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 $ 222.00

Event Description Oakland Raiders vs. Arizona Cardinals
Provide Title/Explanation

Date(s) 10 / 19 / 14 ___/___/___

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

If no: Oakland Raiders
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:
Aro, Deedra	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to local economy
Marquez, Elisa	3	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to local economy

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)

.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*

10/9/14 — *(Month, Day, Year)*

Comment: Includes 1 parking pass at the value of $35.