

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

A Public Document

1. Agency Name		Date Stamp	
County of Sacramento			
Division, Department, or Region (If Applicable)			
Board of Supervisors District 3			
Designated Agency Contact (Name, Title)			
Howard Schmidt, Chief of Staff			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>6-21-12</u> (Month, Day, Year)	
(916) 874-5471	schmidth@saccounty.net		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1.29

Event Description 7-11 Operation Chill Free Small Slurpee Date(s) 5 / 10 / 12 to 12 / 31 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Jeff Hetherington of 7-11
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Schmidt, Howard
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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Sheriff's Community Impact Program 2350 Northrop Ave., Sacramento, CA	300	Provide free small Slurpee coupons to youth participating in program

8942. I have verified that the distribution set forth above, is in accordance with the requirements.

Howard Schmidt _____ Chief of Staff _____ 6-20-2012
Print Name Title (Month, Day, Year)