

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

A Public Document

1. Agency Name		RECEIVED Date Stamp MAY 24 2018	California Form 802 For Official Use Only
Placer County Health and Human Services Division, Department, or Region (if applicable) Children's System of Care			
Designated Agency Contact (Name, Title) Kory Annonio, Health Educator and Advisory to Youth Commission		CO: CLERK ADMINISTRATION	
Area Code/Phone Number 530-886-2811	E-mail kannonio@placer.ca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		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 \$ 50-75

Event Description: Sacramento Kings Game Date(s) 03 / 01 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
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
Placer County Youth Commission	40	Promote efforts to advocate for youth initiatives and policy development.
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.

[Signature] JEFFREY S. BROWN DIRECTOR, PLACER CO. HHS 2/28/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____