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 □
   Event Description WARRIORS GAME
   Face Value of Each Ticket/Pass $ □ 20.00
   Event(s) Date(s) 4-6-14
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no:
   Name of Source

   Was ticket distribution made at the behest of agency official? No □ Yes □
   If yes:
   Name of Official (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:
   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
   Print Name
   Title
   (Month, Day, Year)
   Comment: To Support the growth & development of young gymnasts in their pursuit of becoming a champion.

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

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ 200
Event Description: "Warriors"
Ticket(s)/Pass(es) provided by agency? Yes □ No □
Was ticket distribution made at the behest of agency official? No □ Yes □
Date(s): 1/6/14
Name of Source: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First):

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

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

League of Volunteers
2
2440 Central Ave, Ste A
Newark, CA 94560
To reward a community volunteer for his or her service to the public

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
Print Name: Supervisor's Assistant: 1/15/14
Title: (Month, Day, Year)

Comment: Serving Children, The Needy, & Senior Programs
In Fremont, Newark & Union City

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number (510) 272-6891
E-mail leeann.fergerson@agov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description [Warriors game]
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 $ 232.00
Date(s) 1/8/14
If no: [GSW]
Name of Source
Alameda County Supervisor Scott Haggerty, District 1
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit

<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></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>
<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>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin Chamber of Commerce</td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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 Lee Ann Fergerson Supervisor's Assistant
Print Name
Title (Last, First) 1-6-13

Comment: "Working together to make the City of Dublin a better place to live and enrich the quality of life"
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $350.00
   Event Description
   Warriors vs. Denver Nuggets
   Date(s) 01, 15, 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   If yes: Vallee, Richard - Supervisor District 2
   Name of Source
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [x]
      Income [ ]
      Describe the public purpose made pursuant to the agency's policy
      Ceremonial Role [ ] Other [ ] Income [ ]
      To reward a student for outstanding scholastic achievement

   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
   (Month, Day, Year)

   Includes 1 parking pass at the value of $20

   Comment:
**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**
     - Warriors vs. Charlotte Bobcats
   - **Face Value of Each Ticket/Pass** $250.00
   - **Date(s)** 02 / 04 / 14

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**

4. **Verification**
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Supervisor's Aide**
   - **Title**
   - **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
   Area Code/Phone Number  E-mail
   (510) 272-6692    michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 250.00
   Event Description  Warriors vs. Timberwolves
   Provide Title/Explanation
   Date(s) 01/24/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source
   If no: Golden State Warriors
   If yes: Valle, Richard - Supervisor District 2
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   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.

   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:
   Manibusan, Alisa  4  Ceremony Role ☐ Other ☑ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   Ceremony 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
   Post Name
   Title
   Month, Day, Year
   1/3/14

Comment: __________________________

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

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

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass:** $200.00
- **Event Description:** Warriors vs. Phoenix Suns
- **Date(s):** 03/09/14
- **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]
- **Name of Official:** 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
- **Name:**
- **Number of Ticket(s)/Pass(es):**
- **Identify one of the following:**

### C. Name of Outside Organization
- **Name:** Fremont Education Foundation
- **Number of Ticket(s)/Pass(es):** 4
- **Address:** 39120 Argonaut Way, Fremont, 94538
- **Describe the public purpose made pursuant to the agency's policy:**

## 4. Verification
- **Signature of Agency Head or Designee:**
- **Position Name:**
- **Supervisor's Aide:**
- **Title:**
- **Date:** 3/14/14
- **Comment:** Includes 1 parking pass at the value of $20

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County
Division, Department, or Region (If Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Michelle Dianda
Area Code/Phone Number: (510) 272-6692
E-mail: michelle.dianda@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Warriors vs. Brooklyn Nets
Face Value of Each Ticket/Pass: $350.00
Date(s): 02 / 22 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source: Valle, Richard- Supervisor District 2
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First):

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Frietas, Marly</td>
<td>4</td>
<td>-- Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his contributions to the public.</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 10944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Michelle Dianda
Print Name: Supervisor's Aide: Tee
Date (Month, Day, Year): 1/3/14

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

### 1. Agency Name
Alameda County

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

**Designated Agency Contact (Name, Title)**
Michelle Dianda

**Area Code/Phone Number**
(510) 272-6692

**E-mail**
michelle.dianda@acgov.org

**Date Stamp**

**California Form 802**

**Date of Original Filing**

### 2. Function or Event Information

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

**Event Description**
Warriors vs. Atlanta Hawks

**Face Value of Each Ticket/Pass**
$200.00

**Date(s)**
03/07/14

**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?**
No [ ]  Yes [x]

**If yes:**
Valle, Richard-Supervisor District 2

**Officer's Name (Last, First)**

### 3. Recipients

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

<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**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**

| Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ]  Other [x]  Income [ ]
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey, Tommie</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

- **If checking "Ceremonial Role" or "Other" describe below:**
To reward a community volunteer for his contributions 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**

<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 18642. 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**

**Title**

**Week/Day/Year**

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

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  

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 $ 58.00  

Event Description  
Harlem Globetrotters  

Date(s) 01 / 17 / 14 01 / 19 / 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:  
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  

Name and Title  

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  

South Hayward Parish  
27287 Patrick Ave, Hayward CA 94544  

4  

To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as underprivileged.  

Serving the indigent population providing food pantries and services  

4  

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, Department, or Outside Organization  
Michelle Dianda  
Supervisor’s Aide  
Title  

Month, Day, Year  

Comment:  

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

#### 1. Agency Name
Alameda County

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

**Designated Agency Contact (Name, Title)**: Michelle Dianda

**Area Code/Phone Number** (510) 272-6692

**E-mail** michelle.dianda@acgov.org

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

**Event Description** Monster Jam

**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 $** 41.30

**Date(s)** 02 / 22 / 14

**Name of Source**

- If no: Oakland A's

- If yes: Valle, Richard- Supervisor District 2

#### 3. Recipients

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

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

| Name of Individual (last, first) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☑ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria, Carlos</td>
<td>3</td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
</tr>
</tbody>
</table>

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

| Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|                                                                |                             |                                                               |

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

[Signature]
Michelle Dianda

[Signature]
Supervisor's Aide

[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
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number E-mail
   (510) 272-5692 michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 41.30
   Event Description AMA Supercross
   Date(s) 01 / 25 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Valle, Richard- Supervisor District 2

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<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></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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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</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>
   | Silva Pediatric Dental Clinic 680 W. Tennyson Rd. Hayward 94545 | 3                             | To promote health and provide expanded opportunities to vulnerable populations in the County such as the underprivileged.
   | Provides dental care for children 0-18 at little to no cost |

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 Name: Alice
   Date: 12/22/14

Comment:
**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.dian-da@ac.gov

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes ☑ No ☐
   **Event Description** Warriors vs. 76ers
   **Face Value of Each Ticket/Pass** $200.00
   **Date(s)** 02 / 10 / 14
   **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:** 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 ☐

   **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**

   Hayward Chamber of Commerce
   22561 Main St. Hayward, CA 94541
   **4**
   To reward a nonprofit organization for its contributions to the community
   Benefits for local organizations to support volunteerism

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**
   [Signature]
   **Date** 1/23/14
   **Comment:** Includes 1 parking pass at the value of $20

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Wizards
   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 $250.00
   Date(s) 01, 28, 14
   If no: Golden State Warriors
   Name of Source Valle, Richard Supervisor District 2
   Official's Name (Last, First)

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

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

   **B. Name of Individual** (Last, First)
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role ☐ Other ☒ Income ☐
   **If checking "Ceremonial Role" or "Other" describe below:**
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   **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 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: Michelle Dianda
   Supervisor's Aide: 1/23/14
   Comments: Includes 1 parking pass at the value of $20

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒  No ☐
   Face Value of Each Ticket/Pass $ 200.00
   Event Description  Warriors vs. Trailblazers
   Provide Title/Explanation
   Date(s) 01/26/14
   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: Valle, Richard- Supervisor District 2
   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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   | | | | | | | | |
   Iyer, Paddy | 4 | 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 (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
   Print Name  Title
   (Month, Day, Year)  1/24/14

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

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

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 $ 222.00

Event Description [ ] WARRIORS/BASKETBALL

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

If yes: [ ] No [ ] Yes

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

Date(s): 12, 27, 13

Name of Source: GSW

Name of Agency, Department or Unit: 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>
<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></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Joe Gordon</td>
<td>2</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>Ceremonial Role Other Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</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>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Lee Ann Fergerson

Print Name: Supervisor’s Assistant: 

Title: (Month, Day, Year)

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant

   Area Code/Phone Number: 
   (510) 272-6691
   E-mail: leeann.fergerson@acgov.org

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
   Date(s) 2/10/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: GSW
   Was ticket distribution made at the behest of agency officials? No ☐ Yes ☐
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
   Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vic Argula</td>
<td>2/1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
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<tr>
<th>Name of Outside Organization</th>
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<tr>
<td></td>
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<td></td>
</tr>
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</table>

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

   Signature of Agency Head or Designee: 
   Lee Ann Fergerson
   Print Name: Supervior's Assistant
   Title: 1-28-14
   (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)
   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 $ 250.00
   Event Description: Warriors
   Date(s): 01-28-14
   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 ☐
   Official's Name (Last, First): Alameda County Supervisor Scott Haggerty, District 1

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Fred Robinson</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>Income ☐ Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Lee Ann Fergerson
Supervisor's Assistant: 1-28-14

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
   Date Stamp: California Form 802
   Date of Original Filing: (Month, Day, Year)
   Amendment (Must provide explanation in Part 3.)
   Date Stamp:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Supervisors
   Face Value of Each Ticket/Pass $ 41.30
   Date(s): 1/29/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: G-SW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      To promote attendance at a county sponsored event in order to
      maximize potential county revenue for concession and parking sales
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have read and understand FPPC Regulations 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
   Print Name
   Title
   Date (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)**
   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 ☐
   **Event Description** Supercross

   **Face Value of Each Ticket/Pass** $11.30

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

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

   **Date(s)** 1/25/14

   **Name of Source**

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

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

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

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

   **Scott Neely**

   **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:**

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

4. **Verification**
   *I have read and understood FPPC Regulations 18044.1 and 18949. 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**
   Supervisor's Assistant

   **Title**
   1-15-14

   **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
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $222.00
   Event Description: Warriors Game
   Event Details: Provide Title/Explanation
   Date(s): 2/10/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   Name: Alameda County Supervisor Scott Haggerty, District 1
   If yes: Scott Haggerty
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
   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:

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

4. Verification
   I have read and understand FPPC Regulations 18941.1 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: 1-22-14

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 066/ASK-FPPC (866/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number E-mail
(510) 272-6591 leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description: *Globe Trotters*
Face Value of Each Ticket/Pass $58.00
Date(s) 11/19/14
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: GSW
Name of Source
Was ticket distribution made at the behest of agency official? No □ Yes □
If yes:
Alameda County Supervisor Scott Haggerty, District 1
Cherish’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>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<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>Anna Davis</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>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  Lee Ann Fergerson  Supervisor’s Assistant
(Title)  (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):
Anna Gee
Area Code/Phone Number: (510) 272-6694
E-mail: anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Event Description: AMA Super Cross
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
Face Value of Each Ticket/Pass $ 41.30
Date(s) 01/25/14 02/22/14
If no: Golden State Warriors
Name of Source: Miley, Nate
Name of Individual (Last, First)
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.

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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Griffin, Justin</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a non profit for its contribution to the community</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>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Innovations</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

Signature: Anna Gee
Print Name:
Operations Chief:
(Month, Day, Year)

Comment: AMA Super Cross tickets given to East Bay Innovations
# 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)**
  - Anna Gee
  - **Address** (Not provided)
  - **Phone** (Not provided)
  - **Email** anna.gee@acgov.org

## 2. Function or Event Information
- **Function or Event Description** Globetrotters
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Date(s)** 01/17/14 01/19/14
- **Face Value of Each Ticket/Pass** $85.00
- **If no:** Golden State Warriors
  - **Name of Source** Miley, Nate
  - **Official's Name (Last, First)**

## 3. Recipients
- **Type** 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>4</td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual

#### Gee, Terrence
- **Number of Ticket(s)/Pass(es)** 4
- **Ceremonial Role** [ ] Other [x]
- **Income** [ ]
  - **If checking "Ceremonial Role" or "Other" describe below**: Ceremonial Role

#### Perkins, Kyra
- **Number of Ticket(s)/Pass(es)** 4
- **Ceremonial Role** [ ] Other [x]
- **Income** [ ]
  - **If checking "Ceremonial Role" or "Other" describe below**: Ceremonial Role

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

## 4. Verification
- **Signature of Agency Head or Designee** Anna Gee
- **Date** 01/15/14
- **Comment** 1/19/14 tickets given to Kyra Perkins

---

**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 $ 150.00
   Event Description Golden State Warriors
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 12/3/13
   If no: If yes:
   Name of Source Golden State Warriors
   Name of Source Carson, Keith

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

<table>
<thead>
<tr>
<th>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>Williams, David</td>
<td>4</td>
<td></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</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>
<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: Amy Shrago
   Supervisor's Assistant: 1/22/14
   Title: Press H denn

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: (Month, Day, Year)

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

Face Value of Each Ticket/Pass $ 250.00

Event Description Golden State Warriors

Provide Title/Explanation

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

Date(s) 12 11 13

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

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

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

South Berkeley Senior Center 4

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 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 1/22/14

Signature of Agency Mail Route Designee
Print Name

Comment: 

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

1. Agency Name
Alameda County

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

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

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

Event Description Golden State Warriors
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass $ 250.00
Date(s) 12 / 17 / 13

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.

<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>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
</table>

Shrago, Amy 4

Identify one of the following:

To reward a County employee for his or her exemplary service to the public or to encourage staff development

<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

1/22/14

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?
No □ Yes □

Face Value of Each Ticket/Pass $ 150.00

Event Description: Golden State Warriors

Provide Date/Explanation

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

Date(s) 1/26/14

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

If no: Golden State Warriors

Name of Source

If yes: Carson, Keith

Caller'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 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

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 Official or Designee

Supervisor's Assistant

Date 1/22/14

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [X]
Event Description: Golden State Warriors
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: $450.00
Date(s): 1/28/14
If no: [Golden State Warriors]
Name of Source: Carson, Keith

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)
   Ceremonial Role [ ] Other [ ] Income [ ]
   Identify one of the following:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue
   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
1/22/14

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 Golden State Warriors
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Date(s) 1/30/14
   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.

<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>Carson, Keith</td>
<td>2</td>
<td>Other □ Ceremonial Role □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy

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

4. Verification
I have read and understood FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.

Amy Shrago Supervisor’s Assistant
Signature of Agency Head Designee Print Name
Date 1/22/14 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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $450.00
   Event Description Golden State Warriors
   Date(s) 1 / 30 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Clique's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>2</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>
<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>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.
   Amy Shrago
   Supervisor's Assistant
   1/22/14

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) 272-6895

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

---

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** No
   - **Event Description** Golden State Warriors
   - **Face Value of Each Ticket/Pass** $450.00
   - **Date(s)** 1/30/14

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

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

**Name of Source**
- **Carson, Keith**

---

3. **Recipients**

<table>
<thead>
<tr>
<th><strong>A.</strong> Name of Agency, Department or Unit</th>
<th><strong>Number of Tickets/Passes</strong></th>
<th><strong>Describe the public purpose made pursuant to the agency’s policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B.</strong> Name of Individual (Last, First)</th>
<th><strong>Number of Tickets/Passes</strong></th>
<th><strong>Identify one of the following:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Elaine</td>
<td>3</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Ceremonial Role** No

**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**
- **Modifier of Ceremonial Role** No

<table>
<thead>
<tr>
<th><strong>C.</strong> Name of Outside Organization [include address and description]</th>
<th><strong>Number of Tickets/Passes</strong></th>
<th><strong>Describe the public purpose made pursuant to the agency’s policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

4. **Verification**

I have read and understood 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

**Print Name**
- Supervisor's Assistant

**Title**
- 1/22/14

(Full Name)

**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 ☒
   Event Description Golden State Warriors
   Face Value of Each Ticket/Pass $ 150.00
   Date(s) 3/7/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ___________________________________________
   Name of Source ___________________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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:

   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
      Youth Alive 3300 Elm St., Oakland CA
      nurture leadership and life skills of young 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 19042. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor's Designee
   Supervisor's Assistant
   1/22/14
   (Month, Day, Year)

   Comment: ____________________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Event Description [Golden State Warriors]
   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 $ 200.00
   Date(s) 3 / 20 / 14
   If no: [Name of Source]
   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 [ ]
      If checking "Ceremonial Role" or "Other", describe below:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other", describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Oakland Tech Parent Teacher Student Assoc. 4351 Broadway, Oakland, CA 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]
   Amy Shrago
   Supervisor's Assistant
   1/22/14

   Comment:

   [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 $ 78.05
   Event Description Not So SILENT NIGHT
   Provide Title/Explanation
   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? Yes ☐ No ☒
   If yes: Carson, Keith
   California’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>

   | B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   |-------------------------------------|-----------------------------|---------------------------------------------------------------|
   | Simpson, Sam                        | 4                           | Ceremonial Role ☐ Other ☒ Income ☐
   |                                     |                             | If checking “Ceremonial Role” or “Other” describe below.
   |                                     |                             | To reward a student for outstanding scholastic achievement |
   |                                     |                             | Ceremonial Role ☐ Other ☐ Income ☐
   |                                     |                             | If checking “Ceremonial Role” or “Other” describe below. |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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.
   Amy Shrago
   Supervisor's Assistant
   1/22/14 (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 $ 120.00
   Event Description:钢琴新年
   Date(s) 12 / 31 / 13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Caller'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:
   ________________________________ | ____________________________ | ________________________________
   Cabrera, Stephanie | 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 (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
   1/22/14
   (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 ☒
   Face Value of Each Ticket/Pass $58.00
   Event Description Harlem Globetrotters
   Date(s) 1 / 17 / 14 1 / 19 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Golden State Warriors
   Name of Source
   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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson, Sumari</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td>Jenkins, Kevin</td>
<td>4</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>

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 Chief or Designee: Amy Shrago
   Supervisor's Assistant: 1/22/14

   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

2. Function or Event Information
Does the agency have a ticket policy?  Yes □ No X
Face Value of Each Ticket/Pass $ 41.30
Event Description  AMA Supercross
Provide Date/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes □ No X
Date(s)  1/25/14
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Cinderella's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</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>Sanchez, Mina</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:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; 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 understood 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
(510) 272-6965  1/22/14

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th><strong>Agency Name</strong></th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (If Applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Board of Supervisors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td>Amy Shrago</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-6695</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:amy.shrago@acgov.org">amy.shrago@acgov.org</a></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** $41.30  
- **Event Description** Monster Jam  
- **Date(s)** 2/22/14  
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]  
- **If no:** Golden State Warriors  
- **Name of Source:**  
- **If yes:**  
  - **Carson, Keith**  
  - **Officer’s Name (Last, First):**  

3. **Recipients**

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

<table>
<thead>
<tr>
<th><strong>B. Name of Individual</strong></th>
<th>Shrago, Amy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Ticket(s)/Pass(es)</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Ceremonial Role</strong></td>
<td></td>
</tr>
</tbody>
</table>
  - Other [x]  
| **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** |  
  - (include address and description)  
| **Number of Ticket(s)/Pass(es)** |  
| **Describe the public purpose made pursuant to the agency's policy** |

4. **Verification**

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

Signature: [Signature]

Amy Shrago  
Supervisor’s Assistant  
1/22/14  
(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
   Appointment, 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. Timberwolves
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 2/ 10/ 14
   Face Value of Each Ticket/Pass $ 250
   If yes: Golden State Warriors
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Comedy Role ☐ Other ☐ Income ☐
      If checking “Comedy Role” or “Other” describe below.
      2/park

   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
      Buena Vista Elementary School
      To reward a school for its contributions to the community.
      2355 San Juan Avenue
      Walnut Creek, CA 94597

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
   Position
   Senior Legislative Aide
   Title
   1/31/14
   (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  (510) 272-6693
   E-mail alex.boskovich@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 ☒
   Event Description  Warriors vs. 76ers
   Face Value of Each Ticket/Pass  $ 200/$30 parking
   Date(s)  2/10/14
   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

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

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.

<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>Taylor, Debbie</td>
<td>2/park</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></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>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

1/31/14
(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)  
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 $ 350/$30  
Event Description Warriors vs. Nets  
Date(s) 2 / 22 / 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: 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>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Jennifer</td>
<td>2/park</td>
<td></td>
</tr>
</tbody>
</table>
|                                    |                             | 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:  
|                                    |                             | 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>
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4. Verification  
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  

Signature of Agency Head or Designee  
Alex Boskovich  
Print Name  
Senior Legislative Aide  
Toll  
(1/30/14) (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

### Date Stamp

### California Form 802

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** Warriors vs. Nets
- **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 $** 350
- **Date(s)** 2 / 22 / 14

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

- **Name of Individual** Chan, Daren
  - **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.**

- **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**

**Date** 1/30/14

**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

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/$30 parking

Event Description
Warriors vs. Bobcats

Provide Title/Explanation

Date(s) 2/4/14

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: 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

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

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potter, Tisa</td>
<td>2/park</td>
<td>To reward a County employee for her exemplary service to the public and to encourage staff development.</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 of Designation

Alex Boskovich

Print Name

Senior Legislative Aide

Title

1/30/14
(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) 272-6693
   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. Bobcats
   Date(s): 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? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilima 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 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
   Senior Legislative Aide
   Date: 1/29/14
   (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. 76ers
   Date(s) 2 / 10 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First) Alameda County Supervisor Wilma Chan

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

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

B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☐ Income ☐
   Identify one of the following:
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a county employee for his exemplary service to the public.

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

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

   Signature of Agency Head or Designee: Alex Boskovich  
   Print Name: 
   Senior Legislative Aide: 
   Title: 
   Date (Month, Day, Year): 1/28/14

   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? [Yes] [No]
   Face Value of Each Ticket/Pass $ 250
   Event Description: Warriors vs. Wizards
   Date(s) 1/28/14
   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: 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)
      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 or Designee
   Alex Boskovich
   Print Name
   Senior Legislative Aide
   1/28/14
   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)
   Alex Boskovitch
   Area Code/Phone Number (510) 272-6693
   E-mail alex.boskovitch@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 250/$30 parking
   Event Description Warriors vs. Wizards
   Date(s) 1/28/14
   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? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      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.
   Alex Boskovitch
   Senior Legislative Aide
   1/28/14
   Signature of Agency Head or Designee
   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)
Alex Boskovich
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovich@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>Event Description Warriors vs. Trail Blazers</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☑</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>200</td>
</tr>
<tr>
<td>Date(s) 1/26/14</td>
<td></td>
</tr>
</tbody>
</table>

If no: Golden State Warriors
Name of Source
Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

3. Recipients

- Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

<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>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Murphy, Engla</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></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></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Alex Boskovich
Senior Legislative Aide
Title
1/23/14

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  E-mail
   (510) 272-6693    alex.boskovich@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: AMA Supercross
   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 $ 41.30
   Date(s) 1/25/14
   If no: Golden State Warriors
   Name of Source:
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Cravahlo, Brian
   4
   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 10944.1 and 10942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Alex Boskovich
   Title: Senior Legislative Aide
   Date: 1/17/14

   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

2. **Function or Event Information**

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

   **Event Description**
   
   Harlem Globetrotters

   **Face Value of Each Ticket/Pass**
   
   $58

   **Date(s)**
   
   1 / 19 / 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:**
   
   Alameda County Supervisor Wilma Chan

   **Official’s Name (Last, First)**
   
   [ ]

3. **Recipients**

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

   **A. Name of Agency, Department or Unit**
   
   Number of Ticket(s)/Pass(es)

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

   [ ]

   **B. Name of Individual**
   
   (Last, First)

   Number of Ticket(s)/Pass(es)

   Identify one of the following:

   Ceremonial Role [ ] Other [ ]

   Income [ ]

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

   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

   **Senior Legislative Aide**
   
   [ ]

   **Title**
   
   [ ]

   **Date**
   
   1/17/14

   **Comment:**
   
   [ ]

   FPPC Form 002 (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)
   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. Pacers
   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) 1/20/14

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

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

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

   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 Boskovich
   Print Name
   Senior Legislative Aide
   Title
   Date 1/16/14 (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) 272-6693
   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 $ $58
   Event Description Harlem Globetrotters
   Date(s) 1 / 17 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wiima Chan

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

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

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

   Lyons, Marva | 4 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

   Lyons, Marva | 2 | 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
   1/15/14 (Month, Day, Year)

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

A Public Document

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Alex Boskovich
   Area Code/Phone Number: (510) 272-6693
   E-mail: alex.boskovich@acgov.org
   Date Stamp
   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/$30 parking
   Event Description: Warriors vs. Nuggets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source: Golden State Warriors
   Did ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First): Alameda County Supervisor Wilma Chan
   Date(s): 1/15/14

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/Designee: Alex Boskovich
   Print Name: Senior Legislative Aide
   Title: 1/9/14
   (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) 272-6693
   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. Trail Blazers
   Date(s) 1/26/14
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source Golden State Warriors
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Official's Name (Last, First) Alameda County Supervisor Wilma Chan

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      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 (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
   Senior Legislative Aide
   Print Name
   Title
   Date of Original Filing: (Month, Day, Year)
   ☐ Amendment (Must provide explanation in Part 3.)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Alex Boskovitch
Area Code/Phone Number (510) 272-6693
E-mail alex.boskovitch@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 $ 250
Event Description Warriors vs. Pacers
Provide Ticket/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Did 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 (incl. First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
Ceremonial Role ☐ Other ☐ Income ☐
F(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, as in accordance with the requirements.

Signature of Agency Head or Designee
Alex Boskovitch Senior Legislative Aide
Principal Name Title

1/6/14 (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)
Sheriff's Office
Designated Agency Contact (Name, Title)
Casey Nice, Assistant Sheriff
Area Code/Phone Number 510 208-9811
E-mail cnice@gov.org

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Michael Buble Concert
Face Value of Each Ticket/Pass $ 55.00
Date(s) 11 / 30 / 20
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Beaver Productions, Barry Leff
Name of Source
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Alameda County Sheriff's Office Employeea</td>
<td>300</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</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></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>
<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>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 understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Casey Nice
Assistant Sheriff

Comment: Tickets received from promoter and distributed to employees

Signature of Agency Head or Designee

FPPC Form 802 (4/12)
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 $ 250.00
   Event Description  Basketball
   Provide Title/Explanation
   Date(s)  1-28-13
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☐
   If no:  GSW
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☐
   If yes:  Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Recipient or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Recipient is required to report 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 Tickets/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Robinson</td>
<td>4/1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
</tr>
</thead>
</table>

   | Ceremonial Role ☐  Other ☐ |
   | Income ☐                    |
   | 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 of Agency Head or Designee:  
   Lee Ann Fergerson  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):** Anna Gee

#### Area Code/Phone Number
(510) 272-6694

#### E-mail
anna.gee@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** basketball game
- **Date(s)** 01 / 15 / 14
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
- **Name of Source** Golden State Warriors
- **Official's Name (Last, First)** Miley, Nate

### 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

<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>Borel Middle School PTA</td>
<td>4</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>425 Barnese, San Mateo, CA 94402</td>
<td>4</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
</tbody>
</table>

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

**Signature of Agency Head or Designee:** Anna Gee

**Print Name:** Anna Gee

**Title:** Operations Chief

**Date:** 01/6/14

**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)
   Anna Gee
   Area Code/Phone Number E-mail
   (510) 272-6694 anna.gee@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 $250.00
   Date(s) 01 / 20 / 14 01 / 24 / 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: Miley, Nate
   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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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>United Seniors of Oakland &amp; Alameda County</td>
<td>8</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 Oakland, CA 94605 - senior advocacy</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: Anna Gee
   First Name:
   Operations Chief: Operations Chief
   Title: Operations Chief
   Date: 01/6/14
   (Month, Day, Year)

Comment: 4 tickets to each game
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number   E-mail
   (510) 272-6694   anna.gee@acgov.org

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

2. Function or Event Information
   Face Value of Each Ticket/Pass $250.00
   Date(s) 01/26/14

   Event Description: basketball game
   Ticket(s)/Pass( )es provided by agency? Yes □ No ☑
   Was ticket distribution made at the behest of agency official? No □ Yes ☑

   If no: Golden State Warriors
   Name of Source:
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last/First)
   Number of Ticket(s)/Pass( )es
   Ceremonial Role □ Other ☑ Income □
   Identify one of the following:

   Pete, Geoffrey
   4
   To promote an event held 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 understood 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/Designee: Anna Gee

   Print Name:

   Operations Chief
   Title: (Month, Day, Year)

   Comment: [Handwritten note]

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)
   Anna Gee
   Area Code/Phone Number E-mail
   (510) 272-6694 anna.gee@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 X No □
   Face Value of Each Ticket/Pass $ 250.00
   Event Description basketball game
   Date(s) 01 / 28 / 14
   Ticket(s)/Pass(es) provided by agency?
   Yes □ No X
   If no: Golden State Warriors
   Name of Source
   If yes: Miley, Nate
   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
      Board of Supervisors
      1 To reward a County employee for exemplary service

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Ceremonial Role □ Other X Income □
      Identify one of the following:
      Fitzgerald, Amy
      Magovern, Ann Carter, Kate
      3 To promote an event held 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)
      Ceremonial Role □ Other □ Income □
      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 (In Pen/Ink) Anna Gee Operations Chief
   Print Name Title
   (Month, Day, Year)
   Comment: parking pass
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)
Anna Gee
Area Code/Phone Number (510) 272-6694  
E-mail anna.gee@acgov.org

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
   Date(s) 02/04/14
   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: Miley, Nate

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
   Union City Sanitary District |

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identity one of the following:
   Ceremonial Role ☐ Other ☐ Income ☑
   If checking “Ceremonial Role” or “Other” describe below:
   3

   Ceremonial Role ☐ Other ☐ Income ☑
   If checking “Ceremonial Role” or “Other” describe below:
   3

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 Anna Gee Operations Chief 01/15/14
   (Month, Day, Year)
   Comment: parking pass