

# Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form	802	
Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only		
Designated Agency Contact (Name, Title)  Lee Ann Ferguson, Supervisor's Assistant			<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)		
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org				

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No       Face Value of Each Ticket/Pass \$ 300.00

Event Description Basketball      Date(s) 4.15.15  
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: 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:
<u>Pat Gorman</u>	<u>4</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <span style="float: right;">Income <input type="checkbox"/></span> <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

(d)(5)

8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson  
Print Name

Supervisor's Assistant  
Title

1-8-15  
(Month, Day, Year)

Comment: \_\_\_\_\_