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)*

Anna Gee

Area Code/Phone Number	**E-mail**
(510) 272-6694	anna.gee@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 $ 200.00

Event Description Basketball game *Provide Title/Explanation*

Date(s) 12 / 30 / 14 ___/___/___

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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		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
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251	2	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled,
Oakland 94605 SENIOR ADVOCACY		underprivileged, seniors and youth in foster care.

4. Verification

(d)(5)

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

	Anna Gee	Operations Chief	12/15/14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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Continuation Sheet

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Agency Name

Alameda County

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		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
Love Temple Missionary Baptist Church 8401 Birch St, Oakland 94621	2	To reward a non profit organization for their contributions to the public
TOY GIVEAWAY TO COMMUNITY		