Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form 802

For Official Use Only

Date Stamp

☒ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

1. Agency Name

Alameda County

Division, Department, or Region *(If Applicable)*

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

Area Code/Phone Number	E-mail
(510) 272-6691	leeann.fergerson@acgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 350.00

Event Description BASKETBALL *Provide Title/Explanation*

Date(s) 1 / 23 / 2015 / / / /

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: GSW *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Alameda County Supervisor Scott Haggerty, District 1 *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:
~~Frank Montoya~~	~~4/1~~	~~To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.~~ come ☐
Al Garcia Fred Robinson	2/1 2	To reward a county employee for his or her exemplary service to the public come ☐

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

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

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 12-16-14 *(Month, Day, Year)*

Comment: _____