

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Anna Gee			
Area Code/Phone Number	E-mail		
(510) 272-6694	anna.gee@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 1700.00

Event Description Baseball Game Date(s) 05 / 09 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Miley, Nate
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
East Bay Innovations-5326 Case Ave, Pleasanton, CA 94566	20	To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the disabled, under-
PROGRAMS/SERVICES FOR SPECIAL NEEDS ADULTS		privileged, seniors & youth in foster care.

4. Verification

I, _____, Supervisor of the _____, pursuant to FPPC Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Anna Gee _____ Operations Chief _____ 05/9/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)