

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

A Public Document

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|---|----------------------------------|--|---|
| 1. Agency Name Placer County Health and Human Services | | RECEIVED JUN 06 2018 | California Form 802 For Official Use Only |
| 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 \$ 96-151

Event Description: Sacramento Kings Game-TBD Date(s) 10 / 01 / 18 04 / 30 / 19
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)

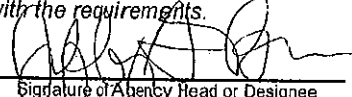
3. Recipients

• 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 | 2 | 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| 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.


JEFFREY S. BROWN
DIRECTOR
PLACER CO. HHS
5/31/2018
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____