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) 272-6891 leean.fergerson@ecgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $250
   Event Description WARRIORS BASKETBALL
   Provide Title/Explanation
   Date(s) 11/20/13
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Name of Source Alameda County Supervisor Scott Haggerty
   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 ☐
   If checking “Ceremonial Role” or “Other” describe below:
   ERIC HASSETT 4/1
   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 (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 Supervisor’s Assistant Title
   (Month, Day, Year) 11-20-13

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) 272-6891
E-mail: leeann.fergerson@ecegov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: WARRIORS BASKETBALL
   Face Value of Each Ticket/Pass: $250
   Event(s): 2/4/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: GSW
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: 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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   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
      Smoak Business Guild | 4 | To reward a school or nonprofit organization For its contributions to the community

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/Designee: Lee Ann Fergerson
Print Name: Supervisor's Assistant: 11/5/13
Title: (Month, Day, Year)
Comment: The Guild raises funds to help maintain and help local non-profits.
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: leaann.fergerson@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Event Description: Warriors/Basketball
   - Face Value of Each Ticket/Pass $5000
   - Date(s): 11/14/13
   - Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   - Name of Source: GSW
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]

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>Fred Gothart</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [X] Ceremonial Role [ ] Other [ ]</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.
   - Lee Ann Fergerson
   - Supervisor's Assistant
   - Signature of Agency Head or Designee

   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**
leeann.fergerson@acgov.org

### 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><strong>Face Value of Each Ticket/Pass:</strong></td>
<td>$18.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Drake</th>
</tr>
</thead>
</table>

| Date(s) | 11/19/13 |

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

**If no:**

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>GSW</th>
</tr>
</thead>
</table>

**If yes:**

<table>
<thead>
<tr>
<th>Alameda County Supervisor Scott Haggerty, District 1</th>
</tr>
</thead>
</table>

### 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**

<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><strong>B. Name of Individual</strong></th>
<th><strong>Number of Ticket(s)/Pass(es)</strong></th>
<th><strong>Identify one of the following:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Bonta</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales</td>
</tr>
</tbody>
</table>

- **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>
<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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Lee Ann Fergerson</th>
<th>Supervisor's Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>11/12/13</td>
</tr>
</tbody>
</table>

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description
   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 $200.00
   Date(s) 3, 9, 14
   If no: GSW
   Name of Source
   Alameda County Supervisor
   If yes: 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 (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
   Well's Middle School 4/1 To reward a school or nonprofit organization
   6800 Penn Drive For its contributions to the community
   Dublin CA 94568

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.
   Lee Ann Fergerson Supervisor's Assistant
   Signature of Agency Head or Designee Print Name Title
   Signature: Lee Ann Fergerson
   (Month, Day, Year) 11/4/13
   Comment: Grades 6, 7 & 8 Dublin Unified School District
   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 E-mail
(510) 272-6691 leean.fergerson@ecgov.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 $ 250
Date(s) 4/14/13

Event Description [Warriors]
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes □ No □
If yes: [GSW]
Name of Source

Was ticket distribution made at the behest of agency official? No □ Yes □
If yes: [Scott Haeger, Dist. 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.

<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 □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>Annapolis Elementary School 5280 Irene Way Livermore, CA 94550</td>
<td>4/1</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.

Lee Ann Fergerson, Supervisor's Assistant 11-06-13

Signature of Agency Head or Designee

Print Name

Title (Month, Day, Year)

Comment: Elementary School - Donation to Fundraiser to help offset cuts to education

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 ☐ Face Value of Each Ticket/Pass $ 123.75
   Event Description Michael Birdie
   Provide Title/Explanation
   Date(s) 11/30/13
   If no: GSW
   Name of Source
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If yes: ____________
   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)
      Identify one of the following:
      To obtain oversight of facilities or events that have received County funding or support
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      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 Lee Ann Fergerson Supervisor’s Assistant
   Title
   (Month, Day, Year)
   Comment: Alameda County Supervisor District
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) 272-6691           |  leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐  No ☐
   Face Value of Each Ticket/Pass $ 2000
   Event Description  🏀 Warriors game 🏀
   Date(s) 12/3/13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☐
   Name of Source
   If no: GSW
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☐
   If yes: 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>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>

   | 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: |

<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>Washington High School</td>
<td>4/1</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>32442 Fremont Blvd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fremont CA 94536</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  Lee Ann Fergerson  Supervisor's Assistant
   (Month, Day, Year)  11-22-13

Comment: Fundraising event for Haiyan Typhoon Relief Victims
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:
(Month, Day, Year)

2. Function or Event Information

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

Face Value of Each Ticket/Pass $350

Event Description
Warriors / Nuggets

Date(s) 1/15/14

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

If no: GSW

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

Name of Source
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.

<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</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identity one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</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</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>Washington High School</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

36442 Fremont Blvd
Fremont Ca 94536

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 Designee Lee Ann Fergerson Supervisor's Assistant

11-22-13

(Month, Day, Year)

Comment:
Fremont High School to reward students for raising funds for Philippines Typhoon victims to help rebuild.
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) 272-6591

E-mail  
leaann.fergerson@acgov.org

2. Function or Event Information  

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

Event Description  
Warriors Game

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

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

Face Value of Each Ticket/Pass $ 25000

Date(s)  
1/24/14

If no:  
GSW

Name of Source

If yes:  
Alameda County Supervisor Scott Haggerty, District 1

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

3. Recipients

<table>
<thead>
<tr>
<th>Agency/Fund/Department</th>
<th>Name</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</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 ☐ Other ☐</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 (Include address and description)</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington High School 38442 Fremont Blvd. Fremont, CA 94536</td>
<td>4/15</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 understood FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson  
Supervisor's Assistant

Signature of Agency Head or Designee  
Print Name

Date (Month, Day, Year)  
11-22-13

Comment: Fremont High School Fundraising Event for Typhoon Haiyan Relief Victims

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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description - Warriors Basketball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $300.00
   Date(s) 12.17.13
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Name of Source GSW
   If no: [Blank]
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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

      [Blank]

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

      Bobby Winston
      4/1
      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:

      [Blank]

   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

      [Blank]

4. Verification
   I have read and understand FPPC Regulations 18044.1 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
   Supervisor's Assistant
   Title
   (Month, Day, Year) 12-21-13
   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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number  (510) 272-6691
   E-mail leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 350.00
   Event Description  WARRIORS
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 12, 13, 13
   If no: 650
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑
   If yes: 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 last name first  Number of Ticket(s)/Pass(es)  Identify one of the following:
   
   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.
   FPPC Form 302 (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 leeanne.fergerson@acgov.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description **Warriors**
   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 $200 ☐
   Date(s) 1-24-13 ☐
   If no: GSW

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 ☐ 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
      To reward a school or nonprofit organization for its contributions to the community.

4. **Verification**
   I have read and understand FPPC Regulations 18044.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor’s Assistant
   11-18-13
   Comment: The Fremont Elks donates to charities; especially local veterans & handicapped children.
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  Warriors vs. Nuggets
   Provide Title/Explanation
   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 $ 350
   Date(s)  1 / 15 / 14
   If no:  Golden State Warriors
   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 ☐
      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 ☐
      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)  11/26/13

Comment: ____________________________
## 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**
- $300

**Event Description**
- Warriors vs. Mavericks

**Date(s)**
- 12 / 11 / 13

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

**Ticket(s)/Pass(es) provided by agency?**
- Golden State Warriors

**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>Boggan, Jacqueline</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Verification

I have read and understand FPPC Regulations 19944.1 and 19942. 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**
- 11/26/13

**(Month, Day, Year)**

**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

2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Warriors vs. Mavericks
- 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/$30
- Date(s): 12/11/13
- Name of Source: Golden State Warriors
  Official’s Name (Last, First): Alameda County Supervisor Wilma Chan

3. Recipients
- A. Name of Agency, Department or Unit
  Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual
- Chan, Carl
- Number of Ticket(s)/Pass(es): 2/park
- 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
- Describe the public purpose made pursuant to the agency’s policy

4. Verification
- I have read and understand FPPC Regulations 19244.1 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
  Title: Date: (Month, Day, Year): 11/26/13

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 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 [x]
- **Face Value of Each Ticket/Pass** $350
- **Event Description** Warriors vs. Rockets
- **Date(s)** 12 / 13 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ]  No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ]  Yes [x]

### 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**

<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): Peck, Kim
- **Number of Ticket(s)/Pass(es)**: 2
- **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

- **Name of Outside Organization** (Include address and description): Alameda County
- **Number of Ticket(s)/Pass(es)**: 2
- **Ceremonial Role** [ ]  **Other** [ ]
- **Income** [ ]

**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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 19940. 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:**
11/22/13 (Month, Day, Year)

**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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Michael Buble
   Face Value of Each Ticket/Pass $123.75
   Date(s): 11/30/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source: Alameda County Supervisor Wilma Chan
   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 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:
   |-------------------------------------|-----------------------------|---------------------------------------------------------|
   | Reyes, Rocio                        | 2                           | 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" designate 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 18941.1 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: Date: 11/21/13
   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 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 $ 350
Event Description Warriors vs. Rockets
Date(s) 12 / 13 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If yes: Alameda County Supervisor Wilma Chan
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 Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy

Garcia, Jane 2

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 19941 and 19942. 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

11/21/13 (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)
   Alex Boskovich
   Area Code/Phone Number (510) 272-8693
   E-mail alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. Grizzlies
   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 $ 250/$30 parking
   Date(s) 11/20/13
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source

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 ☐
   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 ☐
   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.
   Alex Boskovich
   Senior Legislative Aide
   Signature of Agency Head or Designee
   11/20/13
   (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 $ __________  250  
Event Description  
Warriors vs. Grizzlies  
Date(s)  
11/20/13 / /  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
If no: Golden State Warriors  
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>
</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>Cheng, Jamie</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>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describes the public purpose made pursuant to the agency's policy</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 Head or Designee: Alex Boskovich  
Post Name: Senior Legislative Aide  
Date: 11/20/13  
(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)
   Alex Boskovitch

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   alex.boskovitch@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 $ 118
   Event Description Drake
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   Date(s) 11/19/13
   If yes: Golden State Warriors
   Name of Source
   If no: 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:
      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
      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
   Print Name
   Senior Legislative Aide
   Title
   11/19/13 (Month, Day, Year)

   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

   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 $118
   Event Description Drake
   Date(s) 11 / 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: 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.
   ——————————————————————————- ——————————————————————————- ——————————————————————————-

   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 of Department: Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   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

**A Public Document**

1. **Agency Name**
   - Alameda County

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

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

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

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

6. **Face Value of Each Ticket/Pass**
   - $118

7. **Event Description**
   - Drake

8. **Date(s)**
   - 11/19/13

9. **Ticket(s)/Pass(es) provided by agency?**
   - Yes [x] No [ ]

10. **If no:**
    - Golden State Warriors

11. **Name of Source**
    - [ ]

12. **Was ticket distribution made at the behest of agency official?**
    - No [ ] Yes [x]

13. **If yes:**
    - Alameda County Supervisor Wiima Chan

14. **Official's Name (Last, First)**
    - [ ]

### 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**

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

<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>Lam, Marianne</td>
<td>2</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**

<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>

### Verification

- **Signature of Agency Head or Designee**
- **Date**
  - 11/18/13

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 ☒ No ☐
Face Value of Each Ticket/Pass $82
Event Description Pearl Jam
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 11, 26, 13 / /
If no: Golden State Warriors
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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heglin, Chris</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>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>
</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 Head or Designee Alex Boskovich
Print Name

Senior Legislative Aide
Print Name

11/13/13 (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)
Alex Boskovich
Area Code/Phone Number: (510) 272-8693
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: $200/$30-parking
Event Description: Warriors vs. Jazz
Date(s): 11/16/13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Alameda County Supervisor Wiima Chan

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 (Last, First) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
Yuen, Ted 2 + PARKING
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 ☐

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
Date: 11/13/13
(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 $ 200
   Event Description  Warriors vs. Jazz
   Date(s)  11 / 16 / 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: 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
      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/Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   Title
   Date 11/13/13
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 Warriors vs. Pistons
   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 $200
   Date(s) 11/12/13
   Name of Source Golden State Warriors
   Official's Name Last, First Wilma Chan

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 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 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 11/12/13
   (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)
   Alex Boskovich

   Area Code/Phone Number: (510) 272-6683
   E-mail: alex.boskovich@acgov.org

   Date Stamp: _____________________________
   California Form 802
   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 $: 200/$30-parking

   Event Description: Warriors vs. Pistons
   Event Description: Provide Title/Explanation
   Date(s): 11/12/13
   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: 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 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: Alex Boskovich
   Title: Senior Legislative Aide
   Date: 11/12/13
   (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)
   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: __________ / __________ / __________

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐  Face Value of Each Ticket/Pass $ __________
   Event Description: Warriors vs. Jazz
   Date(s): 11 / 16 / 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? 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
   St. Rose Hospital Foundation
   27200 Calaroga Ave, Hayward 94545
   4
   To reward a non-profit organization for its contributions to the community.
   Raises funds to continue hospital mission of providing quality health care

4. Verification
   I have read and understand FPPC Regulations 19941.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee: __________
Signature of Person Filing: __________
Supervisor's Aide: __________
Date (Month, Day, Year): 11/12/13

Includes 1 parking pass at the value of $20.

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-7727)
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

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 [x] Face Value of Each Ticket/Pass $ 118.00

Event Description Drake Concert

Date(s) 11/19/13

Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]

If no: Golden State Warriors

Name of Source

Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

If yes: Valle, Richard- Supervisor District 2

Official 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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

|                                      |                             | Ceremonial Role [ ] Other [ ] |
|                                      |                             | Income [ ]                    |

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

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: Michelle Dianda
Position: Supervisor’s Aide
Title: [Role] (Month, Day, Year)

Comment:

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
   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 $ 82.00
   Event Description Pearl Jam Concert
   Event Date(s) 11 / 26 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Ticket issued by Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Vallee, 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.

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 in a County facility in order to
   maximize potential 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 Michelle Dianda Supervisor's Aide 11/12/13

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)
Michelle Dianda

Area Code/Phone Number  E-mail
(510) 272-6692  michelle.diana@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 $  82.00
Event Description  Pearl Jam Concert
Provide Title/Explanation
Date(s)  11 / 26 / 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
*a Use Section A to identify the agency's department or unit.  *b Use Section B to identify an individual.  *c 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>Trullinger, Andi</td>
<td>2</td>
<td>Ceremonial Role ☐  Other ☒  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event in a County facility in order to maximize potential revenue from 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.

Signature of Agency Head or Designee:  Michelle Dianda  
Date (Month, Day, Year):  11/27/13

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):
   Michelle Dianda
   Area Code/Phone Number: (510) 272-6692
   E-mail: michelle.diananda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $200.00
   Event Description: Warriors vs. Suns
   Date(s): 12 / 27 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source: Valle, Richard - Supervisor District 2
   Official's Name (Last, First):
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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" ascribe 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
      League of Women Voters - Eden Area
      P.O. Box 2234, Castro Valley, CA 94546
      4
      To reward a non-profit 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 Designate: Michelle Dianda
   Print Name: Supervisor's Aide
   Title:
   (Month, Day, Year)
   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: (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 $: 350.00
   - Event Description: Warriors vs. Spurs
   - Date(s): 12 / 19 / 13
   - Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   - Was ticket distribution made at the behest of agency official? No □ Yes ☑
   - If yes: Golden State Warriors
     - Name of Source: California Warriors
     - 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.

   **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 reward a community volunteer for his 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 & Designee: Michelle Dianda
   - Supervisor's Aide:
     - First Name: (Month, Day, Year)
     - Title:

   Comment: Includes 2 parking passes at the value of $20 each
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.dianada@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. Tennessee Titans
Provide Title/Explanation
Date(s) 11 / 24 / 13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
If yes: Valle, Richard- Supervisor District 2
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☒

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>
</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>Valle, Monica</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</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></td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>
</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 Name: Aice
Title: (Month, Day, Year): 11/21/13

Comment: Includes 1 parking pass at the value of $20
### 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

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6692</td>
<td><a href="mailto:michelle.dianda@acgov.org">michelle.dianda@acgov.org</a></td>
</tr>
</tbody>
</table>

##### 2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description: Michael Buble Concert
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 $: 123.75
Date(s): 11, 30, 13

#### 2.1. Name of Source
If no: Golden State Warriors
If yes: Valle, Richard - Supervisor District 2

##### 3. Recipients

<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>Ramirez, Rudy</td>
<td>4</td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
</tbody>
</table>

- To promote attendance at an event held at County facility in order to maximize potential 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: Michelle Dianda
Signature of Supervisor's Aide: [Signatures]
Print Name: Michelle Dianda
Title: [Title]
(Month, Day, Year): 11/26/13

Comment: [Comment]

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)
   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 X
   Face Value of Each Ticket/Pass $ 141.50
   Event Description Pink Concert
   Provide Title/Explanation
   Date(s) 10/10/13
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Golden State Warriors
   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.

   **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
   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
   11/21/13
   Print Name
   Title
   (Month, Day, Year)

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
<td>For Official Use Only</td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amy Shrago</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
<td>Date of Original Filing: 11/21/13 (Month, Day, Year)</td>
</tr>
<tr>
<td>(510) 272-6695</td>
<td><a href="mailto:amy.shrago@acgov.org">amy.shrago@acgov.org</a></td>
<td></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes □ No X
- Face Value of Each Ticket/Pass $65.00
- Event Description Disney on Ice
- Provide Title/Explanation
- Date(s) 10 / 17 / 13
- Ticket(s)/Pass(es) provided by agency? Yes □ No X
- If no: Golden State Warriors
- 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.

#### 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>Mitchell, Tiara</td>
<td>4</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; describe below: 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 □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income X</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></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
Print Name: 

Supervisor's Assistant: 11/21/13 (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 E-mail
   (510) 272-6695 amy.shrago@acgov.org
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 60.00
   Event Description Disney on Ice
   Date(s) 10 / 18 / 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 | 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:
   (Last, First) | ____________________________ | Ceremonial Role ☐ Other ☒ Income ☐
   ____________________________ | “Ceremonial Role” or “Other” describe below:
   Osorio, Vickie | 4 | To reward a community volunteer for his or her service to the public.
   ____________________________________ | ____________________________ | Ceremonial Role ☐ Other ☐ Income ☐
   ____________________________________ | “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
   Date: 11/21/13
   (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 of Original Filing:**
11/21/13

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☐ No ☒
- **Event Description**
  Disney on Ice

  **Provide Title/Explanation**

- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
  **If no:**
  Golden State Warriors
  **Name of Source**
  Carson, Keith
  **Official's Name (Last, First)**

- **Face Value of Each Ticket/Pass $**
  60.00

- **Date(s)**
  10 / 19 / 13

  **/ /**

- **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>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 (Last, First)

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

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

<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>

**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  
11/21/13

**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

   **Date of Original Filing:** 11/21/13

2. **Function or Event Information**

   **Does the agency have a ticket policy?**
   - Yes ☐ No ☑️

   **Face Value of Each Ticket/Pass $**
   - 60.00

   **Event Description**
   - Disney on Ice

   **Date(s)**
   - 10 / 20 / 13

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

   **If no:**
   - Golden State Warriors

   **Name of Source**
   - Carson, Keith

   **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:
     - Ceremonial Role ☐ Other ☐ Income ☑️
     - 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
     - Socially Responsible Network - CBO trai 360 Grand Ave. #57 Oakland, CA
     - 4
     - To reward a school or nonprofit organization for its contributions to the community

4. **Verification**

   I have read and understand FPCC 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**
   - [Signature]

   **Print Name**
   - Amy Shrago

   **Supervisor’s Assistant**
   - [Signature]

   **Title**
   - [Title]

   **Date**
   - 11/21/13

   **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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☐ No ☑
- **Face Value of Each Ticket/Pass $** 172.90
- **Event Description** Kanye West Concert
- **Provide Title/Explanation**
- **Date(s)** 10 / 23 / 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.

<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>
<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, Aisha</td>
<td>4</td>
<td>Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

To reward a County employee for his or her exemplary service to the public or to 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>
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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<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
Print Name
Supervisor’s Assistant
Title
11/21/13 (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 $ __________ 172.90
Event Description Kanye West Concert
Provide Title/Explanation
Date(s) 10 / 23 / 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.

<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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Amari</td>
<td>1</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 student for outstanding scholastic achievement</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>
</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
Amy Shrago
Print Name
Supervisor's Assistant
Title
Date Stamp (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

   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Face Value of Each Ticket/Pass $172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 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
      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 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
Print Name

Supervisor's Assistant
Title
11/21/13
(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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Event Description: Kanye West Concert
Face Value of Each Ticket/Pass $: 172.90
Date(s): 10/23/13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Carson, Keith

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>Cox, Lori</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></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></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
Print Name: Supervisor's Assistant: Title: 11/21/13
(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    E-mail
   (510) 272-6695            amy.shrago@acgov.org

   Date Stamp
   California Form 802
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 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
   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 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 Print Name
   Title
   (Month, Day, Year)
   11/21/13

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**

**California Form 802**
For Official Use Only

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

**Date of Original Filing:** 11/21/13
(Month, Day, Year)

---

2. **Function or Event Information**

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

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

- **Event Description**
  - Kanye West Concert

- **Date(s)**
  - 10 / 23 / 13

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

- **If no:**
  - **Name of Source**
  - Golden State Warriors

- **If yes:**
  - **Name of Source (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**

<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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bynes, Melanie</td>
<td>2</td>
<td><strong>Ceremonial Role ☐ Other ☒</strong></td>
</tr>
</tbody>
</table>

**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

**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**

Print Name

Title

**Date**

11/21/13
(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 Original Filing:** 11/21/13

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☐ No ✗
- **Face Value of Each Ticket/Pass $** 172.90
- **Event Description** Kanye West Concert
- **Date(s)** 10 / 23 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ✗
- **If no:** Golden State Warriors
- **Name of Source** Carson, Keith
- **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 (Last, First)**
  - **Number of Ticket(s)/Pass(es)**

  - **McWilson, Marlon**
  - **2**

  - **Identify one of the following:**
    - **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

- **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**

**Amy Shrago**

**Supervisor's Assistant**

**Title**

**Print Name**

**11/21/13**

(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 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: 11/21/13
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒ Face Value of Each Ticket/Pass $ 172.90
   Event Description Kanye West Concert
   Date(s) 10 / 23 / 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:
      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
   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)
2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☐ No ☒ | Face Value of Each Ticket/Pass $ | 172.90 |
| Event Description | Kanye West Concert |
| Date(s) | 10/23/13 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☒ |
| If no: Golden State Warriors |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes ☒ |
| 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 ☒ 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 (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
Date of Filing: 11/21/13
# 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>
<tr>
<td>Date Stamp</td>
<td></td>
</tr>
<tr>
<td>California Form 802</td>
<td></td>
</tr>
<tr>
<td>For Official Use Only</td>
<td></td>
</tr>
<tr>
<td>Amendment (Must provide explanation in Part 3.)</td>
<td></td>
</tr>
<tr>
<td>Date of Original Filing: 11/21/13</td>
<td></td>
</tr>
<tr>
<td>(Month, Day, Year)</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Function or Event Information                    |                |
| Does the agency have a ticket policy?              | Yes ☐ No ☑     |
| Face Value of Each Ticket/Pass $                   | 172.90         |
| Event Description                                  | Kanye West Concert |
| Date(s)                                            | 10 / 23 / 13    |
| Ticket(s)/Pass(es) provided by agency?             | Yes ☐ No ☑     |
| Golden State Warriors Name of Source               |                |
| If no:                                              |                |
| Was ticket distribution made at the behest of agency official? | No ☐ 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 (First, Last)                |                |
| 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 |                |
| BAY EMT 1000 San Leandro Blvd., San Leandro, CA train youth to be EMTs | 5 |
| 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     |
| Print Name                                          | Supervisor's Assistant |
| Title                                               | 11/21/13        |
| (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  

2. **Function or Event Information**  
   - **Does the agency have a ticket policy?** Yes □ No ☑  
   - **Event Description**: Live 105 Spookfest Concert  
   - **Face Value of Each Ticket/Pass $**: 65.00  
   - **Date(s)**: 10 / 25 / 13  
   - **Ticket(s)/Pass(es) provided by agency?** Yes □ No ☑  
   - **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 □**  
       - **To reward a County employee for his or her exemplary service to the public or to 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 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**: Amy Shrago  
   - **Title**: Supervisor's Assistant  
   - **Date**: 11/21/13  

**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

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 11/21/13 (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 158.00
   Event Description Family Bridges Presents 3 Divas Live!
   Date(s) 11/9/13
   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 | 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:
   Sar, Tina | 4 | Ceremonial Role ☐ Other ☒ 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
Print Name: Supervisor's Assistant
Title: 11/21/13 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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:
11/21/13

### Function or Event Information

| Does the agency have a ticket policy? | Yes [ ] No [x] |
| Event Description | Pearl Jam |
| Date(s) | 11 / 26 / 13 |
| Ticket(s)/Pass(es) provided by agency? | Yes [x] No [ ] |
| If no: | Golden State Warriors |
| 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) |

### 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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valentine, Valerie</td>
<td>4</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 “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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
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</tr>
</tbody>
</table>

### 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

| Date Stamp |
|------------|------------|
| California Form 802 |
| For Official Use Only |

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☐ No X
   - **Event Description**
     - Michael Buble
   - **Face Value of Each Ticket/Pass** $123.75
   - **Date(s)** 11/30/13
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No X
   - **If no:** Golden State Warriors
   - **Name of Source:**
   - **Was ticket distribution made at the behest of agency official?**
     - No ☐ Yes ☐
   - **If yes:** Carson, Keith
   - **Official’s Name (Last, First):**

3. **Recipients**
   - Use Section A to identify the agency’s department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

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

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

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

   **B. Name of Individual**

   **(Last, First)**

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

   **Identify one of the following:**

   - Ceremonial Role ☐ Other ☒ Income ☐
     
     **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.

   **Signature of Agency Head or Designee:**

   **Amy Shrago**

   **Signature of Supervisor’s Assistant:**

   **Supervisor’s Assistant**

   **Title**

   **11/21/13**

   **(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  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: 11/21/13 (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  Baseball Game
Provide Title/Explanation

Date(s)  11  / 30  / 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>
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</tr>
<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>Sanchez, Mina</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 reward a County employee for his or her exemplary service to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the public or to encourage staff development</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; 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
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<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  11/21/13 (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 of Original Filing:** 11/21/13

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Face Value of Each Ticket/Pass $** 85.00
- **Event Description** Baseball Game
- **Date(s)** 10/5/13
- **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.

#### 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)** 4
- **Identify one of the following:**
  - **Ceremonial Role** [ ] Other [x] Income [ ]
  - **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

- **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**

11/21/13

**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: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No X
   Face Value of Each Ticket/Pass $ ____________ 85.00
   Event Description
   Baseball Game
   Provide Title/Explanation
   Date(s) __________________________
   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.

<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 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>DeCarlo, Katie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other X 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 community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

   | 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 18941.1 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 (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   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: 11/21/13
(Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No X
Face Value of Each Ticket/Pass $ 100.00

Event Description Basketball Game
Date(s) 10/7/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
If no: Golden State Warriors
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>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>Jenkins, Kevin</td>
<td>4</td>
<td>Ceremonial Role ☐ Other X Income ☐</td>
</tr>
</tbody>
</table>

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

<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
Amy Shrago

Print Name
Supervisor's Assistant
Title
(2011, 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 ☒
   Event Description: Basketball Game
   Face Value of Each Ticket/Pass $ 600.00
   Date(s): 10 / 30 / 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.

   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:
   Carson, Keith
   4
   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
   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
Date of Original Filing: 11/21/13

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $ 100.00
Event Description Basketball Game
Provide Title/Explanation
Date(s) 11/12/13
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 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 community volunteer for his or her service to the public

Sandoval, Terry 2

Loveman, Alisa 2

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
(11/21/13
(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   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 $ 450.00
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 11 / 14 / 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
      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:
      Income ☐
      Ceremonial Role ☐ Other ☒
      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 18944.1 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 of Original Filing: 11/21/13
   (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)
   Amy Shrago

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

   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Face Value of Each Ticket/Pass $ 150.00
   Event Description Basketball Game
   Date(s) 11 / 16 / 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   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:
   Carson, Keith   4   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

   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
   11/21/13
   (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)
   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 $ 200.00
   Event Description Basketball Game
   Date(s) 11/20/13
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Golden State Warriors
   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.
   
   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.
   Amy Shrago
   Supervisor's Assistant
   11/21/13
   (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

**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:** 11/21/13

**Function or Event Information**

- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Face Value of Each Ticket/Pass** $150.00
- **Event Description** Basketball Game
- **Date(s)** 11 / 23 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Golden State Warriors**
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Carson, Keith**
- **Official’s Name (Last, First)**

**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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **B.** Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  - **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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

(11/21/13)

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

Amendment (Must provide explanation in Part 3.)
☐ Yes ☑ No

Date of Original Filing: 11/21/13
(Month, Day, Year)

2. Function or Event Information

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

Event Description Basketball Game

Date(s) 12 / 11 / 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? ☑ Yes ☐ No

If yes: Carson, Keith
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
(Lead, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:

Carson, Keith
4
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.

Amy Shrago
Signature of Agency Head or Designee

Supervisor's Assistant
Print Name

Title

(11/21/13)
(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 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: 11/21/13
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒
   Face Value of Each Ticket/Pass $ 150.00
   Event Description Basketball Game
   Date(s) 12 / 27 / 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
      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 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
   Signature of Agency Head or Designee
   Supervisor’s Assistant
   Print Name
   Title
   11/21/13
   (Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

### Date Stamp

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [x]
   - **Face Value of Each Ticket/Pass** $200.00
   - **Event Description** Basketball Game
   - **Date(s)** 1/20/11
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Name of Source** Golden State Warriors
   - **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.

   **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" ascribe 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**
   - **Print Name**
   - **Supervisor's Assistant**
   - **Title**
   - **Date** 11/21/13

   **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

   Date Stamp

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

   Event Description Basketball Game
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Golden State Warriors
   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.

   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:
      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
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year)

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/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)
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 ☒

Event Description Basketball Game
Provide Title/Explanation

Face Value of Each Ticket/Pass $ ☒ 150.00

Date(s) 2 / 10 / 14 / /

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>
</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>Brown, Elaine</td>
<td>4</td>
<td>Ceremonial Role □ Other ☒</td>
</tr>
</tbody>
</table>

Income □

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

County facility in order to maximize potential County revenue from parking and concession sales

**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>
</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

11/21/13 (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**

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

   - **Amendment** (Must provide explanation in Part 3.)
   - **Date of Original Filing:** 11/21/13

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [x]
   - **Face Value of Each Ticket/Pass** $300.00
   - **Event Description** Basketball Game
     **Provide Title/Explanation**
   - **Date(s)** 2/22/14
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no:** Golden State Warriors
     **Name of Source**
   - **Was ticket distribution made at the behest of agency official?**
     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.**

   **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:**

     Brown, Aisha
     **Number of Ticket(s)/Pass(es)** 4

     **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 18944.1 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** Amy Shrago
   **Supervisor’s Assistant**
   **Title**
   **Date of Filing:** 11/21/13

   **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

   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 11/21/13
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy?   Yes ☐ No ❑
   Face Value of Each Ticket/Pass $ 250.00
   Event Description  Basketball Game
   Provide Title/Explanation
   Date(s)  3 / 14 / 14
   Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ❑
   If no:  Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official?   No ☐ Yes ❑
   If yes:  Carson, Keith
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.   • Use Section B to identify an individual.   • Use Section C to identify an outside organization.

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

   B. Name of Individual  Number of Ticket(s)/Pass(es)  Identify one of the following:
      Name (Last, First)  ___________________________  __________________________________________________________
      Sanchez, Mina  4  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  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy
      (Include address and description)  ___________________________  ___________________________
      ___________________________  ___________________________
      ___________________________  ___________________________
      ___________________________  ___________________________

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  11/21/13
   Print Name  Title  (Month, Day, Year)

   Comment: ____________________________________________________________

   [Signature of Agency Head or Designee]
   [Print Name]
   [Title]
   [Date]

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  E-mail
(510) 272-6695  amy.shrago@acgov.org

Date Stamp
California Form 802
A Public Document
For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 300.00
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 4/10/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

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

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

   Signature of Agency Head or Designee
   Amy Shrago
   Supervisor's Assistant
   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
   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
   Date of Original Filing: 11/21/13

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 200.00
   Event Description  Basketball Game
   Date(s)  4 / 14 / 14
   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.

<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>Shrago, Amy</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 reward a County employee for his or her exemplary service to the public or to encourage staff development</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>
</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  11/21/13
   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: $200.00
- Event Description: Basketball Game
- Date(s): 1 / 24 / 14
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: Golden State Warriors
- If yes: Carson, Keith

#### 3. Recipients
- Name of Agency, Department or Unit: [Insert]
- Number of Ticket(s)/Pass(es): [Insert]
- Describe the public purpose made pursuant to the agency's policy: [Insert]
- Name of Individual (Last, First): [Insert]
- Number of Ticket(s)/Pass(es): [Insert]
- Identify one of the following:
  - Ceremonial Role ☐ Other ☐ Income ☐
  - Ceremonial Role ☐ Other ☐ Income ☐
- Name of Outside Organization (Include address and description): Sierra Club San Francisco Bay Chapter 2530 San Pablo Ave., Suite 1 Berkeley CA
- Number of Ticket(s)/Pass(es): 4
- 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 or to encourage staff development

#### 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: [Signature]
- Print Name: Amy Shrago
- Supervisor's Assistant: [Print Name]
- Title: [Title]
- Date: 11/21/13

Comment: [Insert]

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 $ 200.00
   Event Description Basketball Game
   Provide Title/Explanantion
   Date(s) 4 / 4 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Carson, Keith
   Official’s Name (Last, First)

3. Recipients
   Use Section A to identify the agency’s department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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
      Hopalong Animal Rescue
      945 22nd Ave, Oakland, CA 94606
      4 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: Supervisor’s Assistant
   Date (Month, Day, Year): 11/21/13
   Comment:

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   E-mail
   510-891-5585
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Thunder
   Face Value of Each Admission
   $ 550.00
   Description
   Basketball Game
   Date(s)
   11 / 14 / 13
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☑ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Tickets</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart, Darryl</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td>Dunlap, Kanika</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   11/1/13
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Jazz
   Face Value of Each Admission $ 200.00
   Description
   Basketball Game
   Date(s)
   11/16/13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name, Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPP SHOP 4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>1530 167th Ave-San Leandro, CA 94578</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>community policing</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   11/1/13
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number E-mail
   510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Warriors vs. Grizzlies
   Face Value of Each Admission $250.00
   Description Basketball Game
   Date(s) 11/20/13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admissions</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women on the Way to Recovery</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>20424 Haviland Ave, Hayward, CA 94541</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>programs/services for formerly incarcerated women</td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   Print Name
   Title
   11/1/13
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors

Street Address
1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager

Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Trailblazers
Description Basketball Game
Face Value of Each Admission $200.00
Date(s) 11/23/13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☒ If yes: Miley, Nate - Alameda County Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s) or Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambert, Bill</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
</tbody>
</table>

Income ☐

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee Anna Gee Operations Manager 11/1/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Prize for the Castro Valley Light Parade which was organized by volunteers.
Agency Report of:  
Ceremonial Role Events and Ticket/Admission Distributions  

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Street Address  
1221 Oak Street, Suite 536  
Designated Agency Contact (Name, Title)  
Anna Gee, Operations Manager  
Area Code/Phone Number E-mail  
510-891-5585 anna.gee@acgov.org  

2. Function, Event, or Ceremonial Role Information  
Title Warriors vs. Raptors  
Face Value of Each Admission $ 200.00  
Description Basketball Game  
Date(s) 12 / 03 / 13  
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Warriors  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes □ No ☑ If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title  

| Name of Recipient or Organization | Number of Admission(s) | Agency Official | Check: Income or non-income distribution?  
---|---|---|---  
United Seniors of Oakland & Alameda County  
7200 Bancroft Ave, Ste 251-Oakland, CA 94605  
senior advocacy  
| 4 | Yes ☑ No ☐ | Income ☐ |  
Income ☐ |  
Income ☐ |  
Income ☐ |  

3. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.  
Anna Gee Operations Manager  
Signature of Agency Head or Designee Print Name  
11/1/13 (month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number E-mail
   510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Drake
   Description Concert
   Face Value of Each Admission $118.00
   Date(s) 11/19/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☒ If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guerra, Angelica</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee Anna Gee Operations Manager 11/1/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda

Division, Department, or Region (if applicable)
Board of Supervisors

Street Address
1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager

Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Michael Buble

Description Concert

Face Value of Each Admission $ 123.75

Date(s) 11/30/13

Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no: Golden State Warriors

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☑ No ☐ If yes: Miley, Nata - Alameda County Supervisor

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma, Stella</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee

Anna Gee operations Manager

Print Name Title

11/1/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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 $ $78.05

Event Description  Not So Silent Night concert

Date(s)  12 / 6 / 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:  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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nguyen, Cyndy</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 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 “Ceremonial Role” or “Other” describe 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 19844.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Print Name

Title

(11/26/13) (Month, Day, Year)

Comment:  

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)