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

A Public Document

Date Stamp	**California Form 802** For Official Use Only

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

Area Code/Phone Number	E-mail
(510) 272-6691	leeann.fergerson@acgov.org

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

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 $ 660.00

Event Description Warriors Basketball *Provide Title/Explanation*

Date(s) 5 / 1 / 14 / /

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

If no: GSW *Name of Source*

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

If yes: Alameda County Supervisor Scott Haggerty, District 1 *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:
Nicholas Delfino	2	Income ☐ To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
		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. Verification

[redacted] ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 4-29-14 *(Month, Day, Year)*

Comment: _____