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

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  
(510) 272-6681  

E-mail  
leeann.fergerson@acgov.org  

Date Stamp  

Amendment (Must provide explanation in Part 3.)  

Date of Original Filing:  

2. Function or Event Information  

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

Face Value of Each Ticket/Pass $  

52.00  

Event Description  
Circus  

Provide Title/Explanation  

Date(s)  

4/16/13  

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

Name of Source  
G SW  

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

If yes:  
Alameda County Supervisor Scott Haggerty, District 1  
Officer'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  

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  

Abode Services  

To reward a school or nonprofit organization  
For its contributions to the community  

4. Verification  

I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.  

Signature of Agency Head or Designee  

Lee Ann Fergerson  

Print Name  

Supervisor's Assistant  

Title  

Molin, Day, Year  

Comment: Homeless Shelter - Fremont  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact: Lee Ann Fergerson, Supervisor's Assistant

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Event Description**: CIRCUS
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☐

   - **Face Value of Each Ticket/Pass**: $52.00
   - **Date(s)**: 8/16/13
   - **Name of Source**: Alameda County Supervisor Scott Haggerty, District 1

3. **Recipients**
   - **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**
     - **Number of Ticket(s)/Pass(es)**
     - **Identify one of the following:**
       - Ceremonial Role ☐ Other ☐ Income ☐
     - **Iris Martinez**: 4
     - **To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales**
   - **C. Name of Outside Organization**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - **Signature of Agency Head or Designee**: Lee Ann Fergerson, Supervisor's Assistant
   - **Date**: 8/16/13

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant
Area Code/Phone Number (510) 272-8691
E-mail leean.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 3000
Event Description A's Baseball
Date(s) 8/16/13
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Name of Source Oakland Athletics
Alameda County Supervisor Scott Haggerty, District 1
Officer'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 ☐
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
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

4. Verification
I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Lee Ann Ferguson Supervisor's Assistant
Print Name Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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 (510) 272-6891
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description Circus
   Face Value of Each Ticket/Pass $ 42.00
   Date(s) 8/18/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Name of Source [ ]
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 1994:1 and 1994:2. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name Title
   Date 8/18/13

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

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) 272-6591 leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ 56.00
Event Description: Ringling Bros. Circus
Event(s)/Pass(es) provided by agency? Yes □ No □
Date(s) 8/16/13
Was ticket distribution made at the behest of agency official? Yes □ No □
If yes, Alameda County Supervisor Scott Haggerty, District 1
Name of Source: GSW
If no: ____________________________
Name of Source (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:

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
Abode Services 8 To reward a school or nonprofit organization For its contributions to the community

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant 8/14/13
Print Name (Month, Day, Year)

Comment: Homeless Shelter
### 2. Function or Event Information

Does the agency have a ticket policy? Yes [ ] No [x]

**Event Description:**

A's Baseball

**Face Value of Each Ticket/Pass:** $85.00

**Date(s):** 6/21/13

**Ticket(s)/Pass(es) provided by agency?**

Yes [x] No [ ]

**Was ticket distribution made at the behest of agency official?**

Yes [x] No [ ]

**Name of Source:**

Alameda County Supervisor Scott Haggerty, District 1

**Official's Name (Last, First):**

Lee Ann Fergerson, Supervisor's Assistant

### 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**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Include address and description</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 19441 and 19412. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Lee Ann Fergerson

Print Name: Supervisor's Assistant: Scott Haggerty, District 1

Date: 6/27/13

Comment:
<table>
<thead>
<tr>
<th>Recipient</th>
<th>Purpose</th>
<th>Number of tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sallie Bennett</td>
<td>To promote attendance at a County-sponsored event to maximize</td>
<td>1</td>
</tr>
<tr>
<td>Dominic Wilson</td>
<td>potential County revenue for concession and parking sales</td>
<td>1</td>
</tr>
<tr>
<td>Mel Luna</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Barbara Luna</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Tom Silva</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Barbara Bowman</td>
<td>To reward a County employee for his/her exemplary service to the public or to encourage staff development</td>
<td>1</td>
</tr>
<tr>
<td>Shawn Wilson</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Vener Bates</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Leah Doyle-Stevens</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Josh Thurman</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Lee Ann Fergerson</td>
<td>&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Joe Gordon</td>
<td>&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
   Michelle Dianda

Area Code/Phone Number   E-mail
(510) 272-6692   michelle.dienda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Event Description  Oakland A's vs. Seattle Mariners
   Face Value of Each Ticket/Pass $ 22.00
   Date(s)  08 / 19 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☒
   Name of Source  Oakland A's
   Official's Name (Last, First)  Valle, Richard- Supervisor District 2

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual  
   (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
</tbody>
</table>

| 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 |
|-------------------------------------|------------------------------|---------------------------------------------------------------|
| Union City Police Department  
   34009 Alvarado-Niles Rd. Union City | 2 | To reward community volunteers for their service to the public. |
| Hosting National Night Out to encourage safety and community engagement | | |

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  Michelle Dianda  Supervisor's Aide
First Name  Title
(Month, Day, Year)  7/31/13

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (510) 272-6692
   E-mail michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 22.00
   Event Description Oakland A's vs. Cleveland Indians
   Date(s) 08 / 18 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2
   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
      Union City Police Department
      34009 Alvarado-Niles Rd. Union City
      To reward community volunteers for their service to the public.
      Hosting National Night Out to encourage safety and community engagement

4. Verification
   Have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor's Aide
   Title
   7/31/13
   Month, Day, Year

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number  (510) 272-6692
   E-mail michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 22.00
   Event Description Oakland A's vs. Tampa Bay Rays
   Date(s) 08 / 30 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>

   Union City Police Department
   34009 Alvarado-Niles Rd, Union City
   2
   Hosting National Night Out to encourage safety and community engagement

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Michelle Dianda
   Print Name: Supervisor's Aide:
   Title: (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (510) 272-6692
   E-mail michelle.dianda@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 85.00
   Event Description Oakland A's vs. Houston Astros
   Date(s) 08 / 14 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor, District 2
   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.
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   Valdivia, Tyler 4
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking ‘Ceremonial Role’ or ‘Other’ describe below.
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

   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
   Have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor’s Aide
   Print Name
   Title
   (Sign, Date, Year)

Comment: Includes 2 parking passes at the value of $17

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda

Area Code/Phone Number E-mail
(510) 272-6692 michelle.dianda@acgov.org

Date Stamp

California Form 802
For Official Use Only

□ Amendment (Most 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 $ 85.00
Event Description Oakland A's vs. Houston Astros
Date(s) 08 / 14 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
Name of Source
If yes: Valle, Richard Supervisor, District 2
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steele, Christopher</td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Archuleta, Justin</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide
Title: (Month, Day, Year)

Includes 2 parking passes at the value of $17

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number  E-mail
   (510) 272-6692  michelle.dianda@acgov.org
   Date Stamp
   California Form 802
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Face Value of Each Ticket/Pass $ 52.00
   Event Description  Ringling Brothers Circus
   Date(s) 08 / 16 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
      Viola Blythe Community Services
      37365 Ash Street, Newark CA 94560
      4
      To reward a nonprofit organization for its contributions to the community
      Helps the poor and low income families with emergency food and services

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor's Aide
   8/5/13
   Date

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number (510) 272-6692
E-mail michelle.dianda@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Ringling Brothers Circus
Face Value of Each Ticket/Pass $42.00
Date(s) 08 / 17 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viola Blythe Community Services 37365 Ash Street, Newark CA 94560</td>
<td>8</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Helps the poor and low income families with emergency food and services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Michelle Dianda Supervisor's Aide Y/5/13

Comment:  

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number E-mail
(510) 272-6692 michelle.dianda@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 42.00
Event Description Ringling Brothers Circus
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Date(s) 08 / 18 / 13
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard - Supervisor District 2
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
---|---|---
Viola Blythe Community Services 37365 Ash Street, Newark CA 94560 4 To reward a nonprofit organization for its contributions to the community Helps the poor and low income families with emergency food and services

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide:
Title:
Signature Date: 5/13

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number (510) 272-6692
E-mail michelle.dianda@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 $ 42.00
Event Description Ringling Brothers Circus
Date(s) 08 / 19 / 13
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: Valle, Richard - Supervisor District 2
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viola Blythe Community Services 37365 Ash Street, Newark CA 94560</td>
<td>4</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Helps the poor and low income families with emergency food and services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide
Title: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (510) 272-6692
   E-mail michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 222.00
   Event Description Oakland Raiders vs. Dallas Cowboys
   Date(s) 08 / 09 / 13
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑
   If no: Oakland Raiders
   Name of Source
   Was ticket distribution made at the behest of agency official?
   No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dutra-Vernaci, Carol</td>
<td>3</td>
</tr>
</tbody>
</table>

   Identify one of the following:
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Michelle Dianda
   Supervisor's Aide
   Supervisor's Aide
   (Month, Day, Year)
   Comment: Includes 1 parking pass at the value of $20

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number E-mail
(510) 272-6692 michelle.dilando@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 85.00
Event Description Oakland A's vs. Minnesota Twins
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 09 / 20 / 13
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Valle, Richard - Supervisor District 2
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Demos 27287 Patrick Ave. Hayward CA 94544</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 To reward a non-profit organization for its contributions to the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To encourage people and volunteers to get out to vote</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.4 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Michelle Dianda

Supervisor's Aide

Y/12/13

Comment: Includes 1 parking pass at the value of $17

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number   E-mail
   (510) 272-6695   amy.shrago@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 8/29/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No X
   Face Value of Each Ticket/Pass $ 56
   Event Description: Ringling Bros & Barnum & Bailey Circus
   Date(s) 8 / 16 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Golden State Warriors
   Name of Source
   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:
   Ceremonial Role ☐ Other X Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   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
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Amy Shrago
   Supervisor's Assistant: 8/29/13
   Print Name: Title
   (Month, Day, Year)

   Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Amy Shrago
   - 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 $52
   - Event Description Ringling Bros & Barnum & Baily Circus
   - Date(s) 8 / 17 / 13
   - 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**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Maria</td>
<td>4</td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

   **C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee

   Amy Shrago
   Supervisor’s Assistant
   8/29/13
   (Month, Day, Year)

   Comment: ________________________________

   FPPC Form 802 (4/12)

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Amy Shrago</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-6695</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:amy.shrago@acgov.org">amy.shrago@acgov.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

<table>
<thead>
<tr>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

| Amendment (Must provide explanation in Part 3.) | |
| Date of Original Filing: 8/29/13 | |
| Month, Day, Year |

**2. Function or Event Information**

| Does the agency have a ticket policy? | Yes [ ] No [x] |
| Event Description | Ringling Bros & Barnum & Bailey Circus |
| Provide Title/Explanation | |
| Ticket(s)/Pass(es) provided by agency? | Yes [ ] No [x] |
| Was ticket distribution made at the behest of agency official? | No [ ] Yes [x] |
| Face Value of Each Ticket/Pass | $42 |
| Date(s) | 8 / 19 / 13 |
| Name of Source | Golden State Warriors |

**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**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Maliaa</td>
<td>4</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CEREMONIAL ROLE: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Supervisor’s Assistant
8/29/13
(Month, Day, Year)

Comment: _______________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Amy Shrago
   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 $ 56
   Event Description Ringling Bros & Barnum & Bailey Circus
   Date(s) 8 / 15 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   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:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Maddox, Samantha
      4
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   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
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   8/29/13

Comment: FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $ 60
   Event Description: WWE Live
   Date(s): 8 / 11 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source: 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Maria</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Signature of Agency Head or Designee

Amy Shrago
Print Name

Supervisor's Assistant
Title

8/29/13 (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-6695
E-mail amy.shrago@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 8/29/2013
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ 85
Event Description Baseball, Loge Suite
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 8 / 2 / 13

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Name of Source
If no: Oakland A's
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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>


B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lau, Angel</td>
<td>4</td>
<td>To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue</td>
</tr>
</tbody>
</table>


C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>


4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee

Amy Shrago
Print Name

Supervisor's Assistant 8/29/13
(Title, Month, Day, Year)

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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
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 $ 30
Event Description Baseball, MVP Field Seats
Date(s) 8/02/13
Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
If no: Oakland A's
Name of Source
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
Name of Agency, Department or Unit

B. Name of Individual
Name of Individual (Last, First)
Number of Ticket(s)/Pass(es) 2
Ceremonial Role □ Other ☒ Income □
If checking "Ceremonial Role" or "Other" describe below:
To reward a County employee for his or her exemplary service to the public or to encourage staff development
Ceremonial Role □ Other □ Income □
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization
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
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Amy Shrago 08/29/13
Signature of Supervisor's Assistant 08/29/13
Print Name
Title
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $85
   Event Description Baseball, Loge Suite
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 8 / 03 / 13
   If no: Oakland A’s 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:
   Brown, Aisha | 5 | Ceremonial Role ☐ Other ☒ Income ☐
   If checking “Ceremonial Role” or “Other,” describe below:
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   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
   

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Amy Shrago Supervisor’s Assistant 8/29/13
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
   Comment: 
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Amy Shrago  
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 $30  
Event Description Baseball, MVP Field Seats  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes □ No ☒  
Date(s) 8 / 03 / 13  
If no: Oakland A's  
Name of Source  
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
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</tr>
</tbody>
</table>

| 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.  
To reward a County employee for his or her exemplary service to the public or to encourage staff development  
Ceremonial Role □ Other □ Income □  
If checking "Ceremonial Role" or "Other": describe below.  

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<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<td></td>
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</tbody>
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4. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Supervisor's Assistant  
08/29/13  
(Month, Day, Year)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago

   **Area Code/Phone Number**
   (510) 272-6695
   **E-mail**
   amy.shrago@acgov.org

   **Date Stamp**
   California Form 802
   For Official Use Only
   **Amendment** (Must provide explanation in Part 3.)
   **Date of Original Filing:** 8/29/2013
   (Month, Day, Year)

2. **Function or Event Information**
   Does the agency have a ticket policy?
   Yes ☐ No ☒
   Face Value of Each Ticket/Pass $30
   Event Description
   Baseball, MVP Field Seats
   **Provide Title/Explanation**
   **Date(s)** 8/04/13
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☒
   **If no:**
   **Name of Source**
   **If yes:**
   **Name of Source**
   **Official’s Name (Last, First)**
   Carson, Keith

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:**
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   **Ceremonial Role ☐ Other ☐ Income ☐**
   **If checking “Ceremonial Role” or “Other” describe below:**
   **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**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   Amy Shrago
   **Supervisor’s Assistant**
   Print Name
   **Title**
   **Date**
   08/29/13
   (Month, Day, Year)

   **Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
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 X
   Event Description Baseball, MVP Field Seats
      Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Oakland A's
      Name of Source
   If yes: Carson, Keith
      Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 30
   Date(s) 8 / 14 / 13

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐</td>
<td>Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐</td>
<td>Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Northwest Education</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions</td>
</tr>
<tr>
<td>Department P O BOX 8774, Emeryville,</td>
<td></td>
<td>to the community</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   09/29/13
   (Month, Day, Year)
   Comment:
Agency Name: Alameda County
Division, Department, or Region (If Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Amy Shrago
Area Code/Phone Number: (510) 272-6695
E-mail: amy.shrago@acgov.org

2. Function or Event Information

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Was ticket distribution made at the behest of agency official?</th>
<th>Face Value of Each Ticket/Pass $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball, MVP Field Seats</td>
<td>Yes ☐ No ☒</td>
<td>No ☐ Yes ☒</td>
<td>30</td>
</tr>
</tbody>
</table>

Date(s): 8/15/13, 8/21/13

If no: Oakland A's
If yes: Carson, Keith

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Scott</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and con</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
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<tr>
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</tr>
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</table>

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Amy Shrago
Print Name: Supervisor’s Assistant: 08/29/13
Title: (Month, Day, Year)

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

#### 1. Agency Name
Alameda County

**Division, Department, or Region (If Applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Amy Shrago

**Area Code/Phone Number**
(510) 272-6695

**E-mail**
amy.shrago@acgov.org

**Date Stamp**

**A Public Document**

**California Form 802**
For Official Use Only

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

**Date of Original Filing:** 8/29/2013
(Month, Day, Year)

---

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☐ No ☑
- **Face Value of Each Ticket/Pass** $85
- **Event Description** Baseball, Loge Suite
- **Provide Title/Explanation**
- **Date(s)** 8/17/13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If no: Oakland A's Name of Source**
- **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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barber, Bob</td>
<td>5</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Sanchez, Mina</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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</table>

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#### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

Amy Shrago

**Supervisor's Assistant**

**Date** 8/29/13
(Month, Day, Year)

**Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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Ceremonial Role Events and Ticket/Pass Distributions

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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 X
   Face Value of Each Ticket/Pass $ 30
   Event Description Baseball, MVP Field Seats
   Provides Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Oakland A's
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)
   Date(s) 8 / 17 / 13

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 X
      Income □
      If checking "Ceremonial Role" or "Other" describe below:
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      Ceremonial Role □ Other □ Income □
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   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Supervisor's Assistant
   Title
   Date of Original Filing: 8/29/2013 (Month, Day, Year)
   Comment: __________________________

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-5695
E-mail amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Face Value of Each Ticket/Pass $ 30
Event Description: Baseball, MVP Field Seats
Provide Title/Explanation
Date(s) 8 / 19 / 13 8 / 20 / 13
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Oakland A's
Name of Source
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:

- Ceremonial Role □ Other X
- Income □

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and con

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
I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Signature of Agency Head or Designee
Print Name
Title
(08/29/13)
(Signature)
Date (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 X
   Face Value of Each Ticket/Pass $ 30
   Event Description Baseball, MVP Field Seats
   Date(s) 8 / 30 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes X
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>2</td>
<td>Ceremonial Role ☐ Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   08/29/13 (Month, Day, Year)

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

### 1. Agency Name
- Alameda County
- Board of Supervisors
- **Designated Agency Contact (Name, Title):** Amy Shrago
- **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?** No
- **Event Description:** Baseball, Loge Suite
- **Ticket(s)/Pass(es) provided by agency?** No
- **Was ticket distribution made at the behest of agency official?** Yes
- **Face Value of Each Ticket/Pass:** $85
- **Date(s):** 8/31/13
- **If yes:** Carson, Keith
  - **Name of Source:** Oakland A's
  - **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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music, Richard</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee:**

**Amy Shrago**

**Supervisor's Assistant:**

**8/29/13** (Month, Day, Year)

**Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
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 $ 30
Event Description Baseball, MVP Field Seats
Provide Title/Explanation
Date(s) 8 / 31 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decker, Breanna</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Signature of Agency Head or Designee

Supervisor’s Assistant
08/29/13 (Month, Day, Year)

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

### 1. Agency Name
- Alameda County
- Board of Supervisors
- Designated Agency Contact: Alex Boskovich
- Area Code/Phone Number: (510) 272-6693
- E-mail: alex.boskovich@acgov.org

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: A's vs. Rays
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
- Face Value of Each Ticket/Pass: $30
- Date(s): 9/1/13
- Name of Source: Oakland Athletics
- Official's Name (Last, First): Alameda County Supervisor Wilma Chan

### 3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dong, Jeanette</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

To reward a County employee for his exemplary service to the public and encourage staff development.

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Alex Boskovich
Print Name: Senior Legislative Aide: 8/30/13
(Free Text)

Comment: FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)

   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich

   Area Code/Phone Number   E-mail
   (510) 272-6693  alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 85 / 20 parking
   Event Description A's vs. Rangers
   Date(s) 9 / 3 / 13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   If yes: Alameda County Supervisor Wilma Chan
   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:

   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
   Alameda Girls Softball Association, P.O. Box 1759 Alameda, CA 94501 20 To reward a non-profit for their contributions to girls and youth development in the City of Alameda.

   Provides recreational and tournament league softball for girls ages 5-14.

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   8/30/13
   (Month, Day, Year)

Comment: Includes 4 parking passes
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number E-mail
   (510) 272-8693 alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $85 / 20 parking
   Event Description A's vs. Rays
   Date(s) 8 / 31 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

3. Recipients
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking ‘Ceremonial Role’ or ‘Other’ describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Part Name
   Senior Legislative Aide
   Title
   Date Stamp
   (Month, Day, Year)

   Comment: Includes 1 parking pass

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of**
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Alex Boskovich</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-6693</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:alex.boskovich@acgov.org">alex.boskovich@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td>Event Description</td>
<td>Raiders vs. Bears</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td>Date(s)</td>
<td>8 / 23 / 13</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass</td>
<td>$222</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Oakland Raiders</td>
</tr>
<tr>
<td>Official’s Name (Last, First)</td>
<td>Alameda County Supervisor Wilma Chan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Name of Agency, Department or Unit</td>
<td></td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
<td></td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual</td>
<td></td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
<td>2</td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Identify one of the following:</td>
<td></td>
</tr>
<tr>
<td>Lattimore, Robert</td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization (Include address and description)</td>
<td></td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es)</td>
<td></td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Agency Head or Designee</td>
<td>Alex Boskovich</td>
</tr>
<tr>
<td>Print Name</td>
<td>Senior Legislative Aide</td>
</tr>
<tr>
<td>Title</td>
<td>8/22/13</td>
</tr>
<tr>
<td>(Month, Day, Year)</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number    E-mail
   (510) 272-6693    alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $________ 222
   Event Description        Raiders vs. Bears
   Event Date(s) 8 / 23 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If yes: Alameda County Supervisor Wilma Chan
   if no: Oakland Raiders
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   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:
   Dessalines, Jill    1
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18949: I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee    Alex Boskovich    Senior Legislative Aide
   Print Name    Title
   (Month, Day, Year) 8/22/13

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovitch
   Area Code/Phone Number   E-mail
   (510) 272-6693   alex.boskovitch@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description A's vs. Rangers
   Date(s) 9 / 4 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   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:
   Ma, Jimmy | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovitch   Senior Legislative Aide
   Part Name   Title
   8/20/13 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County Board of Supervisors

Designated Agency Contact: Alex Boskovich

Area Code/Phone Number: (510) 272-6693

E-mail: alex.boskovich@acgov.org

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

2. Function or Event Information

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

Event Description: A's vs. Twins

Face Value of Each Ticket/Pass $ 30

Date(s): 9 / 21 / 13

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

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

Event Ticker/Explanation: Provide Title/Explanation

Name of Source: Oakland Athletics

Official Name (Last, First): Alameda County Supervisor Wilma Chan

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand FPPC Regulations 18914.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Alex Boskovich

Print Name: Senior Legislative Aide

Title: 8/16/13

(Month, Day, Year)

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

## 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (if Applicable)**
  - Board of Supervisors
- **Designated Agency Contact (Name, Title)**
  - Alex Boskovich
- **Area Code/Phone Number**
  - (510) 272-6693
- **E-mail**
  - alex.boskovich@acgov.org

## 2. Function or Event Information
- **Does the agency have a ticket policy?**
  - Yes ☒ No ☐
- **Event Description**
  - A's vs. Rays
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?**
  - No ☐ Yes ☒
- **Face Value of Each Ticket/Pass $**
  - 30
- **Date(s)**
  - 8 / 31 / 13

## 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, David</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public and encourage staff development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee**
- **Alex Boskovich**
- **Senior Legislative Aide**
- **Print Name**
- **Title**
- **8/30/13**

## Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (If Applicable)</strong></td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td>Alex Boskovich</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-6693</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:alex.boskovich@acgov.org">alex.boskovich@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event Description</strong></td>
<td>A's vs. Mariners</td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td><strong>Was ticket distribution made at the behest of agency official?</strong></td>
<td>No ☐ Yes ☒</td>
</tr>
<tr>
<td><strong>Face Value of Each Ticket/Pass $</strong></td>
<td>30</td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
<td>8 / 21 / 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Name of Agency, Department or Unit</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Ticket(s)/Pass(es)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Describe the public purpose made pursuant to the agency's policy</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **B. Name of Individual**        |   |
| **Number of Ticket(s)/Pass(es)** | 2 |
| **Identify one of the following:** |   |
| **Ceremonial Role**              | ☐ |
| **Other**                        | ☐ |
| **Income**                       | ☐ |
| **To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.** |   |

| **C. Name of Outside Organization** |   |
| **Number of Ticket(s)/Pass(es)**   |   |
| **Describe the public purpose made pursuant to the agency's policy** |   |

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature of Agency Head of Designee</strong></td>
<td>Alex Boskovich</td>
</tr>
<tr>
<td><strong>Print Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Senior Legislative</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>8/13/13</td>
</tr>
<tr>
<td><strong>Comment</strong></td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number E-mail
   (510) 272-6693 alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   A's vs. Mariners
   Face Value of Each Ticket/Pass $ 30
   Date(s) 8 / 20 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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
      Number of Ticket(s)/Pass(es)

      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below.
      Jones, Steven
      To reward a County employee for his exemplary service to the public and encourage staff development.

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)

      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understood FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee

   Alex Boskovich
   Senior Legislative Aides

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Alex Boskovich

   Area Code/Phone Number: (510) 272-6693
   E-mail: alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [X] No [ ]
   Face Value of Each Ticket/Pass $30
   Event Description: A's vs. Indians
   Date(s): 8 / 18 / 13

   Ticket(s)/Pass(es) provided by agency?  Yes [ ] No [X]
   If no: Oakland Athletics
   Name of Source:

   Was ticket distribution made at the behest of agency official?  No [ ] Yes [X]
   If yes: Alameda County Supervisor Wilma Chan
   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 [ ]
   Rae, Michael  2
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Print Name: Senior Legislative Aide
   Title: (Month, Day, Year) 08/16/13

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 966/ASK-FPPC (966/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Ringling Brothers Circus
   Date(s) 8/18/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Face Value of Each Ticket/Pass $42
   Name of Source
   Official's Name (Last, First)

3. Recipients
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a County employee for her exemplary service to the public.
      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

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Alex Boskovich
   Senior Legislative Aide
   8/13/13
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Edith Anderson-Woody

   Area Code/Phone Number E-mail
   (510) 272-6693 edith.anderson-woody@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $30
   Event Description A's vs. Astros
   Date(s) 8 / 14 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source
   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:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      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

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Edith Anderson-Woody
   Supervisors Assistant
   8/8/13
   (Month, Day, Year)

Comment: ______________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (999/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number   E-mail
   (510) 272-6693   alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 85
   Event Description A's vs. Indians
   Date(s) 8 / 16 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lydon, Dan</td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18949. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Alex Boskovich

Senior Legislative Aide

8/9/13

(Month, Day, Year)

Comment: [Redacted]
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
Alameda County

#### Division, Department, or Region (If Applicable)
Board of Supervisors

#### Designated Agency Contact (Name, Title)
Alex Boskovich

#### Area Code/Phone Number  E-mail
(510) 272-6693 alex.boskovich@acgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $** 30
- **Event Description** A's vs. Indians
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Date(s) 8/17/13**
- **If no:  Oakland Athletics**

#### 3. Recipients
- **Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Pass(es)**
  - **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

| Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ]
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MaGee, Cali</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

| Name of Outside Organization | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ]
|------------------------------|-----------------------------|---------------------------------------------------------------|

#### 4. Verification
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**: Alex Boskovich  
**Title**: Senior Legislative Aide  
**Date of Original Filing**: 08/8/13

**Comment:**

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FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number  (510) 272-6693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☑
   Event Description A's vs. Indians
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   Face Value of Each Ticket/Pass $ 30
   Date(s) 8 / 16 / 13
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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:
      To promote attendance at an event held at a County facility in
      order to maximize potential County revenue from sales.
      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

4. Verification
   I have read and understand FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head/Designee
   Alex Boskovich
   Senior Legislative Aide
   08/6/13
   Comment:

   FPPC Form 802 (4/12)
   866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Alex Boskovich
Area Code/Phone Number E-mail
(510) 272-6693 alex.boskovich@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 85
Event Description A's vs. Twins
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 9 / 20 / 13
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Oakland Athletics
If yes: Alameda County Supervisor Wilma Chan

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walsh, Ken</td>
<td>2</td>
</tr>
</tbody>
</table>

Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Alex Boskovich
Print Name: Alex Boskovich
Title: Senior Legislative Aide
Date: 8/7/13
(Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

   **Division, Department, or Region (If Applicable)**
   - Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   - Alex Boskovich

   **Area Code/Phone Number**
   - (510) 272-6693

   **E-mail**
   - alex.boskovich@acgov.org

   **Date Stamp**
   - (Month, Day, Year)

   **California 802 Form**
   - For Official Use Only

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**
     - Raiders vs. Cowboys
   - **Face Value of Each Ticket/Pass** $222
   - **Date(s)**
     - 8 / 9 / 13
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **If no:**
     - **Name of Source**
     - Oakland Raiders
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **If yes:**
     - **Name of Source**
     - Alameda County Supervisor Wilma Chan

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**
      **Number of Ticket(s)/Pass(es)**
      **Identify one of the following:**
      - Ceremonial Role ☐ Other ☐ Income ☐
      - If checking "Ceremonial Role" or "Other" describe below:
      - To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

   **C. Name of Outside Organization**
      **Number of Ticket(s)/Pass(es)**
      **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   - Alex Boskovich

   **Print Name**
   - Senior Legislative Aide

   **Title**
   - 8/9/13

   **Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@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 ☐
   Event Description WWE Raw World Tour
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 60
   Date(s) 8 / 11 / 13
   If no: Oakland Athletics
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee, Aaron</td>
<td></td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Alex Boskovich
Print Name: Senior Legislative Aide: 8/5/13
Title: (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpl ine: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's vs. Rangers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $30
   Date(s) 9 13
   If no: Oakland Athletics
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hofacket, Jean</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot;, &quot;Other&quot;, or &quot;Income&quot;, describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role,&quot; &quot;Other,&quot; or &quot;Income,&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Print Name: Senior Legislative Aide: 08/2/13
   Title (Month, Day, Year)

Comment: [Signature]
1. **Agency Name**
   Alameda County

   **Division, Department, or Region (If Applicable)**
   Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   Alex Boskovich

   **Area Code/Phone Number**
   (510) 272-6593

   **E-mail**
   alex.boskovich@acgov.org

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes ☒ No ☐
   **Event Description**
   A's vs. Twins
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   **Face Value of Each Ticket/Pass $**
   **Date(s) 9 / 20 / 13**

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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐

   **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**
   I have read and understand FPPC Regulations 16941 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   Alex Boskovich
   **Title**
   Senior Legislative Aide

   **Date**
   8/2/13

   **Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $42
   Event Description Ringling Brothers Circus
   Date(s) 8/17/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Oakland Athletics
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   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:
   Lamirault, Ingrid | 4 | Ceremonial Role ☐ Other ☐ Income ☒
   Ceremonial Role ☐ Other ☐ Income ☒
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   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

4. Verification
   I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Alex Boskovich
   Print Name: Senior Legislative Aide
   Title: (Month, Day, Year)

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helplline: 888/ASK-FPPC (888/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Alex Boskovich
   - Area Code/Phone Number: (510) 272-6693
   - E-mail: alex.boskovich@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $85 (ticket) / 17 (parking)
   - **Event Description** A's vs. Indians
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - Date(s) 8 / 16 / 13
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - If yes: Oakland Athletics
   - Name of Source: Alameda County Supervisor Wilma Chan
   - 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
   - To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

   **C. Name of Outside Organization**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   - I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: Alex Boskovich
   - Date: 8/1/13
   - Print Name: Senior Legislative Aide
   - Title: 8/1/13
   -(Month, Day, Year)

Comment: Includes 2 parking passes
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich

   Area Code/Phone Number E-mail
   (510) 272-6693 alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: A's vs. Angels
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 85 (ticket) / 17 (parking)
   Date(s) 9 / 17 / 13
   Name of Source: Oakland Athletics
   Official's Name (Last, First): Alameda County Supervisor Wilma Chan

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 ☐
      Ceremonial Role ☐ Other ☐ Income ☐

   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
      Alameda Health System Foundation, 350
      Frank Ogawa Plaza, Ste. 900, Oakland
      20 + 4
      To promote attendance at an event held at a County facility in
      order to maximize potential County revenue from sales.
      501(c)3 non profit to cultivate funds and
      community support for AHS
      parking

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Alex Boskovich
   Senior Legislative Aide: 8/1/13
   (Month, Day, Year)

Comment: Original 802 listed A's vs. Boston Red Sox; the correct game is A's vs. Angels
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's vs. Astros
   Face Value of Each Ticket/Pass $ 30
   Date(s) 8 / 13 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
   | Smith, Gloria          | 2                           | Identify one of the following:
   |                        |                             | Ceremonial Role ☐ Other ☐ Income ☐
   |                        |                             | To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   |                        |                             | Ceremonial Role ☐ Other ☐ Income ☐
   |                        |                             | if checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Alex Boskovich
Print Name Senior Legislative Aide
Title 08/1/13
(Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Alex Boskovich
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovich@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No □
Face Value of Each Ticket/Pass $42
Event Description Ringling Brothers Circus
Date(s) 8 / 19 / 13
Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
If no: Oakland Athletics
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Name of Source (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☒ No □

3. Recipients
A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es) 0
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
Last, First
Number of Ticket(s)/Pass(es) 4
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Print Name Alex Boskovich
Title Senior Legislative Aide
(Month, Day, Year) 8/1/13

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** Amy Shrago
- **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?** No
- **Face Value of Each Ticket/Pass:** $106.40
- **Event Description:** Concert - One Direction
- **Date(s):** 7 / 31 / 13
- **Ticket(s)/Pass(es) provided by agency?** No
- **Name of Source:** Golden State Warriors
- **Was ticket distribution made at the behest of agency official?** Yes
- **Official’s Name (Last, First):** Carson, Keith

### 3. Recipients

#### A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Aurora</td>
<td>4</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Infone</td>
</tr>
</tbody>
</table>

- **To reward a student for outstanding scholastic achievement**

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>(Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Agency Head’s Signature:** [Signature]
- **Print Name:** Amy Shrago
- **Title:** Supervisor’s Assistant
- **Date:** 8/5/13

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $ 30
   Event Description Baseball, MVP Field Seats
   Date(s) 7 / 31 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
   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:

   Spencer, Scott 2
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
   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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head/Designee
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   8/5/13 (Month, Day, Year)

Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
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 $ 30
Event Description Baseball, MVP Field Seats
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 7/29/13
If no: Oakland A's
If yes: Carson, Keith
Name of Source
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
Leung, Chris
Number of Ticket(s)/Pass(es) 2
Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Amy Shrago
Print Name
Supervisor's Assistant
Title
8/5/13 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable)
- Board of Supervisors
- Designated Agency Contact (Name, Title)
  - Amy Shrago
- Area Code/Phone Number: (510) 272-6695
- E-mail: amy.shrago@acgov.org
- Date Stamp

#### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [ ] No [x]
- Face Value of Each Ticket/Pass $85
- Event Description: Baseball, Loge Suite
- Date(s): 7/29/13
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- If no: Oakland A’s
- If yes: Carson, Keith (Official’s Name Last, First)
- Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

#### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, James</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  Supervisor’s Assistant  8/5/13

### Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 8/5/2013 (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X
   Face Value of Each Ticket/Pass $ ___________ 30
   Event Description Baseball, MVP Field Seats
   Provide Title/Explanations
   Date(s) 7 / 28 / 13 ___________ ___________
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Oakland A's
   Name of Source
   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 (Cont. Front)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      □ Ceremonial Role □ Other X
      Income □
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      __________________________________________________________
      __________________________________________________________
      □ 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
      __________________________________________________________
      __________________________________________________________

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   __________________________
   Supervisor's Assistant
   (Print Name)
   (Title)
   (Month, Day, Year)
   __________________________
   Amy Shrago
   (Signature of Agency Head or Designee)
   (Month, Day, Year)

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago

Area Code/Phone Number E-mail
(510) 272-6695 amy.shrago@acgov.org

Date Stamp California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Face Value of Each Ticket/Pass $ 30
Event Description Baseball, MVP Field Seats
Provide Title/Explanation
Date(s) 7 / 26 / 13
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Oakland A's
Name of Source
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:
Decker, Breanna 2
Ceremonial Role □ Other X Income □
If checking "Ceremonial Role" or "Other" describe below:
To reward a community volunteer for his or her service to the public
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

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Amy Shrago Supervisor's Assistant
Print Name Title
8/5/13 (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Alameda County

**Division, Department, or Region (If Applicable):**
Board of Supervisors

**Designated Agency Contact (Name, Title):**
Amy Shrago

**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
- [x] No

**Event Description:**
Baseball, MVP Field Seats

**Face Value of Each Ticket/Pass:** $30

**Date(s): 7/30/13**

**Ticket(s)/Pass(es) provided by agency?**

- [ ] Yes
- [x] No

**If no:**

- **Oakland A's**
  - **Name of Source:**

**Was ticket distribution made at the behest of agency official?**

- [ ] No
- [x] 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B.

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: 

- [ ] Ceremonial Role
- [x] Other
- [ ] Income

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C.

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Works West 4681 Telegraph Ave. Oakland</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

---

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee:**

**Print Name:**

**Supervisor's Assistant:**

**Title:**

8/5/13

**Comment:**

---

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - **Event Description**: Baseball, MVP Field Seats
   - **Date(s)**: 7/25/13
   - **Face Value of Each Ticket/Pass**: $30
   - **Ticket(s)/Pass(es) provided by agency**: Yes ☑ No ☐
   - **If yes**: Carson, Keith
     - **Name of Source**: Oakland A's
   - **Was ticket distribution made at the behest of agency official?**: No ☐ Yes ☑

3. **Recipients**
   - **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**
     - **Number of Ticket(s)/Pass(es)**
     - **Identify one of the following**:
       - **Ceremonial Role**: ☐
       - **Other**: ☑
       - **Income**: ☐

   - **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**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   - **Signature**: Amy Shrago
   - **Date**: 8/5/13

   **Comment**: To reward a school or nonprofit organization for its contributions to the community

---

**FPCC Form 802 (4/12)**
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $30
   Event Description Baseball, MVP Field Seats
   Date(s) 7 / 14 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Carson, Keith
   Name of Source
   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:

   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
   Community Works West
   4681 Telegraph Ave, Oakland
   2
   To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
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? No
Event Description Baseball, Loge Suite
Ticket(s)/Pass(es) provided by agency? No
Was ticket distribution made at the behest of agency official? Yes
Face Value of Each Ticket/Pass $85
Date(s) 7/14/13
If no: Oakland A's
Name of Source
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greene, Hannah</td>
<td>2</td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Flores, Annie</td>
<td>4</td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Chief or Designee
Amy Shrago
Supervisor's Assistant
Print Name
Title
Date Stamp
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
Alameda County

**Division, Department, or Region (If Applicable):**
Board of Supervisors

**Designated Agency Contact (Name, Title):**
Amy Shrago

**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 $**

**Event Description**
Baseball, MVP Field Seats

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

**Date(s) 7 / 13 / 13**

**If no:**
Oakland A's

**Name of Source**

**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)**

Ceremonial Role □ Other ☒ Income □

**Identify one of the following:**

**To reward a community volunteer for his or her service to the public**

---

**C. Name of Outside Organization**

**Number of Ticket(s)/Pass(es)**

**Describe the public purpose made pursuant to the agency's policy**

---

#### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head of Department**

Amy Shrago  
**Print Name**

Supervisor's Assistant  
**Title**

8/5/13  
**(Month, Day, Year)**

Comment: __________________________

---

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $30
   Event Description: Baseball, MVP Field Seats
   Date(s) 7 / 4 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
   If yes: Carson, Keith
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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
      (Ex: Party)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☒ Income ☐
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
      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

4. Verification
   I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant 8/5/13
   Comment: ____________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number
(510) 272-6695
E-mail
amy.shrago@acgov.org

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Face Value of Each Ticket/Pass $ 85
Event Description
Baseball, Loge Suite
Provide Title/Explanation
Date(s) 7 / 4 / 13
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Oakland A's
Name of Source
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
Name of Individual
Decker, Breanna
Number of Ticket(s)/Pass(es)
20
Ceremonial Role [ ] Other [x]
Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
To reward a community volunteer for his or her service to the public
Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization
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
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee
Amy Shrago
Print Name
Supervisor's Assistant
Title
8/5/13 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number
(510) 272-6695
E-mail
amy.shrago@acgov.org

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 8/5/2013
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy?
Yes □ No ❑
Face Value of Each Ticket/Pass $ 85
Event Description Baseball, Loge Suite
Provide Title/Explanation
Date(s) 7 / 3 / 13 / / /
Ticket(s)/Pass(es) provided by agency?
Yes □ No ❑
If no: Oakland A’s
Name of Source
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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>4</td>
<td>Ceremonial Role □ Other ❑ income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other”, describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Supervisor’s Assistant
8/5/13
(Month, Day, Year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   - Alameda County

   **Division, Department, or Region (If Applicable)**
   - Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   - Amy Shrago

   **Area Code/Phone Number**
   - (510) 272-6695

   **E-mail**
   - amy.shrago@acgov.org

   **Date of Original Filing:** 8/5/2013

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes [ ] No X
   - **Face Value of Each Ticket/Pass:** $30
   - **Event Description:** Baseball, MVP Field Seats
   - **Date(s):** 6 / 30 / 13
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No X
   - **If no:** Oakland A’s
   - **If yes:** Carson, Keith

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**
   - [ ] Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role [ ] Other X
     - Income [ ]
   - Ceremonial Role [ ] Other [ ]
   - Income [ ]

   **Leung, Chris**
   - 2

   - To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   **C. Name of Outside Organization**
   - [ ] Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency’s policy

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head/Designee:**
   - [ ]

   **Print Name:**
   - Amy Shrago

   **Title:**
   - Supervisor’s Assistant

   **Date:** 8/5/13

   **Comment:**
   - [ ]

   **FPPC Form 802 (4/12)**

   **FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrango

   Area Code/Phone Number  E-mail
   (510) 272-6695  amy.shrango@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ❌
   Face Value of Each Ticket/Pass $ 30
   Event Description  Baseball, MVP Field Seats
   Date(s)  6 / 29 / 13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ❌
   If no:  Oakland A's
   If yes:  Carson, Keith
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ❌
   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
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ❌
      Income ☐
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to the public.

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee  Amy Shrango  Supervisor's Assistant
   Print Name  Title
   (Month, Day, Year)  8/5/13

Comment: 

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name

Alameda County

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

Board of Supervisors

#### Designated Agency Contact (Name, Title)

Amy Shrago

#### Area Code/Phone Number

(510) 272-6695

#### E-mail

amy.shrago@acgov.org

#### Date Stamp

[California Form 802](#) For Official Use Only

#### Amendment

(Must provide explanation in Part 3)

#### Date of Original Filing:

8/5/2013

#### Month, Day, Year

---

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☐ No ❑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass</td>
<td>$30</td>
</tr>
</tbody>
</table>

**Event Description:** Baseball, MVP Field Seats

**Provide Title/Explanation:**

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>6/28/13</th>
</tr>
</thead>
</table>

**Ticket(s)/Pass(es) provided by agency?**

Yes ☐ No ❑

If no: Oakland A's

**Name of Source:**

______________________________

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

**Name of Individual:**

Jenkins, Kevin

**Last, First:**

Number of Ticket(s)/Pass(es): 2

**Identify one of the following:**

- Ceremonial Role ☐ Other ❑ Income ☐

If checking "Ceremonial Role" or "Other" describe below:

To reward a County employee for his or her exemplary service to the public.

**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

---

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature of Agency Head or Designee]

Amy Shrago

Supervisor's Assistant

8/5/13

(month, day, year)

---

**Comment:**

---

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Amy Shrago
   - Date Stamp
   - Date of Original Filing: 8/5/2013
   - California Form 802

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [□] No [X]
   - Event Description: Baseball, MVP Field Seats
     - Provide Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? Yes [□] No [X]
   - If yes: Name of Source
     - If no: Oakland A's
   - Face Value of Each Ticket/Pass: $30
   - Date(s): 6/26/13
   - Was ticket distribution made at the behest of agency official? No [□] Yes [X]
   - Official's Name (Last, First)
     - Carson, Keith

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
     - Name of Individual (Last, First)
     - Number of Ticket(s)/Pass(es)
     - Identify one of the following:
       - Ceremonial Role [□] Other [X]
         - Income [□]
         - If checking "Ceremonial Role" or "Other" describe below:
         - To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and con
       - Ceremonial Role [□] Other [□]
         - Income [□]
         - If checking "Ceremonial Role" or "Other" describe below:
   - **C.** Name of Outside Organization
     - 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**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee
     - Amy Shrago
   - Supervisor's Assistant
     - Supervisor's Name
     - Title
     - Date: 8/5/13
     - (Month, Day, Year)

Comment: ________________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $30
   Event Description Baseball, MVP Field Seats
   Provide Title/Explanation
   Date(s) 6/25/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ❑
   If no: Oakland A's
   Name of Source
   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:
      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
      Missionary Church 2144 Byron St. Berkeley CA 94702
      2 To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements:

   Signature of Agency Head or Designee
   Amy Shrago Supervisor's Assistant
   Print Name Title

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-6695
E-mail amy.shrago@acgov.org

Date Stamp California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 8/5/2013 (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☒
Face Value of Each Ticket/Pass $85
Event Description Baseball, Loge Suite
Date(s) 6/25/13
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☒
If no: Oakland A's
If yes: Carson, Keith
Name of Source
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:

Name of Outside Organization
Missionary Church
(include address and description)
2144 Byron St. Berkeley CA 94702
Number of Ticket(s)/Pass(es) 8
Describe the public purpose made pursuant to the agency's policy
To reward a school or nonprofit organization for its contributions to the community

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Signature of Agency Head or Designee
Print Name
Supervisor's Assistant
Title
8/5/13 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   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 $ 30
   Event Description: Baseball, MVP Field Seats
   Date(s) 6/14/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Carson, Keith
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   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)
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a County employee for his or her exemplary service to
   the public or to encourage staff development.

   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
   I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   8/5/13
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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**
   (510) 272-6691  
   E-mail: leeann.fergerson@acgov.org

   **Date Stamp**
   California Form 802
   For Official Use Only
   Amendment
   (Must provide explanation in Part 3.)
   Date of Original Filing:

2. **Function or Event Information**
   **Does the agency have a ticket policy?**
   Yes ☐  No ☐

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

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

   **Event Description**
   Baseball

   **Face Value of Each Ticket/Pass**
   $1,700

   **Date(s)**
   / / / 

   **Ticket(s)/Pass(es) provided by agency?**
   If no: ____________________________

   **Name of Source**
   ____________________________

   **Was ticket distribution made at the behest of agency official?**
   If yes: ____________________________

   **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**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

   **B. Name of Individual**

   **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**

   **Number of Ticket(s)/Pass(es)**

   **Describe the public purpose made pursuant to the agency's policy**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

   | AND VISIT | 20 |

   To reward a community volunteer for his or her service to the public

4. **Vérfication**
   I have read and understand FPPC Regulations 18904.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature**
   Lee Ann Fergerson  
   Supervisor's Assistant

   **Date**
   8-1-13

   **Comment**
   & us guests on town of Sendel

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   Alameda County
   Board of Supervisors
   Lee Ann Fergerson, Supervisor’s Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leean.fergerson@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Baseball
     - **Provide Title/Explanation**
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☑ Yes ☐
   - **Face Value of Each Ticket/Pass $300.00**
   - **Date(s) 6/12/12**
   - **Name of Source**
   - **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:**

   **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**
   
   **Thompson, Wanda**
   **2**
   **To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.**

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   **Signature of Agency Head or Designee**
   **Lee Ann Fergerson**
   **Print Name**
   **Title**
   **(Month, Day, Year)**

   **Comment:**
2. Function or Event Information

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

Event Description: Raiders Cowboys

Face Value of Each Ticket/Pass $222.50

Date(s): 8/9/13

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, (Name of Source)

Name of Source: GSW

Official's Name: Alameda County Supervisor Scott Haggerty, District 1

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Full Name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Parker</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification

I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: Lee Ann Fergerson

Print Name: Supervisor's Assistant

Title: (Month, Day, Year)

Date: 8-13-13

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

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 (510) 272-6691
   E-mail leeeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description A's Game
   Face Value of Each Ticket/Pass $ 300
   Date(s) 7/26/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Athletics
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   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:
      Ceremonial Role [ ] Other [ ]
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee [Lee Ann Fergerson]
   Print Name [Lee Ann Fergerson]
   Supervisor's Assistant Title [6/13/13]

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

1. Agency Name
   Alameda County

   Board of Supervisors

   Lee Ann Fergerson, Supervisor's Assistant

   Area Code/Phone Number (510) 272-6691

   E-mail leean.fergerson@acgov.org

   Date Stamp California Form 802

   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 ☐

   Event Description: As game

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

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

   Face Value of Each Ticket/Pass $25.00

   Date(s) 6/21/13

   Name of Source: Oakland Athletics

   Official's Name (Last, First): Alameda County Supervisor Scott Haggerty, District 1

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

      Number of Ticket(s)/Pass(es)

      Identify one of the following:

      Ceremonial Role ☐ Other ☐ Income ☐

      If checking “Ceremonial Role” or “Other” describe below:

      Derek & Rhiannon Eddy 5

      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales

   C. Name of Outside Organization

      Number of Ticket(s)/Pass(es)

      Describe the public purpose made pursuant to the agency's policy

4. Verification

   I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Lee Ann Fergerson

   Print Name: Supervisor's Assistant

   Title: (Month, Day, Year)

   Comment:
### 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) 272-8691 | leeann.fergerson@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: ______/_____/______

### 2. Function or Event Information

- **Does the agency have a ticket policy?**
  - Yes [ ]
  - No [ ]

- **Face Value of Each Ticket/Pass $** $60

- **Event Description**: WWE Raw
- **Date(s)**: 8/11/13

- **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:**
  - **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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Bernard</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>

- **Income [ ]**

  **Ceremonial Role [ ]**
  **Other [ ]**

  **To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.**

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ]</th>
</tr>
</thead>
</table>
| | | Income [ ]

**Signature of Agency Head or Designee**

**Lee Ann Fergerson**

**Supervisor's Assistant**

**Date** 8/12/13

**Comment:**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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
   (510) 272-6691
   E-mail
   leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $8500
   Event Description
   Oakland A's Base ball
   Provide Title/Explanation
   Date(s) 6/2/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If pp: Oakland Athletics
   Name of Source
   If yes: Supervisor Scott Haggerty
   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:
   Jim Perry
   Linda Ault
   Number of Ticket(s)/Pass(es)
   2 2
   Ceremonial Role ☐ Other ☐
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Income ☐
   Describe the public purpose made pursuant to the agency's policy
   __________________________________________________________
   __________________________________________________________

4. Verification
   I have read and understand FPPC Regulations 1994.1 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   ________________ Lee Ann Fergerson
   Print Name
   Supervisor's Assistant
   Title
   8/12/13
   (Month, Day, Year)

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Edith Anderson-Woody
   Area Code/Phone Number: (510) 272-6693
   E-mail: edith.anderson-woody@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: A's vs. Rangers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 30
   Date(s): 09/02/13
   If no: Oakland Athletics
   Name of Source:
   If yes: Alameda County Supervisor Wilma Chan
   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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Boskovich, Alexandra 2
   To reward a County employee for his exemplary service to the public and encourage staff development.

   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
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Edith Anderson-Woody
   Supervisor's Assistant: 8/30/13
   Print Name: Title: (Month, Day, Year)

Comment: