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

A Public Document

1. Agency Name Alameda County	Date Stamp	**California Form 802** For Official Use Only
Division, Department, or Region *(If Applicable)* Board of Supervisors		
Designated Agency Contact *(Name, Title)* Alex Boskovich	☐ **Amendment** *(Must provide explanation in Part 3.)*	
Area Code/Phone Number: (510) 272-6693 — **E-mail**: alex.boskovich@acgov.org	**Date of Original Filing:** _____ *(Month, Day, Year)*	

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 200/$30

Event Description Warriors vs. Suns *Provide Title/Explanation*

Date(s) 3 / 9 / 14 ___/___/___

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

If no: Golden State Warriors *Name of Source*

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

If yes: Alameda County Supervisor Wilma Chan *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:
Dong, Samuel	2/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	~~2/park~~	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

4. Ver[redacted]

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

	Alex Boskovich	Senior Legislative Aide	2/25/14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____