

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Yolo			
Division, Department, or Region (If Applicable)			
Board of Supervisors, District 4			
Designated Agency Contact (Name, Title)			
Oliver Snow, Assistant Supervisor's Deputy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
530-757-5553	oliver.snow@yolocounty.org	Date of Original Filing: <input type="text"/>	
		(Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description:  Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$

Date(s)

If no:  Name of Source

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
See Attached List	150	Provide game tickets to families and youth in support/ appreciation for community/non-profit programs.
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

**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 of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment:

**Yolo County**  
**Supervisor Jim Provenza, District 4**  
**2023 River Cats Vouchers Distribution (100 total)**

Scouts, BSA Troup 111 Carrie Gordon, Program Director 412 C Street Davis, CA 95616	50	Underserved youth
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Scouts, BSA Troup 1625 Brian Meux, Program Director 412 C Street Davis, CA 95616	50	Underserved youth
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