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

1. Agency Name
   Alameda County
   Board of Supervisors
   Michelle Dianda
   Area Code/Phone Number (510) 272-6592
   E-mail michelle.diainda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description: Warriors vs. Dallas Mavericks
   Face Value of Each Ticket/Pass $ 555.00
   Date(s) 02 / 04 / 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2

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

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

   B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Ceremonial Role [ ] - Other [ ]
   Income [ ]
   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

   A. Verification
   3-1-11 and 10-942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda
   Supervisor's Aide
   Post Name
   Title
   (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $30.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. New Orleans Pelicans
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass: $350.00
   Date(s): 03 / 20 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

   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 verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda  Supervisor's Aide
   Print Name Title
   (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $30.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp
California Form 802
For Official Use Only

Amendment (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: Warriors vs. Detroit Pistons

   Face Value of Each Ticket/Pass $300.00
   Date(s): 03/11/15

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

   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard–Supervisor District 2

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

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

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

   4

   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
Michelle Dianda Supervisor's Aide
Print Name Title

Includes 1 parking pass at the value of $30.

6944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

2/9/15

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

1. **Agency Name**
   Alameda County

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

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

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

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

   **Date Stamp**

   **Face Value of Each Ticket/Pass:** $600.00

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

   **Event Description**
   Warriors vs. Los Angeles Clippers

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

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

   **Date(s)**
   03 / 08 / 15

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Andrew</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐ To evaluate the ability of a facility or a local sports team to attract business and contribute to the local economy.</td>
</tr>
<tr>
<td>Aro, Dee</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐ To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

4. **Verification**

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

   Michelle Dianda

   Supervisor's Aide

   **Comment:** Includes 1 parking pass at the value of $30.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 600.00
   Event Description Warriors vs. Los Angeles Clippers
   Date(s) 03 / 08 / 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   If yes: Valle, Richard - Supervisor District 2
   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
   [Blank]

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Closser, Kenny | 3 | Ceremonial Role [ ] Other [X] Income [ ]
   [Note: 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.
   [3]

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda  Supervisor's Aide
   (Last, First)  Date: 02/17/15

Comment: Includes 1 parking pass at the value of $30.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $__________ 450.00
   Event Description Warriors vs. Dallas Mavericks
   Date(s) 03 / 06 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services 40849 Fremont Blvd. Fremont CA 94538 4</td>
<td></td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Develops and implements programs to end homelessness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Michelle Dianda
   Supervisor's Aide
   (Month, Day, Year)

Comment: Includes parking pass at the value of $30

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda
Area Code/Phone Number E-mail
(510) 272-6882 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 Tickets/Pass $ 66.70
Event Description Monster Jam
Date(s) 02 / 21 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

Multi-Recipient Art
144.1 and 182.42. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda Supervisor's Aide
Petit Name Title

2/10/15 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Enrique Iglesias/Pitbull Concert
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 95.75
   Date(s) 02 / 14 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Mejia, Manuel | 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
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

A Verification ☐

Michelle Dianda ☒ Supervisor's Aide ☐

2/9/15

Comment:

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 39.40
   Event Description: Disney on Ice- "Let's Celebrate" Tour
   Date(s): 02 / 28 / 15 03 / 01 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Ticket Source: Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Office's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sims, Steve</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td>Austria, Mangee</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

4. Verification
   [Signature] 2/11/15
   Michelle Dianda
   Supervisor's Aide
   [Title]
   [Date, Day, Year]

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 39.40
   Event Description: Disney on Ice
   Provide Title/Explanation
   Date(s) 02 / 28 / 15 02 / 27 / 15
   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:
      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
      Ruby's Place
      1180 B St. Hayward, CA 94541
      8
      To reward a non-profit organization for its contributions to the community.
      Provides shelter and support services to women & children victims of violence

4. Verification
   4:1 and 16:42. I have verified that the distribution set forth above, is in accordance with the requirements.

   Michelle Dianda
   Supervisor's Aide
   Print Name
   Title
   (Month, Day, Year) 2/24/15

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Face Value of Each Ticket/Pass $ 350
   Date(s) 01 / 25 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

   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
   Steven Jones Central District Director 02.02.2015
   (Print Name) (Title) (Month, Day, Year)

Comment: Ra: amendment, 01.25.2015 tickets incorrectly reported as behested to Zoe Chan

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

1. **Agency Name**

   Alameda County

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

   Board of Supervisors

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

   Michelle Dianda

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

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


2. **Function or Event Information**

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

   **Event Description**
   Warriors vs. Phoenix Suns

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

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

   **Face Value of Each Ticket/Pass $**
   400.00

   **Date(s)**
   4/2/15

   **If yes: Golden State Warriors**

   **If no: Name of Source**

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

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

3. **Recipients**

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

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

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

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

   Number of Ticket(s)/Pass(es)

   Identify one of the following:

   Ceremonial Role [ ] Other [ ]

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

   Ceremonial Role [ ] Other [ ]

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

   Income [ ]

   **C. Name of Outside Organization**

   (include address and description)

   Number of Ticket(s)/Pass(es)

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

   St. Rose Hospital Foundation
   27200 Calaroga Ave., Hayward, CA 94545

   4

   To reward a non-profit organization for its contributions to the community.

   Raises funds to continue hospital mission of providing quality health care

4. **Verification**

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

   **Michelle Dianda**
   Supervisor's Aide

   **2/12/15**

   **Comment:** Includes 1 parking pass at the value of $30
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description
   Enrique / Pitbull
   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 $ 95.15
   Date(s) 2/14/15
   Name of Source
   if no: GSW
   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:
   ________________________________ | ___________________________ | ________________________________________
   Ivel Lopez
   Erika Orcisco
   Esmaralda Casandra Pond
   ________________________________ | ___________________________ | ________________________________________
   ________________________________ | ___________________________ | ________________________________________

   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
   ________________________________ | ___________________________ | ________________________________________
   J Patty Anila
   ________________________________ | ___________________________ | ________________________________________

4. Verification
   I, Lee Ann Ferguson, Supervisor's Assistant, certify that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   Date: 2-27-14
   Name:
   Title:
   Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐
   Event Description  Enrique/Pitbull  
   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 $95.15
   Date(s) 2/14/15
   If no: GSW
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

   B. Name of Individual
      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
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   44.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Ferguson  Supervisor’s Assistant
   Title

Comment:  

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description:** Disney on Ice
   - **Face Value of Each Ticket/Pass:** $39.40
   - **Date(s):** 2-26-15
   - **Ticket(s)/Pass(es) provided by agency:** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency's policy
   - **B. Name of Individual**
     - Debbie Madden
     - Number of Ticket(s)/Pass(es): 4
     - To promote attendance at a county sponsored event in order to maximize potential county revenues for concession and parking sales.
   - **C. Name of Outside Organization**
     - Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   - Lee Ann Fergerson
   - Supervisor's Assistant
   - Signature: [Signature]
   - Date: 2-5-15

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** Monster Jam
- **Face Value of Each Ticket/Pass:** $10
- **Date(s):** 2/21/14

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

#### A. Name of Agency, Department or Unit
- **DIST 5**
- **Number of Ticket(s)/Pass(es):** 4
- **Describe the public purpose made pursuant to the agency’s policy:** Trade for Pit Bull, Eagles vs. Tickets (CF)

#### B. Name of Individual
- **Name of Individual:**
- **Number of Ticket(s)/Pass(es):**
- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐ Income ☐
  - Ceremonial Role ☐ Other ☐ Income ☐

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

### 4. Verification
- **Lee Ann Ferguson**  
  - **Title:** Supervisor’s Assistant  
  - **Date:** 2/10/15

**Comment:**

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

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

### 1. Agency Name
Alameda County

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

Board of Supervisors

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

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

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

### 2. Function or Event Information

**Does the agency have a ticket policy?**  
Yes □ No X

**Event Description**  
Warriors vs. Raptors

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

**Date(s)**  
01, 02, 15

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

**If no:**  
Golden State Warriors

**Name of Source**

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

**If yes:**  
Carson, Keith

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

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
</tr>
</tbody>
</table>

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

### 4. Verification

944 1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Supervisor’s Assistant  
02/05/15

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

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

2. **Function or Event Information**
   **Does the agency have a ticket policy?** Yes ☐ No ☒
   
   **Event Description** Warriors vs. Pacers
   **Provide Title/Explaination**
   
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   
   **Face Value of Each Ticket/Pass** $350.00
   **Date(s)** 01 / 07 / 15
   
   **If no:** Golden State Warriors
   **Name of Source**
   
   **If yes:** Carson, Keith
   **Official's Name (Last, First)**

3. **Recipients**
   
   "Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization."
   
   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   
   **B. Name of Individual**
   (Last, First)
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role** ☐ **Other** ☒
   **Income** ☐
   
   **Brown, Aisha**
   4
   **To reward a County employee for his or her exemplary service to the public or to encourage staff development**
   
   **C. Name of Outside Organization**
   (Include address and description)
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**

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

   **Amy Shrago**
   Supervisor's Assistant
   02/05/15
   (Month, Day, Year)

   **Comment:**

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

1. Agency Name  
Alameda County  

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

Designated Agency Contact (Name, Title)  
Amy Shrago  

Area Code/Phone Number  
(510) 272-6695  

E-mail  
amy.shrago@acgov.org  

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

Face Value of Each Ticket/Pass $ 1,000.00  

Date(s) 01/09/15  

Event Description  
Warriors vs. Cavalier  
Provide Title/Explanation  

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

If no: Golden State Warriors  
Name of Source  
Carson, Keith  
Officer's Name (Last, First)  

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

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

A. Name of Agency, Department or Unit  

Number of Ticket(s)/Pass(es)  

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

B. Name of Individual  

(First, First)  

Number of Ticket(s)/Pass(es)  

Ceremonial Role ☐  
Other ☑  

Income ☐  

Identify one of the following:  

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

Ceremonial Role ☐  
Other ☑  

Income ☐  

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

C. Name of Outside Organization  

(Include address and description)  

Number of Ticket(s)/Pass(es)  

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

4. Verification  

Amy Shrago  
Supervisor's Assistant  
02/05/15  

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (if Applicable)
   - Board of Supervisors

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** No
   - **Face Value of Each Ticket/Pass** $1,000.00
   - **Event Description** Warriors vs. Cavalier
   - **Date(s)** 01/09/15
   - **Ticket(s)/Pass(es) provided by agency?** No
   - **Was ticket distribution made at the behest of agency official?** Yes

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**
   - **B. Name of Individual**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - **Ceremonial Role**
     - **Other**
     - **Income**
   - **To reward a County employee for his or her exemplary service to the public or to encourage staff development**
   - **C. Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - **Amy Shrago**
   - **Supervisor’s Assistant**
   - **02/05/15**
   - **Comment:**
Agency Name: Alameda County
Division, Department, or Region (If Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Amy Shrago
Area Code/Phone Number: (510) 272-6695
E-mail: amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description: Warriors vs. Cavaliers
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: $1,000.00
Date(s): 01 / 09 / 15
If no: Golden State Warriors
Name of Source: Carson, Keith
Official’s Name (Last, First):

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

B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   - Ceremonial Role ☐ Other ☑ Income ☐
   - 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, Amy Shrago, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor’s Assistant: 02/05/15
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X
   Event Description Warriors vs. Heat
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   Was ticket distribution made at the behest of agency official? No □ Yes X
   Face Value of Each Ticket/Pass $ 400.00
   Date(s) 01/14/15
   If no: Golden State Warriors
   If yes: Carson, Keith

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

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

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

4. Verification
   I, and 1942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago Supervisor's Assistant
   Print Name Title
   02/05/15 (Month, Day, Year)

Comment:

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Face Value of Each Ticket/Pass $ 350.00
Event Description Warriors vs. Kings
Date(s) 01 / 23 / 15
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No □ Yes X
If yes: Carson, Keith
Name of Source Official's Name (Last, First)

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role □ Other X
To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy
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, Amy Shrago, have verified that the distribution set forth above, is in accordance with the requirements.
Amy Shrago
Supervisor's Assistant
02/05/15 (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ 99.30
Event Description
Monster Supercross

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 01 / 24 / 15
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Carson, Keith
Name of Source

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Tickets/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Ceremony Role ☐ Other ☒ Income ☐</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☒ Income ☐ To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
I and 10942, I have verified that the distribution set forth above, is in accordance with the requirements.
Amy Shrago
Supervisor's Assistant
02/05/15

Comment:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $39.40
   Date(s) 2/27/15
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   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:
   Leah Morete | 4 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

4. Verification
   I, Lee Ann Ferguson, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor’s Assistant 2/1/15
   Comment: Just rec'd names

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number E-mail
(510) 272-6654 anna.gee@ac.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Harlem Globetrotters
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 $ 48.50
Date(s) 01 / 10 / 15 01 / 17 / 15

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

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

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

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

Kong, Katie 4 Ceremonial Role ☐ Other ☑ Income ☐
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and

Sturdivant, Sr., Brandon 4 Ceremonial Role ☐ Other ☑ Income ☐
concession sales.

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

4. Verification
8944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee Operations Chief 02/04/15
Print Name Title (Month, Day, Year)

Comment:

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