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)
   Steven Jones
   Area Code/Phone Number (510) 272-6893
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description Baseball game
   Date(s) 4 / 18 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source Chan, Wilma
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Official's Name (Last, First)

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

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

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

   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.
   Steven Jones           Central District Director 05/08/2014
   Signature of Agency Head or Designee
   Part Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $30
   Date(s) 4 / 19 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a community volunteer for his or her service to the public
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:
      2
      2

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   05/08/2014
   Title
   (Month, Day, Year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 30
   Event Description Baseball game
   Date(s) 4 / 20 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      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:
      2
      2

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

4. Verification
   I have read and understand FPPC Regulations 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
   Steven Jones
   Central District Director
   05/08/2014
   (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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ___________ 30
   Event Description Baseball game
   Date(s) 4 / 21 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kleeboerg, Susan</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<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></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee

Steven Jones
Central District Director

Date Stamp

05/08/2014
(Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $30
   Date(s) 4/22/14
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   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.
   Multi-line Description of the public purpose made pursuant to the agency's policy

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

   B. Name of Individual
      Last Name
      First Name
      Number of Ticket(s)/Pass(es)

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)

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
   Steven Jones
   Central District Director
   Title
   05/09/2014
   (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)**
Steven Jones

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

**E-mail**
steven.jones@acgov.org

#### 2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☒ No ☐ | Face Value of Each Ticket/Pass $ | 30 |
| Event Description | Baseball game | Date(s) | 4 / 23 / 14 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☒ | If no: | Oakland A's |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes ☒ | If yes: | Chan, Wilma |

#### 3. Recipients

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

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

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

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

#### 4. Verification

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

Signature of Agency Head or Designee: Steven Jones  
Central District Director: 05/08/2014  
(If checking "Ceremonial Role" or "Other" describe below:)

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.diana@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description**
     - Oakland A's vs. Toronto Blue Jays
   - **Face Value of Each Ticket/Pass ($)**
     - 85.00
   - **Date(s)**
     - 07 / 03 / 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

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

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

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

   **C. Name of Outside Organization**
      | Number of Ticket(s)/Pass(es) | Describe the purpose made pursuant to the agency's policy |
      |------------------------------|---------------------------------------------------------|
      - Union City Lions Club
        - P.O. Box 2314 Union City, CA 94587
        - 4
        - To reward a non-profit organization for its contributions to the community.

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Michelle Dianda
   - Supervisor's Aide
   - (05/05/14)

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

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (510) 272-5692
   E-mail michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description Oakland A's vs. Chicago White Sox
   Face Value of Each Ticket/Pass $ 24.00
   Date(s) 05/12/14 05/13/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   Name of Source
   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.

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
---|---|---
   Centro de Servicios 525 H St, Union City, CA 94587 | 2 | To reward a non-profit organization for its contributions to the community.
   Non-profit social services org. helping low income and immigrant families | 2 |

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: ______
   Print Name: Michelle Dianda
   Title: Supervisor's Aide
   Date: 07/14
   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)
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 $ [ ] 94.00
Event Description Romeo Santos Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Date(s) 05 / 23 / 14
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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

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

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

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

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

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

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's vs. Los Angeles Angels
   Face Value of Each Ticket/Pass $ ____________ 24.00
   Date(s) 06 / 01 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of the agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☒ Income ☐
   (If checking "Ceremonial Role" or "Other" describe below:)
   To reward a community volunteer for her 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: ____________ Title: ____________
   ____________ Month, Day, Year
   Comment: 

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 23.10

Event Description:
Sesame Street Live

Provide Title/Explanation

Date(s) 05 / 30 / 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.

<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>Gonzalez, Caitlin</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; 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 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Michelle Dianda

Print Name
Supervisor's Aide
Title

Date: 05/30/14

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 E-mail
(510) 272-6692 michelle.dianda@acgov.org

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 295.47
Event Description Bruno Mars Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 05 / 28 / 14
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Golden State Warriors
Name of Source
If no: 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 19941.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Michelle Dianda
Supervisor's Aide
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)
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 $ ____________________________  22.00
Event Description  Oakland A's vs. New York Yankees  
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒  
If no:  
Oakland A's
Name of Source
If yes:  
Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
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: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Raul</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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  
Supervisor's Aide  
Title  
(Month, Day, Year)

Comment: ________________________________

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 Baseball
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 $ 8500
Date(s) 5/10/14 /
Event Title/Explanation /
Name of Source Oakland Athletics
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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Haggerty Dist. 1</td>
<td>4</td>
<td>Income ☐ Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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:

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

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

Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant
Print Name Title

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Face Value of Each Ticket/Pass $ 300
   Date(s) 5, 5, 14
   Name of Source Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Generalize the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dist. 1</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Tickets/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; describes 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>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Tickets/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Date 5-7-14
   Print Name
   Time

   Comment: Reason: not used

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/278-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number  E-mail
   (510) 272-6691  leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Face Value of Each Ticket/Pass $
   Yes □ No □  23.10
   Event Description: Besame Street
   Event Date(s): 5/30/14
   Ticket(s)/Pass(es) provided by agency?  Name of Source
   Yes □ No □  GSW
   Was ticket distribution made at the behest of agency official?
   No □ Yes □  if yes: Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>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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<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>Kristi Marleau</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 promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant  5-6-14
   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)

Comment:  

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 ☐
   Face Value of Each Ticket/Pass $ __________ 85.00
   Event Description: Baseball Game
   Date(s) 03 / 29 / 14 03 / 31 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Miley, Nate
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Board of Supervisors
      Number of Ticket(s)/Pass(es) 4
      County of Alameda Employee

   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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942.1 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
   Title
   Date 05/09/14
   (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)
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 ☒ No ☐
Event Description Baseball 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 $ 30.00
Date(s) 04 / 01 / 14 04 / 02 / 14
If no: Oakland Athletics
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.

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251,</td>
<td>2</td>
<td>To promote health, motivate &amp; provide expanded opportunities to vulnerable populations in the County such as the disabled, under-privileged, seniors &amp; youth in foster care.</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
Operations Chief
05/09/14

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)
Anna Gee
Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Date(s) 04 / 03 / 14 04 / 04 / 14
   Face Value of Each Ticket/Pass $ 30.00
   Name of Source
   Name of Source
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>County employee</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251,</td>
<td>2</td>
<td>To promote health, motivate &amp; provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors &amp; youth in foster care.</td>
</tr>
<tr>
<td>Oakland, CA 94605. SENIOR ADVOCACY</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.

Anna Gee Operations Chief
Signature of Agency Head or Designee Print Name Title
05/09/14 (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)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail 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 ☒ No ☐
   Face Value of Each Ticket/Pass $ 30.00
   Event Description Baseball Game
   Date(s) 04 / 05 / 14 04 / 06 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   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>
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</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>County employee</td>
</tr>
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</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>
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<tbody>
<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>
<tr>
<td></td>
<td></td>
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<tr>
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<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251,</td>
<td>2</td>
<td>To promote health, motivate &amp; provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors &amp; youth in foster care.</td>
</tr>
<tr>
<td>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
   Print Name Operations Chief
   Title 05/09/14 (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)
   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 [x] No [ ]
   Face Value of Each Ticket/Pass $ 30.00
   Event Description Baseball Game
   Date(s) 04 / 18 / 14 04 / 19 / 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Oakland Athletics
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>
   |                                 |                             | Income [ ]
   |                                 |                             | Ceremonial Role [ ] Other [ ] |
   |                                 |                             | Income [ ]

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<th>Name of Outside Organization (include address and description)</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>To promote health, motivate &amp; provide expanded opportunities to</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251, Oakland, CA 94605.</td>
<td></td>
<td>vulnerable populations in the County such as the disabled,</td>
</tr>
<tr>
<td>SENIOR ADVOCACY</td>
<td></td>
<td>underprivileged, seniors &amp; youth in foster care.</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 Person Filing or Designated
   Anna Gee
   Operations Chief
   05/9/14
   (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)
   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 ☐
   Event Description Baseball Game
   Face Value of Each Ticket/Pass $30.00
   Date(s) 04 / 20 / 14 04 / 21 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If no: Oakland Athletics
   If yes: Miley, Nate

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

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

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yu, James</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☑ To reward a community volunteer for their service to the public</td>
</tr>
<tr>
<td>Ubrinta, Dimas</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☑ To reward a community volunteer for their service to the public</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>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251, Oakland, CA 94605. SENIOR ADVOCACY</td>
<td>2</td>
<td>To promote health, motivate &amp; provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors &amp; youth in foster care.</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Anna Gee  Operations Chief
   Date 05/09/14
   (Month, Day, Year)

Comment: 

FPFP 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

**Date Stamp**

California Form 802

For Official Use Only

**Date of Original Filing:**

(Month, Day, Year)

**2. Function or Event Information**

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

Event Description: Baseball Game

Provide Title/Explanation

Face Value of Each Ticket/Pass: $30.00

Date(s): 04/22/14

04/23/14

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

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

If no, Name of Source:

If yes, Name of Source (Last, First):

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**

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)**

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**

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

United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251, Oakland, CA 94605

senior Advocacy

To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the disabled, underserved, seniors & youth in foster care.

**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: Anna Gee, Head of Department

Print Name: Anna Gee

Operations Chief

Title: Operations Chief

Date: 05/09/14

(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)
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 [ ]
Face Value of Each Ticket/Pass $ 30.00
Event Description Baseball Game
Date(s) 05 / 05 / 14 05 / 06 / 14
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Name of Source
If yes: Miley, Nate Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

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

<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 [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffington, Rob</td>
<td>1</td>
<td>To reward a community volunteer for their service to the public</td>
</tr>
<tr>
<td>Buffington, Faith</td>
<td>1</td>
<td>To reward a community volunteer for their service to the public</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>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251, Oakland, CA 94605. SENIOR ADVOCACY</td>
<td>2</td>
<td>To promote health, motivate &amp; provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors &amp; youth in foster care.</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/Designee]
Anna Gee Operations Chief
Print Name Title
05/09/14 (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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Baseball Game
   - **Face Value of Each Ticket/Pass** $30.00
   - **Date(s)** 05 / 07 / 14 05 / 09 / 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☑ Yes ☐

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

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

   - **Miley, Sarah**
   - **1**

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

   - **United Seniors of Oakland & Alameda County**
   - **To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the disabled, under-privileged, seniors & youth in foster care.**

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, Verification Designee**
   - **Anna Gee**
   - **Operations Chief**
   - **05/9/14**
   - **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)
   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 X No □
   Face Value of Each Ticket/Pass $ 1700.00
   Event Description Baseball Game
   Date(s) 05 / 09 / 14
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   Event Description Oakland Athletics
   Was ticket distribution made at the behest of agency official? No X Yes □
   Name of Source 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

<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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   | Ceremonial Role □ Other □ Income □ |
   | Ceremonial Role □ Other □ Income □ |
   | Ceremonial Role □ Other □ Income □ |

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   | East Bay Innovations-5326 Case Ave, Pleasanton, CA 94566 | 20 | To promote health, motivate & provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors & youth in foster care.

   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
   05/09/14 (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)
   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:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 85.00
   Event Description Baseball Game
   Date(s) 05/10/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   If yes: Miley, Nate
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐

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

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

   B. Name of Individual (Ext. Party) 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

   Alameda Health Systems-1411 E. 31st St, Oakland, CA 94602
   4
   To reward a nonprofit organization for its contributions to the community

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
   Anna Gee
   Print Name
   Operations Chief
   Title
   05/9/14
   (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):**
  - **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:** Baseball Game
  - **Provide Title/Explanation:**
  - **Face Value of Each Ticket/Pass:** $30.00
  - **Date(s):** 05 / 31 / 14, 06 / 15 / 14
  - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
  - **If no:**
    - **Name of Source:** Oakland Athletics
  - **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]
    - **If yes:**
      - **Official’s Name (Last, First):** Miley, Nate

### 3. Recipients

- **A. Name of Agency, Department or Unit:**
  - **Number of Ticket(s)/Pass(es):** 2
  - **Describe the public purpose made pursuant to the agency’s policy:** County employee

- **B. Name of Individual (Last, First):**
  - **Number of Ticket(s)/Pass(es):** 2
  - **Identify one of the following:**
    - **Ceremonial Role** [ ] **Other** [x] **Income** [ ]
    - **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):** 2
  - **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.

- **Anna Gee**
  - **Print Name:**
  - **Operations Chief**
  - **Title:**
  - **Date:** 05/09/14
  - **(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)
   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 ☐
   Face Value of Each Ticket/Pass $ 1700.00
   Event Description Baseball Game
   Date(s) 06 / 01 /'14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   If yes: Miley, Nate
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<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>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Martin de Porres-675 41st St, Oakland, CA 94609</td>
<td>20</td>
<td>To reward a non profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

   SCHOLARSHIP FUND

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
   Print Name Title
   05/9/14

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)
   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 □ No □
   Face Value of Each Ticket/Pass $ _____________  85.00
   Event Description  Baseball Game
   Date(s) ______/_____/______  06/20/14
   Ticket(s)/Pass(es) provided by agency?  Yes □ No □
   If no: Oakland Athletics
   Name of Source
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual or Agency</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 “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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women on the Way to Recovery-20424 Haviland Ave, Hayward, CA 94541</td>
<td>20</td>
<td>To reward a non profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Anna Gee  Operations Chief
   Print Name  Title
   05/9/14 (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)
Anna Gee
Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org
Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $85.00
Event Description Baseball Game
Date(s) 06 / 13 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
If yes: Miley, Nate
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☒
Name of Source Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>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>Center for Early Intervention on Deafness-1035 Grayson St, Berkeley</td>
<td>4</td>
<td>To reward a non profit organization for its contributions to the community</td>
</tr>
<tr>
<td>CA 94710 SUPPORT FOR DEAF CHILDREN</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 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Anna Gee Operations Chief
Print Name Title
05/09/14 (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)

Anna Gee

Area Code/Phone Number   E-mail
(510) 272-6694   anna.gee@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 $ ______________ 30.00

Event Description  Baseball Game

Provide Title/Explanation

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

Date(s)   06 / 19 / 14

If no:  Oakland Athletics

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.

<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>Board of Supervisors</td>
<td>2</td>
<td>County Employee</td>
</tr>
</tbody>
</table>

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

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

4. Verification

I have read and understand FPPC Regulations 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:  05/09/14

Print Name

Title

Comment:  

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $250.00
   Date(s) 04 / 04 / 14 04 / 14 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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.

<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>Marquardt-Norris, Judi</td>
<td>4</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

<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>Collins, Victoria</td>
<td>4</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Anna Gee
   Operations Chief
   (Name)
   Print Name
   Title
   05/09/14 (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)
  
  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 ☐
- Event Description: Basketball Game
- Provide Title/Explanation
- Date(s): 04 / 06 / 14
- Face Value of Each Ticket/Pass $ 200.00
- 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

**4. Verification**

I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee  
Operations Chief  
05/09/14  
(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)
   Anna Gee

   Area Code/Phone Number  E-mail
   (510) 272-6694  anna.gee@acgov.org
   Date Stamp
   California Form 802
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing: ___/___/___

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑  No ☐
   Event Description Basketball Game
   Face Value of Each Ticket/Pass $ 350.00
   Date(s) 04 / 10 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☑  No ☐
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑  Yes ☐
   If yes: 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  Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy
   Ceremonial Role ☐  Other ☑  Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Appleton, Rob
   4
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales

   4
   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 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 or Designee

   Anna Gee

   Operations Chief
   Print Name
   Title
   05/09/14
   (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)**
Anna Gee

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

**E-mail**
anna.gee@acgov.org

**Date Stamp**
(If Applicable)

**Date of Original Filing:**

#### 2. Function or Event Information

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

**Event Description**
Basketball Game

**Provide Title/Explanation**

**Face Value of Each Ticket/Pass $**
660.00

**Date(s)**
04 / 24 / 14
05 / 01 / 14

**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.

<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>Health Care Services Agency</td>
<td>2</td>
<td>county employee</td>
</tr>
<tr>
<td>Social Services Agency</td>
<td>2</td>
<td>county employee</td>
</tr>
</tbody>
</table>

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

|                                   | 2                             | **Ceremonial Role** ☐ **Other** ☐ **Income** ☐ |

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

### 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**
Anna Gee

**Print Name**

**Operations Chief**

**Title**

**Date**
05/09/14

**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):**
   - Anna Gee

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

   **E-mail**
   - anna.gee@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 $**
   - **660.00**

   **Event Description**
   - Basketball Game

   **Date(s)**
   - 04 / 27 / 14
   - 05 / 01 / 14

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

   **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**
   - Board of Supervisors

   **Number of Ticket(s)/Pass(es)**
   - 4

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

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

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

   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☐ Income ☐
   - Ceremonial Role ☐ Other ☐ Income ☐

   **C. Name of Outside Organization (Include address and description)**
   - United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251, Oakland, CA 94605

   **Number of Ticket(s)/Pass(es)**
   - 2

   **Describe the public purpose made pursuant to the agency’s policy**
   - To promote an event held at a County facility in order to maximize potential County revenue from parking & concession sales

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

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

   **Date**
   - 05/09/14

   **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)
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: Baseball Game
- Face Value of Each Ticket/Pass: $30.00
- Date(s): 05/28/14  05/30/14
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
- If no: Oakland Athletics
- Was ticket distribution made at the behest of agency official? No ☑ Yes ☐

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

<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>Board of Supervisors</td>
<td>2</td>
<td>County employee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></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>Ever Forward Club-3301 E. 14th St, Oakland, CA 94601</td>
<td>2</td>
<td>To reward a nonprofit organization for its contributions to the community</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.

Anna Gee  Operations Chief  05/9/14

Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 P.O.P concert
   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 $ 102.25
   Date(s) 04/05/14

3. Recipients
   Name of Agency, Department or Unit Clerk of the Board
   Number of Ticket(s)/Pass(es) 4
   Describe the public purpose made pursuant to the agency's policy county employee

   Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

   Name of Outside Organization (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.
   Anna Gee [Signature of Agency Head or Designee]
   Operations Chief [Print Name]
   [Date] 05/09/14
   (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)
   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 $ 3000
   Event Description Baseball
   Date(s) 5/6/14
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   If yes: Alameda County Supervisor 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 purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the 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
   5/7/14
   (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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 3000
   Event Description Baseball
   Date(s) 5-7-14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Income ☐
      a. To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
      b. Ceremonial Role ☐ Other ☐
      c. 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 Delegate
   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year) 5-7-14

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 Ferguson, 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
   Baseball
   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 $ 3000
   Date(s)
   5, 5, 14
   Name of Source
   Oakland Athletics
   Officer'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>
<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>Dist. 1</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>
</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson, Supervisor's Assistant
   5-7-14

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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
   Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 30.00
   Date(s) 5/30/14
   If no: Oakland Athletics
   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.

<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>County Administrator Office</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

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

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

4. Verification
   I have read and understand FPPC Regulations 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
5/30/14

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)
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@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 $____00
Event Description Baseball game
Provide Title/Explanations
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 5/31/14
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
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:

Koeng, Srey
2
To reward a community volunteer for his or her service to the public

C. Name of Outside Organization
(Number 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 189-441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Steven Jones Central District Director
05/08/2014

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)
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 30
Event Description Baseball game
Date(s) 4 / 20 / 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Chan, Wilma
Name of Source
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
Board of Supervisors, District 3 2 To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name of Individual Number of Ticket(s)/Pass(es)
Hand, Margaret 2
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
To reward a community volunteer for his or her service to the public

C. Name of Outside Organization Number of Ticket(s)/Pass(es)
Meals on Wheels 6955 Foothill Blvd., Oakland 94605 2 To reward a community volunteer for his or her service to the public
Provides hot meals to homebound Alameda County residents

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
Steven Jones
Central District Director
5.30.2014
(Part 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)
   Steven Jones
   Area Code/Phone Number (510) 272-6993
   E-mail steven.jones@acgov.org

Date Stamp California 802
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Date(s) 4/20/14
   Face Value of Each Ticket/Pass $30
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Official's Name (Last, First) Chan, Wilma

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
   Board of Supervisors, District 3
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency's policy

   **B.** Name of Individual
   Brown, Lloyd
   Number of Ticket(s)/Pass(es) 2
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To reward a community volunteer for his or her service to the public
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   **C.** Name of Outside Organization (include address and description)
   Meals on Wheels
   6955 Foothill Blvd., Oakland 94605
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency's policy
   To reward a community volunteer for his or her service to the public
   Provides hot meals to homebound Alameda County residents

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
   Steven Jones
   Central District Director
   5/30/2014
   (Month, Day, Year)

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

1. **Agency Name**  
Alameda County

2. **Function or Event Information**
   - **Event Description**: Baseball game
   - **Face Value of Each Ticket/Pass** $30
   - **Date(s)**: 5/30/14

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     | Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
     |------------------------------------|-------------------------------|-------------------------------------------------------------|
   - **B. Name of Individual**
     | Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following: |
     |---------------------|-----------------------------|---------------------------------|
     | Gin, Hal            | 2                           | Ceremonial Role | Other | Income |
     |                     |                             | To reward a community volunteer for his or her service to the public |
     |                     | 2                           | Ceremonial Role | Other | Income |
     |                     |                             | If checking 'Ceremonial Role' or 'Other' describe below: |
   - **C. Name of Outside Organization**
     | Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
     |---------------------------------------------------------------|-----------------------------|-------------------------------------------------------------|

4. **Verification**
   I have read and 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**:  
   **Steven Jones**  
   **Central District Director**  
   **05/08/2014**  

   **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)
   Steven Jones
   Area Code/Phone Number: (510) 272-6693
   E-mail: steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass: $30
   Date(s): 5/28/14
   If no: Oakland A's
   If yes: Chan, Wilma

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

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

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

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

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

   Signature of Agency Head or Designee:
   Steven Jones
   Central District Director
   05/09/2014

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)
Steven Jones

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

Date Stamp

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Event Description Baseball game

Face Value of Each Ticket/Pass $ 30

Date(s) 5 / 27 / 14

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

If no: Oakland A's

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

If yes: Chan, Wilma

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></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>Toletino, Edgar</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

If checking 'Ceremonial Role' or 'Other' describe below:
To reward a community volunteer for his or her service to the public

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

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

[Signature of Agency Head or Designee] Steven Jones Central District Director 05/08/2014 (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)**

Steven Jones

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

steven.jones@acgov.org

**Date Stamp**

California Form 802

**For Official Use Only**

**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:** $30
- **Event Description:** Baseball game
  - **Provide Title/Explanation:**
  - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
  - **If no:**
    - **Name of Source:** Oakland A's
  - **If yes:**
    - **Name of Source:** Chan, Wilma
    - **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>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oddie, Jim</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Signature of Agency Head or Designee:**
  - Steven Jones

- **Print Name:**
  - Central District Director

- **Title:**
  - 05/08/2014 (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)
   Steven Jones
   Area Code/Phone Number E-mail
   (510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $30
   Event Description Baseball game
   Date(s) 5/12/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang, Kimberly</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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
   Steven Jones
   Central District Director
   05/08/2014

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agencies 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)*
   - Steven Jones
   - Area Code/Phone Number: (510) 272-6893
   - E-mail: steven.jones@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes [x] No [ ]**
   - Event Description: Baseball game
   - Face Value of Each Ticket/Pass $30
   - Ticket(s)/Pass(es) provided by agency? **Yes [x] No [ ]**
   - If no: Oakland A's
   - Name of Source: Chan, Wilma
   - Was ticket distribution made at the behest of agency official? **Yes [x] No [ ]**
   - Date(s): 5/11/14

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 [x] Other [ ]*
     - Income [ ]
   - If checking 'Ceremonial Role' or 'Other' describe below:
   - **Kavasch, Catherine**
   - 2
   - **To reward a community volunteer for his or her 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 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**: Steven Jones

   **Central District Director**: 05/08/2014

   **Print Name**: Central District Director

   **Title**: 05/08/2014

   **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)
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 30
Date(s) 5 / 7 / 14
Event Description Baseball game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
If yes: Chan, Wilma
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</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>Baça, Annette</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Steven Jones
Central District Director
05/08/2014
(Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

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

Date Stamp

2. Function or Event Information

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

Event Description Baseball game

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

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

Face Value of Each Ticket/Pass $ 30

Date(s) 5 / 6 / 14

If no: Oakland A's

Name of Source

If yes: Chan, Wilma

Official Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
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</tbody>
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<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>Johnson, Dave</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<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>
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</tbody>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tbody>
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</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.

Steven Jones
Central District Director

Signature of Agency Head or Designee

05/08/2014

(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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   Email steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $30
   Event Description Baseball game
   Date(s) 5/5/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual [Last, First]</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie, Barbara</td>
<td>2</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: To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</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 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 Steven Jones Central District Director 05/08/2014
   (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)
   Steven Jones
   Area Code/Phone Number E-mail
   (510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $295.47
   Event Description Bruno Mars
   Event Date(s) 5 / 28 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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.

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wong, Christine</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td>2</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>

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<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 PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Steven Jones
   Central District Director 5/28/14
   (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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Sesame Street Live
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 23.10
   Date(s) 5 / 30 / 14
   If yes: Alameda County Supervisor Wilma Chan
   If no: Golden State Warriors
   Name of Source

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Lyons, Marva
      Number of Ticket(s)/Pass(es) 2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a school or non-profit organization for its contributions to the community.

   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.
   Steven Jones
   Central District Director
   5/30/14

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)
   Steven Jones
   Area Code/Phone Number E-mail
   (510) 272-6693 steven.jones@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 $ 30
   Event Description Baseball game
   Date(s) 6 / 1 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   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>
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</tbody>
</table>

   | B. Name of Individual                 | Number of Ticket(s)/Pass(es) | Identify one of the following: CEREMONIAL ROLE ☐ OTHER ☐ INCOME ☐ |
   | Last, First                           |                             | If checking "Ceremonial Role" or "Other" describe below: |
   | Sheridan, Mike                        | 2                           | To reward a County employee for his or her exemplary service to the public or to encourage staff development |
   |                                      |                             | Ceremonial Role ☐ Other ☐ Income ☐ |
   |                                      | 2                           | If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 05/31/2014
   (Signature of Agency Head or Designee)
   Part Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 BRUNO MARS
   Face Value of Each Ticket/Pass $ 296.47
   Date(s) 5/28/14
   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
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<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>Robin Amador</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Place Name
   Title
   Date (Month, Day, Year) 5/28/14

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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, 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 Baseball
   Face Value of Each Ticket/Pass $300
   Date(s) 7.23.14
   Ticket(s)/Pass(es) provided by agency Yes ☑ No ☐
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
   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 (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   CARD
   1730 Franklin St.
   Oakland CA 94612
   4
   To reward a school or nonprofit organization for its contributions to the community.

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 or Designee Lee Ann Ferguson Supervisor's Assistant
   Date 5-15-14

   Comment: Collaborating Agencies Responding to Disasters
   www.CARDCanHelp.com

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 Ferguson, 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
   Baseball
   Provided Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 3000
   Date(s) 6/1/14
   If no: Oakland Athletics
   Name of Source
   If yes:
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify an 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:
      Carmen Rivera Hendrickson 2
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

4. Verification
   I have read and understand FPPC Regulations 18364 and 18424. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:
## 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

---

## Function or Event Information

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

### Event Description
Baseball

### Face Value of Each Ticket/Pass
$30.00

### Date(s)
7/18/14

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

### Name of Source
Oakland Athletics

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

## Recipients

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

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

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

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mel Leuna</td>
<td>20</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>
</tbody>
</table>

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

---

### 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>

---

## Verification

I have read and understand FPPC Regulations 16941.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Lee Ann Fergerson, Supervisor's Assistant

Print Name

Title

(Month, Day, Year)

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

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title):
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@acgov.org

Date Stamp

Amendment (Must provide explanation in Part 3.)
Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________ 85
   Event Description Baseball game
   Date(s) 4/20/14 / /
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source:
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit

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

   B. Name of Individual (Last, First)

   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for his or her service to the public:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   20

   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
   Steven Jones
   Central District Director
   05/08/2014
   (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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail Steven.Jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $250/$30
   Event Description Warriors vs. Kings
   Date(s) 4/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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</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>Moreno, Jennifer</td>
<td>4/park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   [Signature of Agency Head or Designee]
   Steven Jones
   Central District Director
   3/27/14 (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)
Steven Jones
Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@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 $200/$30 parking
   Event Description Warriors vs. Jazz
   Date(s) 4/6/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   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 ☐
      Dutra, Allen                        2/park
      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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designate
   Steven Jones
   Central District Director
   3/27/14

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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steve.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Warriors vs. Jazz
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $200
   Date(s) 4/6/14
   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
   b. Number of Ticket(s)/Pass(es)
   c. Describe the public purpose made pursuant to the agency's policy
   d. Name of Individual
   e. Number of Ticket(s)/Pass(es)
   f. Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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 or Designee Steve Jones Central District Director 5/8/14
   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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steve.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Warriors vs. Nuggets
   Face Value of Each Ticket/Pass $350
   Date(s) 4 / 10 / 14
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no; Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes; 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)

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      if checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      St. Paul's Episcopal School
      262 Grand Ave, Oakland, CA 94610
      2
      To reward an Oakland school 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.
   Steven Jones
   Central District Director
   3/19/14
   (Month, Day, Year)

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

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

<table>
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<tr>
<th>2. Function or Event Information</th>
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<td>Does the agency have a ticket policy?</td>
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</table>

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<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>[Blank]</td>
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<table>
<thead>
<tr>
<th>B. Name of Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First</td>
</tr>
<tr>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include address and description)</td>
</tr>
<tr>
<td>Buena Vista Elementary School</td>
</tr>
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<th>Signature of Agency Head or Designee</th>
<th>Steven Jones</th>
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<tbody>
<tr>
<td>Print Name</td>
<td>Central District Director</td>
</tr>
<tr>
<td></td>
<td>05/08/2014</td>
</tr>
</tbody>
</table>

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