

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Steven Jones		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail steven.jones@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$250tx/\$30pkg

Event Description Basketball Game Date(s) 11 / 15 / 14  
Provide Title/Explanation

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: Chan, Wilma  
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:
Chan, Carl	2/1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	2/1park	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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)   8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Steven Jones \_\_\_\_\_ Central District Director \_\_\_\_\_ 11.7.2014  
Print Name Title (Month, Day, Year)