VOUCHERS – DISTRIBUTION/LIST (400) SUPERVISOR JIMMIE R. YEE, DISTRICT 2

LAFAMILIA COUNSELING CENTER, INC. 5523 – 34 <sup>th</sup> Street Sacramento, CA 95820 Attn: Mayra	(50)
BOYS AND GIRLS CLUB 5212 Lemon Hill Avenue Sacramento, CA 95824 Attn: Ms. Judy McCurry	(50)
KATHLEEN KENNEDY-WILLIAMS Sheriff's Department – Crime Prevention 7000 – 65 <sup>th</sup> Street Sacramento, CA 95823	(50)
PENNA 7000 – 4 <sup>th</sup> Parkway Sacramento, CA 95823 Attn: Mrs. Betty Whitman	(74)
ASIAN COMMUNITY CENTER 7375 Park City Drive Sacramento, CA 95831 Attn: Dr. Donna Yee	(50)
PARKWAY LITTLE LEAGUE P. O. Box 231772 Sacramento, CA 95823 Attn: Ms. Kris Wimberly	(50)
SACRAMENTO CHINESE COMMUNITY SERVIC 420 I Street Sacramento, CA 95814 Attn: Mr. Henry Kloczkowski	CE CENTER (37)
STAFF	(39)