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)*

Steven Jones

Area Code/Phone Number	E-mail
(510) 272-6693	steven.jones@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 $ $400

Event Description Basketball Game *Provide Title/Explanation*

Date(s) 11 / 13 / 14 ___/___/___

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: Alameda County Supervisor Wilma Chan *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:
Gregory, Dale	2	Ceremonial Role ☐ Other ☐ Income ☐ *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	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

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

(d)(5) [redacted]

Steven Jones *Print Name* | Central District Director *Title* | 11.3.2014 *(Month, Day, Year)*

Comment: _____