

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

A Public Document

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|---|--|------------|---|
| 1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org | | Date Stamp | California Form 802 For Official Use Only |
| <input type="checkbox"/> 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 \$ _____ 200.00

Event Description Basketball game Date(s) 1, 2, 15 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Miley, Nate _____
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 |
| Castro Valley High School-19400 Santa Maria Ave, Castro Valley 94546 | 4 | To reward a school for its contributions to the community |
| BASEBALL PROGRAM | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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|--------|---------------------------------------|--|---|
| (d)(5) | Anna Gee <small>Print Name</small> | Operations Chief <small>Title</small> | 12/15/14 <small>(Month, Day, Year)</small> |
|--------|---------------------------------------|--|---|

Comment: _____