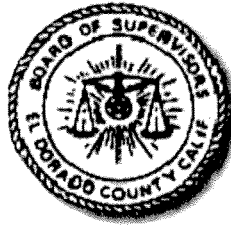


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03/20/09



## RESOLUTION NO. \_\_\_\_\_

### OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

#### DESIGNATION OF AGENCY OFFICIAL TO EXAMINE AGENCY GIFTS

**WHEREAS** the Political Reform Act, California Government Code §81000 et seq., comprehensively regulates gifts to public officials, including limitations and reporting requirements, and

**WHEREAS** the Fair Political Practices Commission (FPPC) adopts various regulations that interpret and implement the statutes governing gifts to public officials, and

**WHEREAS** under the Political Reform Act and FPPC regulations, certain gifts to a public agency that confer a personal benefit on a public official may be considered a gift to the agency or to the individual, and

**WHEREAS** the FPPC has recently amended its regulation, 2 California Code of Regulations (CCR) section 18944.2, which sets forth the criteria under which a public entity can make a determination of whether a gift to the agency which confers a personal benefit on a public official is a gift to the agency or to the official, and

**WHEREAS** Regulation 2 CCR §18944.2 requires that the determination of whether a particular gift is to the agency or to an individual must be made by an "agency head" in whom the ultimate legal authority of the agency is vested, or by a person who has been delegated authority to make determinations by the agency for the purpose of the regulation,

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**NOW, THEREFORE, IT IS HERBY RESOLVED** that the Board of Supervisors hereby delegates the responsibilities for making determinations under Title 2, California Code of Regulations section 18944.2, and taking the other actions described in that regulation, to the Chief Administrative Officer. In the event that the Chief Administrative Officer is unavailable or declares a conflict, then the County Auditor shall undertake the responsibilities.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the \_\_\_\_ day of \_\_\_\_\_, 2009, by the following vote of said Board:

Ayes:

**ATTEST**  
**SUZANNE ALLEN DE SANCHEZ**  
Clerk of the Board of Supervisors

Noes:

Absent:

By \_\_\_\_\_

Deputy Clerk

\_\_\_\_\_  
Chairman, Board of Supervisors

**I CERTIFY THAT:**

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

**Date** \_\_\_\_\_

**ATTEST:** SUZANNE ALLEN DE SANCHEZ, Clerk of the Board of Supervisors  
of the County of El Dorado, State of California.

By \_\_\_\_\_  
Deputy Clerk

By \_\_\_\_\_  
Deputy Clerk