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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $35.15

Event Description Circus *Provide Title/Explanation*

Date(s) 8 / 18 / 14 ____ / ____ / ____

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

If no: Golden State Warriors *Name of Source*

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

If yes: Alameda County Supervisor Wilma Chan *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Urzua, Sonia	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4	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 ... s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	8/18/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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☐ **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 *Provide Title/Explanation*

Date(s) 9 / 7 / 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.**

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:
Ruttan, David	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

_____	_____	Alex Boskovich	Senior Legislative Aide	08/18/2014
Signature of Agency Head or Designee		*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____

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

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1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

Area Code/Phone Number	E-mail
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☐ **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 *Provide Title/Explanation*

Date(s) 9 / 1 / 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.

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:
Davis, Muntu	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
		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. Verificat

I have read an *lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

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California Form 802

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

Date of Original Filing: 7/28/14 *(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*

Date(s) 9 / 22 / 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.**

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:
Shelby, Shawn	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have read an [illegible] lations 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	Title	(Month, Day, Year)
	Alex Boskovich	Senior Legislative Aide	08/18/2014

Comment: Had incorrect date on the form

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 *Provide Title/Explanation*

Date(s) 9 / 6 / 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.**

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:
Banerjee, Kinkini	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
		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 ... ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/12/2014 *(Month, Day, Year)*

Comment: _____

Agency Report Ceremonial Ro[le] Distributions

A Public Document

late

1. Agency Name

Alameda County

Division, Departm

Board of Super

Designated Age[nt]

Steven Jones

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

Date Stamp

California Form **802**

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☐ **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 $ 222/$35 parking

Event Description: Football game *Provide Title/Explanation*

Date(s): 9/14/14 ____/____/____

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

If no: Oakland Raiders *Name of Source*

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

If yes: 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:
Berg, Rob	2/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	2/park	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 _____ *tions 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 *Print Name*	Central District Director *Title*	8/30/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Steven Jones

Area Code/Phone Number	E-mail
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Date Stamp

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☐ **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 *Provide Title/Explanation*

Date(s) 9 / 23 / 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.**

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:
Wooldridge, Amy	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I [illegible] ns 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 *Print Name*	Central District Director *Title*	08/25/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Steven Jones

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

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California Form 802

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☐ **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 *Provide Title/Explanation*

Date(s) 9 / 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.**

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:
Lam, Amy	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/25/2014 *(Month, Day, Year)*

Comment: _____

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

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1. Agency Name

Alameda County

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

Board of Supervisors

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

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

Date of Original Filing: 7/28/14 *(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*

Date(s) 9 / 22 / 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.

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:
Shelby, Shawn	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/18/2014 *(Month, Day, Year)*

Comment: Had incorrect date on the form

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

☐ **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 *Provide Title/Explanation*

Date(s) 9 / 3 / 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.

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:
Garcia, Jane	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Steven Jones *Print Name* | Central District Director *Title* | 08/21/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

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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

☐ **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 *Provide Title/Explanation*

Date(s) 9 / 2 / 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.**

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:
Brae, Lisa	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

– *Signature of Agency Head or Designee*

Steven Jones *Print Name*

Central District Director *Title*

08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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☐ **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 *Provide Title/Explanation*

Date(s) 9 / 17 / 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.**

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:
Gregory, Michael	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/25/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

☐ **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 *Provide Title/Explanation*

Date(s) 9/7/14 ____/____/____

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.**

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:
Ruttan, David	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee — Steven Jones *Print Name* — Central District Director *Title* — 08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 $ $85/30

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 19 / 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.**

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:
Chan, Jennifer	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

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

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35.15

Event Description Circus
Provide Title/Explanation

Date(s) 8/18/14 ___/___/___

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.**

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:
Arhelia Corona	4	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

4. Verification

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	6/14/14
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 $ 35.15

Event Description Circus *Provide Title/Explanation*

Date(s) 8, 16, 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.

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:
Crasanta Ponce	4	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

4 Verification

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	6/14/14
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

Area Code/Phone Number: (510) 272-6691

E-mail: leeann.fergerson@acgov.org

Date Stamp

California Form **802**

For Official Use Only

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

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

2. Function or Event Information

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

Event Description: Circus *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 $ 35.15

Date(s): 8/17/14 ___/___/___

If no: GSW *Name of Source*

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Patty Avilla	4	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

4. Verification

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

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 8/14/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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*

Date(s) 07 / 20 / 14 07 / 23 / 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

• 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
General Services Agency	2	To reward a County employee for exemplary service to the public

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

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

4. Verification

…s 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* | 08/01/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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*

Date(s): 07 / 24 / 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

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

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

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

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

4. Verification

14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee	Operations Chief	08/01/14
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 $ 85.00

Event Description: Baseball game *(Provide Title/Explanation)*

Date(s): 08 / 01 / 14 — 08 / 02 / 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

- **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:
Le, Janice		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a volunteer for her service to the public
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Rotary Club of Castro Valley Endowment 19992 Redwood Rd, Castro Valley94546	16	To reward a nonprofit organization for its contributions to the community
SERVICE ORGANIZATION		

4. Verification

I [illegible] ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[illegible]	Anna Gee	Operations Chief	08/01/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: janice-box, USOAC-FT 8/1 game rotary, eva, -box 8/2 game. USOAC - FT

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

California Form 802

A Public Document

Agency Name

Alameda County

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:
Aguillard, Eva	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for her service to the public
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		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
United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251	4	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Oakland 94605 SENIOR ADVOCACY		erprileged, seniors and youth in foster care.

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Seattle Mariners *Provide Title/Explanation*

Date(s) 09 / 01 / 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: 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:
Aro, Jacob	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
Aro, Dee	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential 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

lations 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*	8/12/14 *(Month, Day, Year)*

Comment: Includes 2 parking pass at the value of $20.

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(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 $ 21.35

Event Description Ringling Bros. Circus *Provide Title/Explanation*

Date(s) 08 / 14 / 14 ____/____/____

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

If no: Golden State Warriors *Name of Source*

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

If yes: 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:
Hernandez, Ana	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for her service to the public.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

...ns 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*	8/6/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Los Angeles Angels *Provide Title/Explanation*

Date(s) 09 / 22 / 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: 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:
Riener, Terry	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
Gonzalez, Yesenia	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

4. Verification

…s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda *Print Name* | Supervisor's Aide *Title* | 8/14/14 *(Month, Day, Year)*

Comment: Includes 2 parking passes at the value of $20 each.

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Los Angeles Angels *Provide Title/Explanation*

Date(s) 09 / 22 / 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: 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:
Otero, Heysell	3	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.
Austria, Carlo	3	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

4. Verification

...tions 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*	8/14/14 *(Month, Day, Year)*

Comment: Includes 2 parking passes at the value of $20 each.

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Philadelphia Phillies *Provide Title/Explanation*

Date(s) 09 / 19 / 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: Valle, Richard- Supervisor District 2 *Official's Name (Last, First)*

3. Recipients

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

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

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

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

4. Verification

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*	8/21/14 *(Month, Day, Year)*

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

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(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 $ 24.00

Event Description Oakland A's vs. Los Angeles Angels *Provide Title/Explanation*

Date(s) 08 / 23 / 14 — 08 / 24 / 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: 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:
Steffes, Patra	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for her service the public.
Kamai, Colleen	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for her service 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.

...tions 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*	8/22/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 $ 24.00

Event Description Oakland A's vs. Los Angeles Angels *Provide Title/Explanation*

Date(s) 09 / 01 / 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: 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:
Groves, Angel	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for her service the public.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4.

…ns 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*	8/28/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

California Form **802**

For Official Use Only

Date Stamp

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

☐ **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 $ 35.15

Event Description Circus
Provide Title/Explanation

Date(s) 8 / 15 / 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.

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:
Shanna Akana	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson — *Print Name*
Supervisor's Assistant — *Title*
4/14/14 — *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 *Provide Title/Explanation*

Date(s) 9, 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:
Clark Luethy	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 8/11/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 *Provide Title/Explanation*

Date(s) 8/5/14 ___/___/___

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:
Scott Neely	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 8-4-14 *(Month, Day, Year)*

Signature of [illegible]

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 *Provide Title/Explanation*

Date(s) 8/8/14 ___/___/___

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:
Marilyn Perotti	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 8-7-14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 *Provide Title/Explanation*

Date(s) 9, 5, 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:
		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Love Never Fails Human Trafficking Event	2	To reward a school or nonprofit organization for its contributions to the community.

4. Verification Vanessa Scott -

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

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

Comment: A non-profit Organization to exploit & awareness of H.T. stop tickets will be raffled off to proceeds for the org.

1037 Village Parkway #7021 Dublin, CA 94568

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 *Provide Title/Explanation*

Date(s) 6/9/14 ___/___/___

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
Dist 1	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | _____ *(Month, Day, Year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

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

Date of Original Filing: 7/28/14 *(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

Date(s) 9 / 23 / 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.

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:
Wooldridge, Amy	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have r[illegible] 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	Title	(Month, Day, Year)
	Alex Boskovich	Senior Legislative Aide	08/25/2014

Comment: Had incorrect date on the form

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

Date of Original Filing: 7/22/14 *(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*

Date(s) 9 / 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.**

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:
Lam, Amy	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have read [illegible] *1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/25/2014 *(Month, Day, Year)*

Comment: [illegible]

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 30

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 20 / 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.

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:
Harris, Bill	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have rea *s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/25/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

Date of Original Filing: 8/29/14 *(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*

Date(s) 9 / 19 / 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.

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:
Amgott-Kwan, Jared	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have read *14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/25/2014 *(Month, Day, Year)*

Comment: [illegible]

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 30

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 17 / 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.**

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:
Gregory, Michael	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have re *18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/25/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 30

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 5 / 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.

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:
Medina, Sam	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have rea *ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/25/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

Area Code/Phone Number	**E-mail**
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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 *Provide Title/Explanation*

Date(s) 9 / 16 / 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.**

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:
Gin, Hal	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have rea tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/21/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

Area Code/Phone Number	E-mail
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Date Stamp

California Form 802

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☐ **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 *Provide Title/Explanation*

Date(s) 9 / 3 / 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.**

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:
Garcia, Jane	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/21/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 *Provide Title/Explanation*

Date(s) 8 / 22 / 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.**

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:
Franklin, Michael	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have reac *lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature	Steven Jones *Print Name*	Senior Legislative Aide *Title*	08/20/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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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 *Provide Title/Explanation*

Date(s) 9 / 2 / 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.**

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:
Brae, Lisa	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I have read and un[illegible] 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of A[illegible]	Alex Boskovich	Senior Legislative Aide	08/18/2014
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $21.35

Event Description Circus *Provide Title/Explanation*

Date(s) 8/14/14 ___/___/___

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

If no: Golden State Warriors *Name of Source*

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

If yes: 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:
Zhu, Dana	4 2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	½	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 Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature	Alex Boskovich	Senior Legislative Aide	8/1/14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $35.15

Event Description Circus *Provide Title/Explanation*

Date(s) 8/15/14 ____/____/____

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

If no: Golden State Warriors *Name of Source*

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

If yes: Alameda County Supervisor Wilma Chan *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Schaff, Sarah	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4	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 a[nd understand] Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	8/1/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $35.15

Event Description Circus *Provide Title/Explanation*

Date(s) 8 / 16 / 14 ____/____/____

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

If no: Golden State Warriors *Name of Source*

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

If yes: Alameda County Supervisor Wilma Chan *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Cravahlo,Christopher	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4	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 re *egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	8/18/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $35.15

Event Description Circus
Provide Title/Explanation

Date(s) 8 / 17 / 14 ___/___/___

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

If no: Golden State Warriors
Name of Source

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

If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brown, Madison	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4	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 *egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

		Alex Boskovich	Senior Legislative Aide	8/18/14
	gnee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 *(Provide Title/Explanation)*

Date(s): 9/19/14 _____/_____/_____

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.**

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:
Amgott-Kwan, Jared	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Steven Jones	Central District Director	08/25/2014
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 *Provide Title/Explanation*

Date(s) 9 / 20 / 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.**

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:
Harris, Bill	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I h… …ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

— — Steven Jones *Print Name* | Central District Director *Title* | 08/25/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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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*

Date(s) 9 / 1 / 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.

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:
Davis, Muntu	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/18/2014 *(Month, Day, Year)*

Comment: _____

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

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Date Stamp

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

☐ **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 *Provide Title/Explanation*

Date(s) 9 / 16 / 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.**

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:
Gin, Hal	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/21/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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: 7/28/14 *(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)*

Date(s): 9/5/14 ____/____/____

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.

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:
Medina, Sam	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/25/2014 *(Month, Day, Year)*

Comment: Had incorrect date on the form

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 $ 85/ 30-parking

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 5 / 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.**

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:
Neumann, Terry	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Steven Jones *Print Name*	Central District Director *Title*	08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 $ $85/30

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9/5/14 ____/____/____

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.**

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:
Gilbert, Troy	2park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2park	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

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

Steven Jones	Central District Director	08/18/2014
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

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 $ 85/ 30-parking

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 5 / 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.

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:
Hahlweg, Bart	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4/park	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 h 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

— Steven Jones *Print Name* | Central District Director *Title* | 08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 222/$35 parking

Event Description Football game *Provide Title/Explanation*

Date(s) 8 / 15 / 14 ____/____/____

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

If no: Oakland Raiders *Name of Source*

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

If yes: 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:
Taylor, Deborah	3/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	3/park	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 reac *18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	8/14/14 *(Month, Day, Year)*

Comment: + 1 parking pass

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $85/30

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 19 / 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.

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:
Chan, Jennifer	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	~~4/park~~	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 rea *ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Sig Alex Boskovich *Print Name* | Senior Legislative Aide *Title* | 08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

E-mail: alex.boskovich@acgov.org

☐ **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 $ $85/30

Event Description: Baseball game *Provide Title/Explanation*

Date(s): 9 / 5 / 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.

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:
Gilbert, Troy	2 park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2 park	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 … *18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Sign

Alex Boskovich *Print Name* | Senior Legislative Aide *Title* | 08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 85/ 30-parking

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9/5/14 ____/____/____

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.**

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:
Neumann, Terry	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4/park	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 a *tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 85/ 30-parking

Event Description Baseball game *Provide Title/Explanation*

Date(s) 9 / 5 / 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.**

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:
Hahlweg, Bart	4/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	4/park	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 *tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/18/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 85/$30parking

Event Description Baseball game *Provide Title/Explanation*

Date(s) 8 / 23 / 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.

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:
Heystek, Louie	2/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at a County facility in order to maximize potential County revenue
	2/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

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

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	08/21/2014 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 222/$35 parking

Event Description Football game *Provide Title/Explanation*

Date(s) 8 / 28 / 14 ____/____/____

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

If no: Oakland Raiders *Name of Source*

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

If yes: 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:
Tremblay, Brian	3/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	3/park	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 r[illegible]ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	8/14/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

Area Code/Phone Number	**E-mail**
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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 $ 222/$35 parking

Event Description: Football game *(Provide Title/Explanation)*

Date(s): 12 / 21 / 14 ____ / ____ / ____

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

If no: Oakland Raiders *(Name of Source)*

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

If yes: Alameda County Supervisor Wilma Chan *(Official's Name (Last, First))*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		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
Girls Inc of the Island City, 1724 Santa Clara Ave. Alameda, CA 94501	3/park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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	Alex Boskovich *Print Name*	Senior Legislative Aide *Title*	8/30/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Alex Boskovich

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 222/$35 parking

Event Description Football game *Provide Title/Explanation*

Date(s) 9 / 14 / 14 ____ / ____ / ____

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

If no: Oakland Raiders *Name of Source*

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

If yes: 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:
Berg, Rob	2/park	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	2/park	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 a *gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

_____	Alex Boskovich	Senior Legislative Aide	8/30/14
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp

California Form **802**

For Official Use Only

☐ **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 $ $222.00

Event Description Raiders Football *Provide Title/Explanation*

Date(s) 8/15/14 ___/___/___

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
District 1	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification

ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson *Print Name* | Supervisor's Assistant *Title* | 8-18-14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Amy Shrago

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

Date Stamp

California Form 802

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 85.00

Event Description Oakland A's Baseball *Provide Title/Explanation*

Date(s) 08 / 22 / 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: Carson, Keith *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brown, Elaine	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a County employee for his or her exemplary service to the public or to encourage staff development
Fasil, Mawi	18	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 ha *18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Amy Shrago	Supervisor's Assistant	08/03/14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Amy Shrago

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

Date Stamp

California Form **802**

For Official Use Only

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 85.00

Event Description Oakland A's Baseball *Provide Title/Explanation*

Date(s) 08 / 23 / 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: Carson, Keith *Official's Name (Last, First)*

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McWilson, Marlon	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for his or her service to the public.
		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4. Verification

I ha *ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature of Agency Head or Designee	Amy Shrago *Print Name*	Supervisor's Assistant *Title*	08/03/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Tampa Bay Rays *Provide Title/Explanation*

Date(s) 08 / 06 / 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: 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:
Dianda, Michelle	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or local sports team to attract business and contribute to local economy
Bustamante, Sonia	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or local sports team to attract business and contribute to local economy

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

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	Richard Valle *Print Name*	Supervisor, District 2 *Title*	8/4/14 *(Month, Day, Year)*

Comment: Includes 2 parking passes at the value of $20.

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Tampa Bay Rays *Provide Title/Explanation*

Date(s) 08 / 06 / 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: 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:
Valle, Richard	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or local sports team to attract business and contribute to local economy
Miley, Chris	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or local sports team to attract business and contribute to local economy

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

tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda *Print Name* | Supervisor's Aide *Title* | 8/4/14 *(Month, Day, Year)*

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

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Tampa Bay Rays *Provide Title/Explanation*

Date(s) 08 / 06 / 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: 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:
Sa, Nancy	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or local sports team to attract business and contribute to local economy
DeMartini, Ginny	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To evaluate the ability of a facility, its operator, or local sports team to attract business and contribute to local economy

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

...944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda	Supervisor's Aide	8/4/14
Print Name	*Title*	*(Month, Day, Year)*

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

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 $ 24.00

Event Description Oakland A's vs. New York Mets *Provide Title/Explanation*

Date(s) 08 / 20 / 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: 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:
Gex, Wil	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To reward a community volunteer for his service to the public.
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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

4 Verification

…ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda *Print Name* | Supervisor's Aide *Title* | 8/5/14 *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Seattle Mariners *Provide Title/Explanation*

Date(s) 09 / 01 / 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: 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:
Valle, Olivia	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
McEvoy, Regina	4	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

tions 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*	8/12/14 *(Month, Day, Year)*

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

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

A Public Document

1. Agency Name

Alameda County

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

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Michelle Dianda

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

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(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 Oakland A's vs. Seattle Mariners *Provide Title/Explanation*

Date(s) 09 / 01 / 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: 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:
Mott, Yvonne	3	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.
Aro, Mike	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To promote attendance at an event held at a County facility in order to maximize potential 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 ations 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*	8/12/14 *(Month, Day, Year)*

Comment: Includes 2 parking pass at the value of $20.