

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

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<b>1. Agency Name</b>		Date Stamp <b>JUN 20 2018</b>	<b>California Form 802</b> For Official Use Only
COUNTY OF PLACER		<b>CO CLERK ADMINISTRATION</b>	
Division, Department, or Region (if applicable) DEPARTMENT OF PUBLIC WORKS AND FACILITIES			
Designated Agency Contact (Name, Title) KEN GREHM, DIRECTOR OF PUBLIC WORKS AND FACILITIES			
Area Code/Phone Number 530-886-4900	E-mail KGREHM@PLACER.CA.GOV	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 7

Event Description: PLACER COUNTY FAIR Date(s) 6 / 21 / 18 6 / 24 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: PLACER VALLEY SPORTS COMPLEX, INC  
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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
COUNTY OF PLACER, DEPARTMENT OF PUBLIC WORKS AND FACILITIES	12	Promote business activity within County, @ The Grounds; promote tourism and community event, the County Fair.
COUNTY OF PLACER, COUNTY EXECUTIVE OFFICE	12	Promote business activity within County, @ The Grounds; promote tourism and community event, the County Fair.
<b>B.</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>
<b>C.</b> 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.

 KEN GREHM DIRECTOR DPWF 06/19/18  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Continuation Sheet**

Agency Name

COUNTY OF PLACER

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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
County of Placer; County Counsel Office	12	Promote business activity within County, @ The Grounds; promote tourism and community event, the County Fair.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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