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

**A Public Document** 

1.	. Agency Name				G G California 802		
	County of Sacramento					Form OUZ	
	Division, Department, or Regi	<del>)</del>	L ·	N 110 - 0 2012   -	For Official Use Only		
	Board of Supervisors				MAY - 9 2012		
	Designated Agency Contact (Name, Title)			BC	ARD OF SUPERVISORS		
	Mamie Yee, Chief of Staff			<u></u>			
	Area Code/Phone Number		· · · · · · · · · · · · · · · · · · ·	Amendment (Must provide	explanation in Part 3.)		
			county.net		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				114	omir, Day, Teary	
	Does the agency have a ticke	Yes ☐ No	□ Face Value o	of Each Ticket/Pass \$	14.00		
	Pivor Cata Voughara				01 , 12 0	9 , 02 , 12	
	Event Description Provide Title/Explanation			Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No			If no: River Cats			
				Name of Source			
	Was ticket distribution made at the behest of agency official?		No ⊠ Yes	If yes: Yee,	If yes: Yee, Jimmie R., Sacramento County Bd. of Sup.  Official's Name (Last, First)		
			·· <del>····</del> ···· · · · · · · · · · · · · ·	Onicial S Ivaine (Last, 1	поц		
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		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	(see attached list)		400	To support and show appreciation for community/non-profit program/services			
			400				
		To the second distribution of			Park Selection of the control of the		
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role	Other	M	
					ll Other ll nial Role" or "Other" describe below:	Income L	
				Ceremonial Role	Other  mial Role" or "Other" describe below:	Income	
				ii checking ceremon	narrole of Other accombo bolom.		
	C Name of Outside Organ		Number of Ticket(s)/	Describe the put	blic purpose made pursuant to th	na adancyje naljevi	
	(include address and description)		Pass(es)	Describe the put	olic purpose made pursuant to tr	le agency's policy	
4.	Verification						
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance with the	requirements.	
	Ohany See		Mamie \	<del></del>	Chief of Staff	05/08/12	
	Signature of Agency Head or Designee Print Name			<del>10</del>	Title	(Month, Day, Year)	
	Comment:						
	COMMISSION.					EDDC Form 902 (4/12)	

## 2012 River Cats Vouchers Distribution

La Familia Counseling Center, Inc. 5523 – 34 <sup>th</sup> Street		
Sacramento, CA 95820		
Attn: Mayra		
Boys and Girls Club	60	
5212 Lemon Hill Avenue		
Sacramento, CA 95824		
Attn: Ms. Judy McCurry		
Laura Grossman	60	
Sheriff's Department		
7000 – 65 <sup>th</sup> Street		
Sacramento, CA 95823		
Mrs. Betty Whitman	25	
PENNA		
7000 – 4 <sup>th</sup> Parkway		
Sacramento, CA 95823		
Mr. Curtis Banks	25	
PENA		
4844 L Parkway		
Sacramento, CA 95823		
Asian Community Center	50	
7375 Park City Drive		
Sacramento, CA 95831		
Attn: Dr. Donna Yee		
	(0	
Sacramento Chinese Community Service Center	60	
420 I Street, Ste. 5		
Sacramento, CA 95814		
Attn: Henry Kloczkowski		
Staff	60	