Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form 802

For Official Use Only

Date Stamp

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 $ 750

Event Description Basketball
Provide Title/Explanation

Date(s) 1/27/14 ___/___/___

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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		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
Washington Hospital Healthcare Foundation		To reward a non-profit organization for its contributions to the community
2000 Mowry Ave., Fremont CA 94538-1716	20/4	

4. Verification

(d)(5) [redacted] s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson — *Print Name*

Supervisor's Assistant — *Title*

10/9/14 — *(Month, Day, Year)*

Comment: Proceeds benefit Washington Hospital Special Care Nursery.