

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

**A Public Document**

<b>1. Agency Name</b> 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:25%; border: none;">Area Code/Phone Number (510) 272-6695</td> <td style="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   <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@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 Warriors vs. Magic    Date(s) 12 / 02 / 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:
		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
BWOPA TILE 920 Peralta Street, Oakland, CA 94607 Leadership Educatio	4	To reward a school or nonprofit organization for its contributions to the community

**4. Verification**

I have reviewed the information provided and certify that it is true and correct in accordance with Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<div style="background-color: #cccccc; width: 150px; height: 50px; display: flex; align-items: center; justify-content: center;">                 (d)(5)             </div>	Amy Shrago <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	01/05/15 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_