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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

Area Code/Phone Number	E-mail
(510) 272-6692	michelle.dianda@acgov.org

Date Stamp

California Form **802**

For Official Use Only

☐ **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 $ 102.00

Event Description Yianni Concert *Provide Title/Explanation*

Date(s) 09 / 16 / 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: Valle, Richard- Supervisor District 2 *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:
Levy, Liz	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for her service to the community.
		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.

(d)(5)

944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Michelle Dianda *Print Name* | Supervisor's Aide *Title* | 9/15/14 *(Month, Day, Year)*

Comment: _____