

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Amy Shrago <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number (510) 272-6695</td> <td style="width:50%; border: none;">E-mail amy.shrago@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 24pt;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: 8pt;">For Official Use Only</td> </tr> </table>	California Form 802	For Official Use Only
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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>					

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 250.00

Event Description Warriors vs. 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: Carson, Keith
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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Carson, Keith	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have ^{(d)(5)} _____ Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Amy Shrago _____ Supervisor's Assistant _____ 12/8/14
Print Name Title (Month, Day, Year)