Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

Date of Original Filing: _____ *(Month, Day, Year)*

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 122.50

Event Description Professional Bull Riding *Provide Title/Explanation* Date(s) 9 / 27 / 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:
Lou Seever	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. ☐ Income
		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

(d)(5)

[redacted]

...ions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Lee Ann Fergerson	Supervisor's Assistant	9-9-14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____