

**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) Lee Ann Ferguson, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description As game
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 1,700

Date(s) 4, 6, 13

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:
		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
<u>Family Justice Center of Alameda County</u> <u>470 27th Ave St.</u> <u>Oakland CA 94612</u>	<u>20/4</u>	To reward a school or nonprofit organization for its contributions to the community.

4. Verification

Signature of Agency Head or Designee

Print Name Lee Ann Ferguson

Title Supervisor's Assistant

(Month, Day, Year) 3-28-14

Comment: Proceeds go towards Kid Zone Children & Youth Services Program
& Client Transportation Program
Protection & Programs/Services for crime victims.

FPPC Form 802 (4/12)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)