

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions COUNTY OF SACRAMENTO BOARD OF SUPERVISORS **Public Document**

1. Agency Name County of Sacramento		2018 MAY 10 AM 9:57	California Form 802
Division, Department, or Region (if applicable) Board of Supervisors, District 1			For Official Use Only
Designated Agency Contact (Name, Title) Lisa Nava, Chief of Staff			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number 916-874-5485	E-mail naval@saccounty.net	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 37.00

Event Description: River Cats Baseball Vouchers Date(s) 04 / 10 / 18 08 / 30 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Serna, Phil
Official's Name (Last, First)

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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
See attached list	400	Game tickets to deserving youth; show support and appreciation for community/non-profit programs/services.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

4. Verification

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

_____ Lisa Nava _____ Chief of Staff _____ 4/5/18
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**

Agency Name

County of Sacramento

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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Sacramento County
Supervisor Phil Serna, District 1
2018 River Cats Vouchers Distribution (400 total)

Sheriff's Activities League Attn: Sergeant Cary Trzcinski #124 Director of Sheriff's Activities League 7000 65 th St., Sacramento, CA 95823 Non-Profit Taxpayer ID # 45-2402757	150	South Oak Park underserved youth
Stanford Settlement Neighborhood Center Attn: Sister Jeanne Felion 450 West El Camino Avenue Sacramento, CA 95833	50	Underserved youth/families
Roberts Family Development Center Attn: Derrell Roberts 770 Darina Avenue Sacramento, CA 95815	50	Underserved youth/families
Next Move Sacramento Attn: Rachel Wickland, Executive Director 2925 34th Street Sacramento, CA 95817	50	South Oak Park underserved families
Sacramento Junior Giants c/o Coach Paula Villescaz 4039 Oak Villa Circle Carmichael, CA 95608	50	Underserved youth Del Paso Hts.
River Oak Center for Children Attn: Lisa Gates 5445 Laurel Hills Drive Sacramento, California 95841	50	Underserved youth/families