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

A Public Document

1. Agency Name

Yolo County

Division, Department, or Region *(If Applicable)*

County Administrator's Office

Designated Agency Contact *(Name, Title)*

Alyssa Manprin, Executive Assistant to the CAO

Area Code/Phone Number	E-mail
530-666-8151	amanprin@yolocounty.org

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 04/19/2012 *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 0.00

Event Description Sacramento Rivercats tickets *Provide Title/Explanation*

Date(s) va / ri / es ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: _____ *Name of Source*

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Yolo County Board Districts 1-5	125ea	for volunteers from community service groups, educational programs and public and private charitable organizations.
Dept of Alcohol, Drug & Mental Health	37	for mental health consumers, juvenile drug court, adult drug court

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*

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

[redacted]

[redacted] 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

PATRICK S. BLACKLOCK *Print Name* COUNTY ADMINISTRATOR *Title* 4-19-2012 *(Month, Day, Year)*

Comment: _____

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Continuation Sheet

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Agency Name

Yolo County

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
Dept of Employment and Social Services	65	Foster children/foster parents
Dept of Human Resources	8	Employee recognition
Yolo County Library	15	Reading programs at branch libraries

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*

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