# Agency Report of:
# 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)*

Michelle Dianda

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

## 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: |
|---|---|---|
| Angelillo, David | 2 | Ceremonial Role ☐ Other ☒ Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below.*<br>To provide attendance at an event held at a County facility in order to maximize potential revenue from sales. |
| Mott, Gilbert | 1 | Ceremonial Role ☐ Other ☒ Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below.*<br>To provide attendance at an event held at a County facility in order to maximize potential revenue from sales. |

| 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 | Supervisor's Aide | 10/13/14 |
|---|---|---|
| *Print Name* | *Title* | *(Month, Day, Year)* |

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