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

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

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

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

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

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

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

4. Verification
   Steven Jones
   Central District Director
   03.05.2016
   Print Name
   Title
   (Month, Day, Year)

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

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

Date Stamp
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 $ 450
Event Description Basketball Game
Date(s) 02 / 20 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
If yes: Alameda County Supervisor Wilma Chan
Name of Source: Official'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.

<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>Havrilenko, Gene</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
☐ A.1 and A.4.2. I have verified that the distribution set forth above is in accordance with the requirements.

Steven Jones Central District Director
Print Name Title
03.06.2015 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Private Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $450
   Date(s) 02 / 20 / 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 | Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Canada, John
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   4
   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. Signature and Date
   Steven Jones  Central District Director  03.05.2015
   (Print Name) (Title) (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6883
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $450
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 02/20/15
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

3. Recipients
   + Use Section A to identify the agency's department or unit. + Use Section B to identify an individual. + Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
      Lacon, Colin 4 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:
      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 declare under penalty of perjury under the laws of the State of California that the distribution set forth above is in accordance with the requirements.
   Steven Jones Central District Director 03.06.2015
   Print Name Title (Month, Day, Year)

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

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

2. **Function or Event Information**  
   **Does the agency have a ticket policy?** Yes ☑ No ☐  
   **Face Value of Each Ticket/Pass $**  
   $450  
   **Event Description** Basketball Game  
   **Date(s)** 02 / 20 / 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: 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 ☐
   **Income ☐**
   **If checking “Ceremonial Role” or “Other” describe below:**
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

4. **Verification**  
   Steven Jones  
   Central District Director  
   03.05.2015

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

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

Designated Agency Contact (Name, Title)
Steven Jones

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Face Value of Each Ticket/Pass $ ________  $555
Date(s) 02 / 04 / 15

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

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

4. Verification

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

Steven Jones Central District Director
Print Name Title
03.05.2015 (Month, Day, Year)

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
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6893
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $555
   Date(s) 02 / 04 / 15
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

4. Verification
   Steven Jones Central District Director 01.29.2015
   Print Name Title (Month, Day, Year)
   Comment:

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

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

**1. Agency Name**
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Steven Jones  
Area Code/Phone Number: (510) 272-6893  
E-mail: steven.jones@acgov.org

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes [x] No [ ]  
- Face Value of Each Ticket/Pass: $555  
- Event Description: Basketball Game  
- Date(s): 02 / 04 / 15  
- Ticket(s)/Pass(es) provided by agency: Yes [x] No [ ]  
- Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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

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

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

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

**4. Verification**

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

Steven Jones  
Central District Director  
03.05.2015

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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ ____________  $450  
Event Description Basketball Game  
Date(s) 02/20/15  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐  
If no: Golden State Warriors  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
If yes: Alameda County Supervisor Wilma Chan  

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ (If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elliott, Laura</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></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;  
Steven Jones Central District Director 03.05.2015  
Print Name Title (Month, Day, Year)  
Comment:  

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

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

2. Function or Event Information 
Does the agency have a ticket policy? Yes ☒ No ☐ 
Face Value of Each Ticket/Pass $ 450 
Date(s) 02 / 20 / 15
Event Description Basketball Game 
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ 
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ 
If no: Golden State Warriors 
Name of Source 
If yes: Alameda County Supervisor Wilma Chan 
Official's Name (Last, First)

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

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

<table>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
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</thead>
<tbody>
<tr>
<td>Ginsberg, Joel</td>
<td>1</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
I have verified that the distribution set forth above, is in accordance with the requirements. 
Steven Jones Central District Director 03.05.2015 
(Print Name) (Title) (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $__________  $450
   Event Description  Basketball Game
   Date(s)  02/20/15
   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:  Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

   | B. Name of Individual | Number of Ticket(s)/ Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nguyen, Kim</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>
   |                      | 2                             | Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I, ________________, on behalf of ________________, certify that the distribution set forth above is in accordance with the requirements.
   Steven Jones  Central District Director  03.05.2015

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

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

Date Stamp California Form 802
For Official Use Only
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 $ $39.40
Event Description Disney On Ice: Let's Celebrate
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 02 / 27 / 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ginsberg, Malik</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<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.

Steven Jones
Central District Director
Print Name
Title
03.05.2015 (Month, Day, Year)

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

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

2. Function or Event Information  
   Does the agency have a ticket policy? Yes ☑ No ☐  
   Face Value of Each Ticket/Pass $ 95.75  
   Event Description Enrique Iglesias & Pitbull  
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
   Date(s) 02/14/15  
   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.

   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, Steven Jones, Central District Director, have verified that the distribution as set forth above, is in accordance with the requirements.
   Steven Jones  
   Central District Director  
   03.05.2015  
   (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Steven Jones

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

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Most 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 $ 39.40

Event Description Disney On Ice: Let's Celebrate
Provide Title/Explanation

Date(s) 02 / 26 / 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: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification

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

Steven Jones Central District Director 03.05.2015 (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Steven Jones

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

   [Date Stamp]
   California Form 802
   [Date Stamp]
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ ____________ 39.40
   Date(s) 02 / 28 / 15

   Event Description Disney On Ice: Let's Celebrate
   [Provide Title/Explanation]

   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Byrd, Zelma 4
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   4
   [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 18942, have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones 03.05.2015
   Central District Director (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 Oakland A's vs. Texas Rangers
   Date(s) 04 / 06 / 15
   Face Value of Each Ticket/Pass $ 55.00
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

   **C.** Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   |
   |
   | Hayward Education Foundation P.O. Box 58444 Hayward, CA 94545 18 To reward a non-profit organization for its contributions to the community
   |
   |
   Provides teachers and students with funding for educational activities

4. Verification
   I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda  Supervisor's Aide
   Print Name  Title

Comment: Includes 4 parking passes at the value of $20 each.
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

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

   **Face Value of Each Ticket/Pass $**
   - 55.00

   **Date(s)**
   - 04/26/15

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes [X] No [ ]
   - **Event Description**
     - Oakland A's vs. Houston Astros
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [X]
   - **Was ticket distribution made at the behest of agency official?**
     - No [ ] Yes [X]

3. **Recipients**
   - *Use Section 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:**
     - Ceremony Role [ ]
     - Other [ ]
     - Income [ ]
   - *If checking "Ceremonial Role" or "Other" describes below.*

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

   - **Union City Lions Club**
     - P.O. Box 2314 Union City, CA 94587
     - **Number of Ticket(s)/Pass(es)**
       - 18
     - **Describe the public purpose made pursuant to the agency's policy**
       - To reward a non-profit organization for its contributions to the community

     - **Supports to local youth organizations and programs to end blindness**

4. **Verification**
   - [Signature]
   - Michelle Dianda
   - Supervisor's Aide
   - (510) 272-6692
   - 3/30/15

**Comment:** Includes 4 parking passes at the value of $20 each.

*FPPC Form 802 (4/12)*

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

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

Date Stamp California Form 802
For Official Use Only

[Blank]

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 Oakland A's vs. Detroit Lions
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 $ 55.00

Date(s) 05, 25, 15

If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (first, last)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Inconce ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Inconce ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers 8440 Central Ave. Newark CA 94560</td>
<td>18</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>Helps with the needs of youth, senior citizens providing safety net services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Dianda Supervisor's Aide
Post Name Title

3/30/15

Comment: Includes 4 parking passes at the value of $20 each.
# Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name

Alameda County

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

Board of Supervisors

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

Michelle Dianda

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

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

**Date Stamp**

California Form 802

For Official Use Only

## 2. Function or Event Information

**Does the agency have a ticket policy?**

- [x] Yes
- [ ] No

**Event Description**

Oakland A's vs. Detroit Lions

**Ticket(s)/Pass(es) provided by agency?**

- [ ] Yes
- [x] No

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

- [ ] No
- [x] Yes

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

25.00

**Date(s)**

05 / 25 / 15

**Name of Source**

[ ] If no:

- Oakland A's

[ ] If yes:

- Vallo, 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

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

### B. Name of Individual

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

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

### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers 8440 Central Ave, Newark CA 94560</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

Helps with the needs of youth, senior citizens providing safety net services

### Additional Information

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

**Verification**

Michelle Dianda

**Supervisor's Aide**

**Date**

(2/30/15)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description Oakland A's vs. Houston Astros
   Provide Ticket/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 04 / 26 / 15
   Ticket(s)/Pass(es) provided by agency?
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

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

<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>Union City Lions Club P.O. Box 2314 Union City, CA 94587</td>
<td>2</td>
<td>Support local youth organizations and programs to end blindness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a non-profit organization for its contributions to the community</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
   Print Name               Title
   3/30/15

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

**Date Stamp**

**California Form 802**
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**2. Function or Event Information**
- Does the agency have a ticket policy? [ ] Yes  [ ] No
- Event Description: Warriors vs. Milwaukee Bucks
- Ticket(s)/Pass(es) provided by agency? [ ] Yes  [ ] No
- Was ticket distribution made at the behest of agency official? [ ] No  [ ] Yes

- Face Value of Each Ticket/Pass: $300.00
- Date(s): 03 / 04 / 15
- Name of Source: Golden State Warriors
- Name of Official: Valley, Richard- Supervisor District 2

**3. Recipients**

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lara, Daisy</td>
<td>2</td>
<td>Ceremonial Role  [ ] Other  [ ] Income  [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role  [ ] Other  [ ] Income  [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
</tbody>
</table>

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

**4. Verification**

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

Michelle Dianda  
Print Name  
3/3/15

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:** (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. Los Angeles Lakers
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Face Value of Each Ticket/Pass $350.00**
- **Date(s):** 03/16/15

#### 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**
  - For example:
    - Name of Agency: **Ceremonial Role**
    - Number of Ticket(s)/Pass(es): 4
    - Public Purpose: To reward a non-profit organization for its contributions to the community.

- **B. Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - For example:
    - Name of Individual: **Ceremonial Role**
    - Number of Ticket(s)/Pass(es): 4
    - Public Purpose: To reward a non-profit organization for its contributions to the community.

- **C. Name of Outside Organization**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**
  - For example:
    - Name of Outside Organization: **Congregations Organizing for Renewal**
    - Number of Ticket(s)/Pass(es): 4
    - Public Purpose: To reward a non-profit organization for its contributions to the community.

#### 4. Verification

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Washington Wizards
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 250.00
   Date(s) 03 / 23 / 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.

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey, Terrance</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his exemplary service to the public.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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: ___

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Warriors vs. Utah Jazz
   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) 03/21/15

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

   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
      James Logan High School
      1800 H Street, Union City CA 94587
      4
      To reward a school for its contributions to the community.
      Provides education for grades 9-12

4. Verification
   [Signature]
   Michelle Dianda
   Supervisor's Aide
   Print Name
   Title
   (Month, Day, Year) 3/12/15

Comment: includes 1 parking pass at the value of $30.00
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp
California Form 802
For Official Use Only
❑ 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 Charlie Wilson Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Officials Name (Last, First)

Face Value of Each Ticket/Pass $ 125.00
Date(s) 03 / 27 / 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.

<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>Galando, Michael</td>
<td>4</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>4</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>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, ____________________________________________________________________________________________
michelle.dianda @acgov.org
3/12/15

Comment:

Michelle Dianda                    Supervisor's Aide
Print Name                        Title
(Month, Day, Year)

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

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

   Date Stamp
   California Form 802
   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 $ 600.00
   Event Description: Warriors vs. Atlanta Hawks
   Date(s) 03/18/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   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)
   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
   Carpenters Local 713
   1050 Mattox Rd., Hayward CA 94541
   4
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   Advocating for workers rights for health care and safe working conditions

4. Verification
   H44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda
   Supervisor's Aide
   Pet Name
   Title
   (Month, Day, Year)

Comment: Includes 1 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)
   Steven Jones

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

   Date Stamp

   California Form 802
   For Official Use Only
   Amendment: No
   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 $ ______
   Event Description: Basketball Game
   Date(s) 03/04/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source

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

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

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

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

4. Verification
   Steven Jones
   Central District Director
   03.05.2015
   (Month, Day, Year)
   Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description Basketball Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Face Value of Each Ticket/Pass $100/$30 parking
Date(s) 03 / 04 / 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proda, Jim</td>
<td>1/1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>1/1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Steven Jones
Central District Director
03.05.2015

Print Name
Title
(Month, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $250+$30 parking
   Date(s) 03 / 21 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Officer's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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>Matthews, George</td>
<td>4+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification

   I, Steven Jones, Central District Director, have verified that the distribution set forth above, is in accordance with the requirements. 03.10.2015

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

1. Agency Name
   Alameda County

   Division, Department, or Region (if Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Steven Jones

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Event Description: Basketball Game
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   Was ticket distribution made at the behest of agency official?  No ☑  Yes ☑
   Face Value of Each Ticket/Pass: $300+$30 parking
   Date(s): 03 / 23 / 15
   Name of Source: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐  Other ☐  Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krefitz, Fred</td>
<td>2+1 park</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2+1 park</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
   4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones  Central District Director  03.10.2015
   (Signature)  (Signature)  (Date)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? 
   Yes ☐ No ☒
   Event Description
   Basketball Game
   Ticket(s)/Pass(es) provided by agency? 
   Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? 
   No ☐ Yes ☒

   Face Value of Each Ticket/Pass $350
   Date(s) 03 / 14 / 15

   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wydler, Diane</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   I have verified that the information set forth above is in accordance with the requirements.
   Steven Jones
   Central District Director
   03.10.2015

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number  E-mail
   (510) 272-6663  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 □
   Event Description  Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes □  No □
   Was ticket distribution made at the behest of agency official?  No □  Yes □
   Face Value of Each Ticket/Pass $  $300
   Date(s)  03 / 11 / 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role  □  Other  □
      Income  □
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

      2
      Ceremonial Role  □  Other  □
      Income  □

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

4. Verification
   344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   03.11.2015
   (Month, Day, Year)

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

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

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Event Description  Disney On Ice: Let's Celebrate  
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 $  
$39.40  
Date(s) 03 / 01 / 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.

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee, Nancy</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification  
4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
Steven Jones  
Central District Director  
03.05.2015  
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6893
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $300+$30 parking
   Date(s) 03 11 15
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   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 ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an even held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand SCCR Sections 18031, 18041 and 19342, I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 03.11.2015
   Print Name Title (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ _________
Event Description Warriors vs. Mavericks
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official's Name (Last, First)

Date(s) 02/04/15

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

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

Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification
I and [Signature]
Amy Shrago
Supervisor's Assistant
[Signature]
03/05/15 (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
   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 Monster Jam
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 66.70
   Date(s) 02 / 21 / 15
   If no: Golden State Warriors
   If yes: Carson, Keith

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

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

   B. Name of Individual  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Williams, Sharifa  4  Ceremonial Role ☐ Other ☒ Income ☐
   Shrago, Amy  4  Ceremonial Role ☐ Other ☐ Income ☐

   # If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue
   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
   1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago  Supervisor’s Assistant  03/05/15
   (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 ☒
   Event Description Disney on Ice
   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 $ 39.40
   Date(s) 02 / 26 / 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.

<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>
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</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>Lopez, Daisy</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☒</td>
</tr>
</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>
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</tr>
</tbody>
</table>

4. Verification
   Amy Shrago Supervisor's Assistant 03/05/15 (Month, Day, Year)
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Comment: /
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

   □ 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 $ _________________ 39.40
   Event Description  Disney on Ice
   Date(s)  02 / 28 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐  No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐  Other ☒
      Income ☐
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      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
   and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor's Assistant
   03/05/15

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X] Face Value of Each Ticket/Pass $ 39.40
   Event Description Disney on Ice Date(s) 02/27/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors If yes: Carson, Keith
      Name of Source Official’s Name (Last, First)

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

   B. Name of Individual
      Jacob, Mike
      Lar: First
      Number of Ticket(s)/Pass(es) 4
      Ceremonial Role [ ] Other [X] Income [ ]
      To reward a community volunteer for his or her service to the public
      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 verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   03/05/15
   (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 ☒
   Face Value of Each Ticket/Pass $ 39.40
   Event Description Disney on Ice
   Date(s) 03 / 01 / 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? No ☐ Yes ☒
   If yes: Carson, Keith

3. Recipients
   + Use Section A to identify the agency's department or unit. + Use Section B to identify an individual. + Use Section C to identify an outside organization.
   
<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allison, Elonda</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>
   
<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
   and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   03/06/15 (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 Shraro
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shraro@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 125.00
   Date(s) 03 / 27 / 15
   Event Description Charlie Wilson
   Ticket(s)/Pass(ea) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Carson, Keith
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      # Check off "Ceremonial Role" or "Other" describe below:
      To obtain oversight of facilities or events that have received County funding or support
      Ceremonial Role ☐ Other ☐ Income ☐
      # Check off "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
   and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shraro Supervisor's Assistant 03/25/15
   (Name, Title) (Month, Day, Year)
   Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helplin: 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) 272-6895
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 ☒

Face Value of Each Ticket/Pass: $300.00

Event Description: Warriors vs. Bucks

Date(s): 03 / 04 / 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? No ☐ Yes ☒

Name of Source:
Carson, Keith

Official’s Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
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<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>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role ☒ Other ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Amy Shrago, have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name

Supervisor's Assistant
Title

03/25/15
(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  E-mail
(510) 272-6695 amy.shrago@acgov.org

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [ ] No [x]</th>
</tr>
</thead>
</table>

**Face Value of Each Ticket/Pass $**
450.00

**Event Description**
Warriors vs. Mavericks

**Date(s)**
03/06/15

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

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

**Face Value of Each Ticket/Pass $**
450.00

**Date(s)**
03/06/15

**If no:**
Golden State Warriors

**Name of Source**
Carson, Keith

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

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**4. Verification**

Amy Shrago  Supervisor's Assistant  03/25/15

(Month, Day, Year)

Comment: [Signature]
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 [x]
Face Value of Each Ticket/Pass $ 300.00
Event Description Warriors vs. Pistons
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If yes: Golden State Warriors
If no: [ ]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
If yes: Carson, Keith

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual

Number of Ticket(s)/Pass(es)

Identify one of the following:

[ ] Ceremonial Role [ ] Other [x]
Ceremonial Role [ ] Other

Income [ ]

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

Income [ ]

C. Name of Outside Organization

Number of Ticket(s)/Pass(es)

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

4. Verification
I, Amy Shrago, certify under Penal Code Sections 18711 and 18742 that I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Supervisor's Assistant
03/25/15
Part Name
Title
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 300.00
   Event Description: Warriors vs. Knicks
   Date(s): 03 / 14 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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</table>

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

4. Verification
   I and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   03/25/15
   (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 ☒
   Event Description Warriors vs. Lakers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 350.00
   Date(s) 03 / 16 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: 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 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
   / / / 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   03/25/15
   (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 ☒
Face Value of Each Ticket/Pass $ 350.00
Event Description Warriors vs. Jazz
Provide Title/Explaination
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
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)
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To review facilities or events that may require County funding or support in the near future
   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
   and 1994-92, I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago Supervisor's Assistant 03/25/15
   Print Name Title (Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ 25.00
   Date(s) 3/27/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   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:
      Vanessa Johnson 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
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   3/12/15
   Print Name Title

Comment: 

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Michelle Dianda

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

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description Oakland A’s vs. Minnesota Twins
   Date(s) 07/18/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source: Valle, Richard - Supervisor District 2
   Official’s Name (Last, First)

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

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

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

      - Ceremonial Role ☐ Other ☒ Income ☐
        If choosing “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

   Michelle Dianda
   Supervisor’s Aide

   Comment:

   FPPC Form 002 (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
   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. Portland Trailblazers
   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 $ 500.00
   Date(s) 04 / 09 / 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.

<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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.C. Deputy Sheriff Activities League</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>16378 E. 14th St., #100 San Leandro</td>
<td></td>
<td>Provide recreational and leadership activities for youth throughout county</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
   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)
Anna Gee

Area Code/Phone Number
(510) 272-8694
E-mail
anna.gee@acgov.org

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy?
Yes [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 $300
Date(s) 3 / 4 / 15

If no:
Name of Source

If yes:
Miley, Nate
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual

First/Last Name

Number of Ticket(s)/Pass(es)

Ceremonial Role [ ] Other [x]

Income [ ]

If checking “Ceremonial Role” or “Other” describe below:
2. Responding to a desire for increased attendance at an event held at a County facility in order to maximize potential county revenue from parking and concessions.

Ceremonial Role [ ] Other [ ]

Income [ ]

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

C. Name of Outside Organization

(include address and description)

United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 261

Oakland, CA 94605

SENIOR ADVOCACY

Number of Ticket(s)/Pass(es)

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

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

4. Verification

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

Anna Gee
Print Name

Operations Chief
Title

3/26/15
(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)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 450
   Event Description basketball game
   Date(s) 3 / 6 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: __________________________ Name of Source __________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Miley, Nate

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from concession and parking.</td>
</tr>
</tbody>
</table>

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Anna Gee
   Operations Chief: __________
   Title: __________
   (Month, Day, Year) 3/26/15

Comment: ________________________________
### 1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number (510) 272-6694
E-mail anna.gee@acgov.org

### 2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Event Description basketball game
Face Value of Each Ticket/Pass $ 300/350
Date(s) 3/11/15 3/14/15
Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
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.

<table>
<thead>
<tr>
<th>A.</th>
<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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macias, Rogelio</td>
<td>4</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from concession sales and parking.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □ If checking “Ceremonial Role” or “Other” describe below:</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 Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roots Community Health Center - 9925 International Blvd, Oakland 94603</td>
<td>4</td>
<td>To provide health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee
Print Name Operations Chief
Title
(Month, Day, Year) 3/26/15

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 600/350
   Event Description  basketball game
   Date(s)  3 / 16 / 15 - 3 / 20 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: ____________________________ Name of Source ____________________________
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

      Kennedy, James
      4

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

   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operators Chief
   Title
   (Month, Day, Year)
   3/26/15

   Comment: Kennedy - 3/20
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number (510) 272-6694
E-mail anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No □
Face Value of Each Ticket/Pass $ 95.75/86.70
Event Description Harlem Globetrotters
Provide Title/Explanation
Date(s) 02 / 14 / 15 02 / 21 / 15
Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
If no:
Name of Source
If yes: Miley, Nate
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Board of Supervisors 4
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
Anna Gee Operations Chief 03/04/15
Print Name Title (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Anna Gee
Area Code/Phone Number (510) 272-6694
E-mail anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ 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 $ 39.40
Date(s) 02 / 26 / 15 02 / 27 / 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.

<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>Miley, Sarah</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Anna Gee, certify under the penalty of perjury under the laws of the State of California that the distribution set forth above is in accordance with the requirements.

Anna Gee Operations Chief
Post Name Title
03/04/15 (Month, Day, Year)

Comment:

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 39.40
   Event Description
   Harlem Globetrotters
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 02/28/15 03/01/15
   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.

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Operations Chief
   03/04/15
   (Month, Day, Year)

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

## 1. Agency Name
Alameda County

Divison, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Anna Gee

Area Code/Phone Number
(510) 272-6884

E-mail
anna.gee@acgov.org

---

## 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x] No [ ]</th>
</tr>
</thead>
</table>

Event Description
Charlie Wilson/POP the Dream

Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass $ 125.00/119.60

Date(s)
03 / 27 / 15 04 / 04 / 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

<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>Board of Supervisors</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chew, Chonita</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>Nance, Patricia</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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 parking and concession sales.

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

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## 4. Verification

1984:1 and 198:2. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee

Operations Chief

03/04/15 (Month, Day, Year)

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Comment:

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FPPC Form 802 (4/13)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)