

**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:25%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-6695</td> <td style="border: none;">amy.shrago@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-6695	amy.shrago@acgov.org	Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail						
(510) 272-6695	amy.shrago@acgov.org						

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 200.00

Event Description Warriors vs. 76ers Date(s) 12 / 30 / 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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Calhoun, Gay	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 reward a County employee for his or her exemplary service to the public or to encourage staff development
		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

4. Verification
 (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 01/05/15
Print Name Title (Month, Day, Year)

Comment: _____