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

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

2. Function or Event Information
   | Does the agency have a ticket policy? Yes ☐ No ☐
   | Event Description Baseball
   | Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   | Was ticket distribution made at the behest of agency official? Yes ☑
   | Face Value of Each Ticket/Pass $32.00
   | Date(s) 6/27/15
   | If no: Oakland Athletics

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

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

   | Name of Outside Organization (include address and description)
   | Number of Ticket(s)/Pass(es): 2
   | Describe the public purpose made pursuant to the agency's policy
   | To Reward a school or nonprofit organization for its contributions to the community.

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

   Lee Ann Fergerson
   Supervisor's Assistant

   Date 5/17/15

Comment: proceeds for several fundraising events - including but not limited to, School Garden, Fine arts Mini Experience, Art & Music Programs, field trips, classroom literacy.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Baseball
Face Value of Each Ticket/Pass $4.50
Date(s) 5/16/15
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland Athletics
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

C. Name of Outside Organization
<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>
</table>

4. Verification
I, Lee Ann Fergerson, Supervisor's Assistant, hereby certify that the distribution set forth above is in accordance with the requirements.
Lee Ann Fergerson Supervisor's Assistant
5/14/15 (Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 32.00
   Event Description Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 5/11/15
   If no: Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Christian</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ 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>

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

   Lee Ann Fergerson Supervisor's Assistant 5/7/15
   (Month, Day, Year)

   Comment: [Blank]

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Oakland/Alameda County Coliseum Authority

Division, Department, or Region (If Applicable):

Designated Agency Contact (Name, Title):

Lee Ann Ferguson, Ticket Administrator.

Area Code/Phone Number: 510 272-6621

E-mail: leeann.fergerson@accog.org

2. Function or Event Information

- Does the agency have a ticket policy? Yes [ ] No [x]
- Event Description: GSW - Playoffs
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Face Value of Each Ticket/Pass: $700
- Date(s): 5/9/15
- Was ticket distribution made at the behest of agency official? Yes [ ] No [x]

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sean Haggerty</td>
<td>To promote attendance at a county sponsored event in order</td>
</tr>
<tr>
<td></td>
<td>to maximize potential county revenue for concession and</td>
</tr>
<tr>
<td></td>
<td>parking sales.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of Tickets/Passes</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:

   Lee Ann Ferguson, Ticket Administrator

   5/19/15

   Comment:
Agency Name:
Oakland/Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
LeeAnn Ferguson, Ticket Administrator

Area Code/Phone Number: 510 272-1681
E-mail: leeann.fergerson@accp.org

Function or Event Information

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

Event Description: GSW - Playoffs

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 $7000

Date(s) 5/19/15

Name of Source:
Alameda County Supervisor Scott Haggerty, District 1

Official's Name (Last, First)

Recipients

A. Name of Agency, Department or Unit

   Description of the public purpose made pursuant to the agency's policy

   Dist. 1

   2

   To reward a county employee for his or her exemplary service to the public

B. Name of Individual

   Description of the public purpose made pursuant to the agency's policy

   Name of Outside Organization

   (Include address and description)

   Description of the public purpose made pursuant to the agency's policy

4. Verification

   I have verified that the distributions set forth above, is in compliance with the requirements.

   LeeAnn Ferguson, Ticket Administrator

   5/18/15

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

#### 1. Agency Name
- **Oakland-Alameda County Coliseum Authority**
- **Designated Agency Contact** (Name, Title)
  - Lee Ann Ferguson, Ticket Administrator
- **Area Code/Phone Number** E-mail
  - 510-272-6481
  - leeann.ferguson@accgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Event Description**
  - GSW-WARRIORS PLAYOFFS (5/21/15)
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
- **Face Value of Each Ticket/Pass** $700

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

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

- **B. Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following**
  - To promote attendance at a county sponsored event in order to maximize potential county sponsored revenue for concession and parking sales.
  - Ceremonial Role [ ]
  - Other [ ]

- **Frank Imhof**

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

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

#### 4. Verification
- **Lee Ann Ferguson Ticket Administrator 5/18/15**

**Comment:**

*FPPC Form 802 (4/12)*

_FPPC Toll-Free Hotline: 866/ASH-FPPC (866/275-7772)_
Agencies Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Oakland/Alameda County Coliseum Authority
   Designated Agency Contact (Name, Title)
   Alameda County Supervisor Scott Haggerty, D1
   LeeAnn Ferguson, Ticket Administrator
   Area Code/Phone Number E-mail
   510 272-1601 leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description GSW - Playoffs
   Face Value of Each Ticket/Pass $7000
   Date(s) 5/21/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Space
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes:
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dist 1</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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:
   LeeAnn Ferguson Ticket Administrator 5/18/15
   (Last, First)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $5.00
   Event Description Baseball
   Date(s) 5/10/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: 
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: 
   Official's Name (Last, First) Alameda County Supervisor Scott Haggerty, District 1

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Number of Ticket(s)/Pass(es):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. ☑</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I've reviewed that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson ☑ Supervisor's Assistant ☑
   Print Name
   Date
   (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 Coliseum Authority
   Division, Department, or Region (If Applicable)
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Ticket Administrator
   Area Code/Phone Number 510 272-6191
   E-mail leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☐
   Event Description Warriors Playoffs
   Face Value of Each Ticket/Pass $700.00
   Date(s) 5/17/15
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☐
   Name of Source GSW
   If no: No ☐ Yes ☐
   Was ticket distribution made at the behest of agency official?
   No ☐ Yes ☐
   Officials 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 __________

       _______ Scott Hacklebarth _______

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

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

4. Verification
   I, Lee Ann Ferguson, Ticket Administrator 5/15/15
   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
Oakland/Alameda County Coliseum Authority
Division, Department, or Region (if Applicable)

Alameda County Supervisor Scott Haggerty D1
Designated Agency Contact (Name, Title)

LeeAnn Ferguson, Ticket Administrator
Area Code/Phone Number 510 272-1681
E-mail leeann.fergerson@accgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 7000
Event Description Warriors Playoffs
Date(s) 5/17/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: (632)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: ________________ Official's Name (Last, First)

3. Recipients

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

   Dist. 1
   2

   To reward a county employee for his or her exemplary service to the public

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

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

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

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

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

4. Verification
   I declare under penalty of perjury under the laws of the State of California that the information set forth above is true and correct.

LeeAnn Ferguson, Ticket Administrator 5/15/15

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

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

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $32.00
   Event Description Baseball
   Event(s)/Pass(es) provided by agency?
   Yes [ ] No [ ]
   Date(s) 5/11/15
   If no: Oakland Athletics
   Name of Source
   Official's Name (Last, First)
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

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

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

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   5/7/15
   (Month, Day, Year)

Comment: ______________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Face Value of Each Ticket/Pass $32.00
   Date(s) 5/16/15
   Name of Source Oakland Athletics
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
      Dist. 5 | 2 | Trade for two tickets for 5/15/15

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

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

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, sworn to and subscribed to the foregoing this 5/14/15.

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $32.00
   Event Description Baseball
   Provide Title/Explanation
   Date(s) 5/15/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source Oakland Athletics
   If no: _______________________
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: _______________________
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant
   Print Name ________________________ Title ________________________
   (Month, Day, Year) 5/14/15

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: **Warriors Playoffs**
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $700.00
   Date(s): 5, 13, 15
   If no: GSW
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tony Shing</td>
<td>2</td>
<td>Ceremonial Role ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above is in accordance with the requirements.

   Lee Ann Fergerson  Supervisor's Assistant  5/27/13
   (Print Name  Text  (Month, Day, Year))

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

1. Agency Name

<table>
<thead>
<tr>
<th>Division, Department, or Region (If Applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Designated Agency Contact (Name, Title)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amendment (Must provide explanation in Part 3)</th>
</tr>
</thead>
</table>

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

2. Function or Event Information

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

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Provide Ticket Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warriors Playoffs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
<th>$700.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>5, 13, 15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes □ No □</th>
</tr>
</thead>
</table>

If no: (Name of Source)

<table>
<thead>
<tr>
<th>Name of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was ticket distribution made at the behest of agency official?</th>
<th>No □ Yes □</th>
</tr>
</thead>
</table>

If yes: (Name of Agency, Official, Name, Title, Agency Name)

<table>
<thead>
<tr>
<th>Name of Agency, Official, Name, Title, Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Napa County Supervisor Scott</td>
</tr>
<tr>
<td>AOC</td>
</tr>
<tr>
<td>Property</td>
</tr>
</tbody>
</table>

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 (Ex: John)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig Smith</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

[Selecting "Ceremonial Role" or "Other" describe below:]

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

4. Verification

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

<table>
<thead>
<tr>
<th>Ann Ferguson</th>
<th>Supervisors Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>5/12/15</td>
</tr>
</tbody>
</table>

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

   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 $__________ $32
   Event Description Baseball game
   Date(s) 4 ______ 25 ______ 15 ______
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma

   Ticket(s)/Pass(es) provided at the behest of agency official?
   No ☐ Yes ☒
   Official’s Name (Last, First)

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

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

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

   C. Name of Outside Organization (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 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   05.01.2015

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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $32
   Date(s) 4/26/15

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>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>Rollins, Lili</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.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   05.01.2015

   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 ☐
   Face Value of Each Ticket/Pass $80
   Event Description  Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s)  4 / 28 / 15
   If no:  Oakland A’s
   If yes:  Chan, Wilma
   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.

   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 a(n)… event held at a County facility in order to maximize potential County revenue.

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

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

   Steven Jones  Central District Director  05.01.2015
   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

   **Date Stamp**
   **California Form 802**
   For Official Use Only

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $80
   **Event Description** Baseball game
   **Provide Title/Explanation**
   **Date(s)** 4 / 28 / 15
   **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   **If no:** Oakland A's
   **Name of Source**
   **Was ticket distribution made at the behest of agency official?** No ☑ Yes ☑
   **If yes:** Chan, Wilma
   **Official's Name (Last, First)**

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

<table>
<thead>
<tr>
<th>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>Murphy, Eric</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>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Steven Jones
   Central District Director
   05.01.2015
   (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)**
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 Playoff Round 3 Game 2

- **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** $700.00

- **Date(s)** 05 / 21 / 15

- **Name of Source** Golden State Warriors

- **Official’s Name (Last, First)** Valle, Richard - Supervisor District 2

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

<table>
<thead>
<tr>
<th>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>Greven, Cheri</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑️ Income ☐</td>
</tr>
</tbody>
</table>

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

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

|                                      |                             |                             |
|                                      |                             |                             |

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

**4. Verification**

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

Michelle Dianda

Supervisor’s Aide

Print Name

Title

Date: 5/20/15

Comment: The value of $60.75
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 $ | $32 |
| Event Description | Baseball game |
| Date(s) | 4 / 28 / 15 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ | No ☒ |
| Name of Source | Oakland A's |
| Was ticket distribution made at the behest of agency official? | No ☐ | Yes ☒ |
| Official's Name (Last, First) | Chan, Wilma |

3. Recipients

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zuck, Don</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.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Steven Jones  Central District Director  05.01.2015
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
   (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 $ $80
   Event Description Baseball game
   Date(s) 4 / 28 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Official's Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   05.01.2015
   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

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 $80/$20park
Event Description Baseball game
Provide Title/Explanation
Date(s) 04 28 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
If yes: Chan, Wilma
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</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>Banerjee, Kinkini</td>
<td>2/1park</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.</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Steven Jones Central District Director 05.01.2015
Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
  Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
   Face Value of Each Ticket/Pass $80
   Date(s) 4/28/15
   Name of Source Oakland A's
   Official(s) Name (Last, First) Chan, Wilma

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

   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 a(n)... event held at a County facility in order to maximize potential County revenue.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (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 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   05.01.2015
   (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Baseball game
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 $80/$20 park
Date(s) 4/28/15
If no: Oakland A's Name of Source
If yes: Chan, Wilma Official's Name (Last, First)

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Denoga, Michael</td>
<td>2/1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td></td>
<td>2/1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 05.01.2015
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 $ 80
   Event Description: Baseball game
   Date(s): 4/28/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name (Last, First): Chan, Wilma

3. Recipients
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
       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.

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   05.01.2015
   (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 $ $80/$20park
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 4/28/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   05.01.2015

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

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

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

Face Value of Each Ticket/Pass $32
Date(s) 4/29/15

If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

<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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<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>Roberts, Nick</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.</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>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 05.01.2015
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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No □
Face Value of Each Ticket/Pass $32
Event Description Baseball game
Provide Title/Explanation
Date(s) 4 / 30 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

Wydler, Diane 2 Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue.

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

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

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

Steven Jones Central District Director 05.01.2015
(Pilot 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

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 $** $400
   - **Date(s)** 04 / 02 / 15
   - **Name of Source**
     - **If no:** Golden State Warriors
     - **If yes:** Alameda County Supervisor Wilma Chan

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

   - **B. Name of Individual (Last, First)**
     - **Rodriguez, Danny**
     - **Number of Ticket(s)/Pass(es)** 2
     - **Ceremonial Role** ☐ Other ☐ Income ☐
     - **To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.**

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee** Steven Jones
   - **Central District Director**
     - **Print Name**
     - **Title**
     - **Date (Month, Day, Year)** 05.01.2015

**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
   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 $ 400
   Event Description Basketball Game
   Date(s) 04 / 02 / 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>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<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>Jackson, Meryl</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>
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
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4. Verification

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

   Steven Jones ☑ Central District Director ☐
   Print Name ☑ Title ☐
   05.01.2015 (Month, Day, Year)

   Comment: ____________________________________

   FPPC Form 802 (4/12)
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Ceremonial Role Events and Ticket/Pass Distributions

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   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 $500
   Event Description Basketball Game
   Date(s) 04 / 09 / 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? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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<tbody>
<tr>
<td>Emily Chang</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>
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   Steven Jones
   Central District Director
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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 $500/$30 parking
Event Description Basketball Game
Date(s) 04/09/15
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
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<tr>
<td>Brekke-Keishe, Lukas</td>
<td>2/1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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I have read and understand FPPC Regulations 19944.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones  Central District Director  05.01.2015
Print Name  Title  (Month, Day, Year)

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

1. Agency Name
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   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
   Provide Title/Explanations
   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) 04/11/15
   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.

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutter, Scott</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></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>Describe the public purpose made pursuant to the agency's policy</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.
   Steven Jones
   Central District Director
   05.01.2015
   (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 $350/$30 parking
   Event Description Basketball Game
   Date(s) 04/11/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Ticket(s)/Pass(es) provided at the behest of agency official? Yes ☒ No ☐
   Name of Source:
   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.
   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:
   Cox, Kevin | 2/1park | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   2/1park | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 05.01.2015
   (Print Name ) (Title ) (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**

- (510) 272-6693

**E-mail**

- steven.jones@acgov.org

## 2. Function or Event Information

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

- Yes [x] No [ ]

**Event Description**

- Basketball Game

**Provide Title/Explanation**

- [ ]

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

- Yes [ ] No [x]

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

- No [ ] Yes [x]

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

- $350

**Date(s)**

- 04 / 13 / 15

**If no:**

- **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

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

### B. Name of Individual

- **(Last, First)**

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

- **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**
  - [ ]
  - [ ]

### C. Name of Outside Organization

- **(Include address and description)**

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

## 4. Verification

- I have read and understand FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Steven Jones**

  - **Print Name**

- **Central District Director**

  - **Title**

  - **05.01.2015**

  - **(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

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 $350/$30 parking

Event Description Basketball Game

Provide Title/Explanation

Date(s) 04 / 13 / 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? Yes ☑ No ☐

If yes: Alameda County Supervisor Wilma Chan

Official's Name (Last, First)

3. Recipients

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

<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>Lewis, Tim</td>
<td>2/1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

| 2/1 |                  |

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

4. Verification

I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 05.01.2015
Print Name Title (Month, Day, Year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document
Date Stamp
California Form 802
For Official Use Only
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 $700/$60.75 parking
Event Description Basketball Game (PLAYOFFS)
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 04/15/15
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) Identify one of the following:
Chan, Carl 4/1 Ceremonial Role ☐ Other ☐ Income ☐
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

Steven Jones Central District Director 05.01.2015
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 (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
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 300
   Date(s) 04 / 15 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   05.01.2015
   Printed Name
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Steven Jones

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $300/$30 parking
   Event Description Basketball Game
   Date(s) 04 / 15 / 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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

4. Verification
   I have read and understand FPPC Regulations 18044, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones Central District Director 05.01.2015
   Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $700
   Event Description: Basketball Game (PLAYOFFS)
   Date(s): 04 / 20 / 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   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.
   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:
   Lam, Marianne
   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 [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   2

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   05.01.2015
   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 (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 $700
Event Description Basketball Game (PLAYOFFS)
Date(s) 04/20/15
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>
<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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</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>Elliott, Laura</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Steven Jones Central District Director 05.01.2015
Post 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)
Lee Ann Fergerson, Supervisor's Assistant

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

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

Event Description Baseball Yankees
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 $32.00
Date(s) 5/29/15

If no: Oakland Athletics
Name of Source

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

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

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

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

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

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

Lee Ann Fergerson Supervisor's Assistant 5/4/15
Print Name Title

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $700.00
   Event Description Basketball game
   Date(s) 05/15 05/27
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Anna Gee
   Operations Chief
   05/28/15
   (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 $ 25.00
   Event Description: Baseball Game
   Date(s) 4/8/15 4/9/15
   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
   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
   United Seniors of Oakland & Alameda County / 7200 Bancroft Ave, Ste 251 Oal
   Oakland 94605
   SENIOR ADVOCACY
   4
   To promote 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 have read and understood FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Anna Gee
   Operations Chief
   05/04/15
   (Month, Day, Year)
   Comment: 2 tickets to each game.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball Game
   Face Value of Each Ticket/Pass $ 105.00/25.00
   Date(s) 4/4/15
   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 2
      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 ☐
      Gums, Angelica 2
      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 ☐
      Spencer, Kayla 2
      Concession sales

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

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

   Anna Gee
   Operations Chief
   05/04/15
   (Month, Day, Year)

   Comment: Gums & Spencer received skybox tickets
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 $105.00/25.00
Event Description: Baseball Game
Date(s) 4/6/15 4/7/15
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. 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 parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &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>San Leandro Chamber of Commerce 120 Estudillo St, San Leandro 94577</td>
<td>2</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

Anna Gee  Operations Chief  05/04/15
Print Name  Title  (Month, Day, Year)

Comment: Chamber received 4/7 field tickets

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

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

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6694</td>
<td><a href="mailto:anna.gee@acgov.org">anna.gee@acgov.org</a></td>
</tr>
</tbody>
</table>

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $25.00
   - Event Description: Baseball Game
   - Event Date: 4/10/15, 4/11/15
   - 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.

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors
   - Number of Ticket(s)/Pass(es): 2
   - Describe the public purpose made pursuant to the agency's policy:
     - 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)**
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   - United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251 Oakland 94605
   - SENIOR ADVOCACY
   - Number of Ticket(s)/Pass(es): 2
   - Describe the public purpose made pursuant to the agency's policy:
     - To promote 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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Anna Gee
   - Operations Chief
   - 05/04/15 (Month, Day, Year)

   Comment: 2 tickets to each game.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description Baseball Game
   Date(s) 4/12/15  4/24/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If no: ___________________________
   If yes: Miley, Nate
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   Healthcare Services Agency | 2 | 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 ☐
   | 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
   United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251 Oal | 2 | To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.
   Oakland 94605 SENIOR ADVOCACY

4. Verification
   I have read and understand FPPC Regulations 18044 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee  Operations Chief
   (Pilot Name)  Title
   05/04/15  (Month, Day, Year)

Comment: 2 tickets to each game.
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information  
Does the agency have a ticket policy?  Yes [X]  No [ ]  
Face Value of Each Ticket/Pass $ 25.00  
Event Description  Baseball Game  
Date(s)  4 / 25 / 15  4 / 26 / 15  
Ticket(s)/Pass(es) provided by agency?  Yes [X]  No [ ]  
If yes: Miley, Nate  
Official's Name (Last, First)  
Was ticket distribution made at the behest of agency official?  Yes [X]  No [ ]

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

<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 parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]  Other [ ]  Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &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>Sobrante Park Time Banking-457 Capistrano - Oakland 94603</td>
<td>2</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>COMMUNITY EMPOWERMENT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Anna Gee  
Operations Chief  
(510) 272-6694  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

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

Designated Agency Contact (Name, Title)
Anna Gee

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

Date Stamp

California Form 802
For Official Use Only

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

2. Function or Event Information

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

Event Description  Baseball Game

Face Value of Each Ticket/Pass $ ________________

Date(s)  4 / 28 / 15  4 / 29 / 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
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 ☐

  Arrospide, Angelica  2
  To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

  Griffin, Justin  2
  Ceremonial Role ☐  Other ☒  Income ☐

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

4. Verification

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

Anna Gee  Operations Chief
Print Name  Title

05/04/15  (Month, Day, Year)

Comment: 2 tickets to each game.

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

1. Agency Name
   Alameda County

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

Designated Agency Contact (Name, Title)
   Anna Gee

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description  Baseball Game
   Date(s)  4 / 30 / 15  5 / 11 / 15
   If no: ___________________________  Name of Source
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If yes: Miley, Nate
   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>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 parking and concession sales.</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>Aritola, Kathy</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee  Operations Chief
Print Name  Title
05/04/15  (Month, Day, Year)

Comment: 2 tickets to each game.
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Anna Gee

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description: Baseball Game
   - Face Value of Each Ticket/Pass $: 80.00/90.00/25.00
   - Date(s): 5 / 13 / 15
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If yes: Miley, Nate
   - Face Value of Each Ticket/Pass $: 80.00/90.00/25.00
   - Date(s): 5 / 13 / 15
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - 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.

   **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 |
      |-------------------------------|-------------------------------------------------------------|
      | Men on the Way to Recovery-20424 Haviland Ave, Hayward 94541 | 18 To reward a nonprofit organization for their contribution to the community. |

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

   **Anna Gee**
   Print Name
   **Operations Chief**
   Title

   (Month, Day, Year) 5/28/15

   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 E-mail
(510) 272-6694 anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 90.00/25.00
Event Description Baseball Game
Provide Title/Explanation
Date(s) 5 / 16 / 15 5 / 17 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: ____________________________________________
If yes: Miley, Nate 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.

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 | 2 | 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:
--- | --- | ---
Standing, Beena | 2 | Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

Spencer, Kayla | 2 | Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

Oakland, 94605 SENIOR ADVOCACY

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

Anna Gee Operations Chief
Print Name Title
5/28/15 (Month, Day, Year)
Comment: Field tickets went to Kayla & United Seniors.
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
   $         90.00/25.00
   Event Description Baseball Game
   Date(s)  5 / 28 / 15  5 / 29 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: ___________________________
   Name of Source ___________________________
   Was ticket distribution made at the behest of an agency official? No ☐ Yes ☑
   If yes: Miley, Nate
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors 10 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:
      Arrospide, Angelica 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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
      Alameda Health Foundation-350 Frank H. Ogawa Plaza, Ste 900, Oakland 4 To reward a nonprofit organization for its contribution to the community

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

   Anna Gee (Print Name)
   Operations Chief (Title)

   Date of Original Filing (Month, Day, Year)

Comment:__________________________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Baseball Game
Face Value of Each Ticket/Pass $ 80.00/90.00
Date(s) 6 / 9 / 15 6 / 19 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If yes: Miley, Nate
If no: ________________
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: ________________
Official’s Name (Last, First)

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

<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>Social Services Agency</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>

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Legion Post 649 PO Box 649-Castro Valley 94546</td>
<td>4</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>SUPPORTS VETERANS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment: ____________________________

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description**: Baseball Game
- **Face Value of Each Ticket/Pass $**: 90.00/25.00
- **Date(s)**: 6, 21, 15, 7, 4, 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 ☒**
- **Name of Source**: 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.

#### A. Name of Agency, Department or Unit
- **Library**: Number of Ticket(s)/Pass(es): 2
  - **Describe the public purpose made pursuant to the agency's policy**: 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
- **Identification one of the following:**
  - **Ceremonial Role ☐ Other ☐ Income ☐**
  - **If checking "Ceremonial Role" or "Other" describe below:**

#### C. Name of Outside Organization
- **Deputy Sheriff's Activities League-16378 E. 14th Street, Ste #100-San Leandro**: Number of Ticket(s)/Pass(es): 18
  - **Describe the public purpose made pursuant to the agency's policy**: To reward a nonprofit organization for its contribution to the community

### 4. Verification
- **I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.**
  - **Anna Gee**: Print Name
  - **Operations Chief**: Title
  - **(Month, Day, Year)**: 5/28/15

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   E-mail
   (510) 272-6694   anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 80.00/90.00
   Event Description Baseball Game
   Date(s)  7 / 5 / 15  7 / 19 / 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.

   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
      East Bay Innovations-2450 Washington Ave #240, San Leandro 94577 18
      To reward a nonprofit organization for its contribution to the community

   PROGRAMS FOR THE DISABLED

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

   Anna Gee   Operations Chief
   Print Name   Title
   05/28/15   (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 [x] No [ ]

- **Event Description**
  - Baseball Game

- **Face Value of Each Ticket/Pass $**
  - 90.00

- **Date(s)**
  - 7 / 31 / 15
  - 8 / 2 / 15

- **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

- **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 [ ]
  - Ceremonial Role [ ] Other [ ] Income [ ]

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

- **Alameda County Meals on Wheels-80 Swan Way, Ste120, Oakland 94621**
  - 4
  - To reward a nonprofit organization for its contribution to the community

### 4. Verification

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

**Anna Gee**
Post Name

**Operations Chief**
Title

05/28/15
(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 $ 90.00
   Event Description Baseball Game
   Date(s) 08 / 08 / 15 08 / 21 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source (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)
      To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the particular population.
      Healthcare Services Agency, REACH 18

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
      Cousin, Dwight 18

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee 05/28/15
   Print Name Title

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

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

2. Function or Event Information
Does the agency have a ticket policy?   Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 700.00
Event Description  Basketball game
Date(s) 05 / 13 / 15  05 / 19 / 15
Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☒
If no:
Name of Source
If yes: Miley, Nate Official's Name (Last, First)
Was ticket distribution made at the behest of agency official?   No ☐ 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>Social Services Agency</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td>4</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

Anna Gee  Operations Chief
Print Name  Title
05/22/15 (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 [x] No [ ]
   Face Value of Each Ticket/Pass $500.00/350.00
   Event Description Basketball game
   Date(s) 04/09/15 04/11/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: ___________________________
   Name of Source ___________________________
   If yes: Miley, Nate
   Official’s Name (Last, First) ___________________________

3. Recipients
   * Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
      City of Oakland Administrator’s Office

   B. Name of Individual
      E.g., First
      Number of Ticket(s)/Pass(es) 4
      Identify one of the following:
      Ceremonial Role [ ] Other [x] 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.
      Marx, Anne

   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 18000.60 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee [ ] Operations Chief [ ]
   Title ___________________________
   Date Stamp (Month, Day, Year) ___________________________
   Comment: ___________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 500.00/350.00
Event Description Basketball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 04 / 13 / 15 04 / 15 / 15
If no: ____________________________
If yes: Miley, Nate
Name of Source
Official’s Name (Last, First)

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

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

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

Linton, Donna 4 Ceremonial Role ☐ Other ☑ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

United Seniors of Oakland & Alameda County, 7200 Bancroft Ave, Ste 251, Oakland 94605 SENIOR ADVOCACY 4 To promote 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 have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee Print Name
Operations Chief Title
05/06/14 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 04 / 18 / 15 04 / 20 / 15
   Name of Source
   If no: ______________________
   If yes: Miley, Nate
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $700.00
   Was ticket distribution made at the behest of agency official? Yes ☒ 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)
      Board of Supervisors 2
      Social Services Agency 2
      Describe the public purpose made pursuant to the agency's policy
      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)
      Pete, Geoffrey 2
      Spencer, Kayla 2
      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.

   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.
   Anna Gee
   Operations Chief
   05/06/14
   (Month, Day, Year)

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

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

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description
Basketball game
Provide Title/Explanation
Face Value of Each Ticket/Pass $ 700.00
Date(s) 05/03/15 05/05/15
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 Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</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>Rogers, Samantha</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>
<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>Linton, Donna</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>

C. Name of Outside Organization

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

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

Anna Gee
Print Name

Operations Chief
Title
05/06/14
(Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 231.80
Event Description
Charlie Wilson/POP the Dream
Provide Title/Explanation
Date(s) 04 / 07 / 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. 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>Social Services Agency</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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>Halman-Rodriguez</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>
<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>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Anna Gee Operations Chief 05/05/15
Print Name Title (Month, Day, Year)

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

**1. Agency Name**
Alameda County

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

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

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

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

**Date Stamp**

**California Form 802**

**For Official Use Only**

**2. Function or Event Information**

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

- **Event Description**
  - Basketball Game (PLAYOFFS)

- **Face Value of Each Ticket/Pass $**
  - $700/$60.75 parking

- **Date(s) 05 / 03 / 15**

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

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

- **Name of Source**
  - Golden State Warriors

- **Name of Source**
  - Alameda County Supervisor Wilma Chan

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

**3. Recipients**

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

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

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

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

<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>McMullen, Phil</td>
<td>2/1park</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></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

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

**4. Verification**

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

**Steven Jones**

**Central District Director**

**Print Name**

**Title**

**05.01.2015**

(Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90.00
   Event Description Oakland A's vs. Los Angeles Angels
   Date(s) 06 / 19 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2

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

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

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

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Sunol Glen Community Club
      11601 Main St. Sunol CA 94536
      3 To reward a non-profit organization for its contributions to the community
      Parent/Teacher fundraising group for extra-curricular activities for students

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda Supervisor's Aide
   (Print Name) (Title)
   04/15 (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $20.
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
   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 $25.00
   Date(s) 06/09/15
   If no: Oakland A’s
   If yes: Valle, Richard- Supervisor District 2

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:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Centro de Servicios 525 H St. Union City, CA 94587
      2
      To reward a non-profit organization for its contributions to the community.
      Non-profit social services org. helping low income and immigrant families
      2

4. Verification
   I have read and understand FPPC Regulations 18944, 18945, and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda
   Supervisor’s Aide
   Print Name (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
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 $ 25.00
Date(s) 06 / 11 / 15
If no: Oakland A's
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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>
</tbody>
</table>

<table>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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</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>Centro de Servicios 525 H St. Union City, CA 94587</td>
<td>2</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Non-profit social services org. helping low income and immigrant families</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Dianda
Print Name
Supervisor's Aide
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

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Michelle Dianda

   Area Code/Phone Number
   (510) 272-6692

   E-mail
   michelle.dianda@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 $ __________ 90.00
   Event Description Oakland A’s vs. Seattle Mariners
   Provided Title/Explanation
   Date(s) 07 / 03 / 15 __________ __________
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Oakland A’s
   Name of Source __________
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First) __________

3. Recipients
   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
   New Haven Schools Foundation
   P.O. Box 1574, Union City CA 94587
   3 To reward a non-profit organization for its contributions to the community.
   Supports New Haven schools for extra-curricular activities & scholarships

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda ☒ Supervisor’s Aide ☒
   Print Name ☒ Title ☒
   (Month, Day, Year) 07/15

   Includes 1 parking pass at the value of $20.

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒  No ☐
   Face Value of Each Ticket/Pass $ 25.00
   Event Description
   Oakland A's vs. Seattle Mariners
   Ticket(s)/Pass(es) provided by agency? Yes ☒  No ☐
   Date(s) 07  05  15
   If no:
   Name of Source
   If yes:
   Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda  Supervisor's Aide
   Print Name  Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $ 700.00
   Event Description Warriors Playoff Round 2 Game G
   Date(s) 05/13/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If no: Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source:
   Official's Name (Last, First):

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

<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>Briscoe, Alex</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: To reward a County Employee for his exemplary service to the public</td>
</tr>
<tr>
<td>Russell, Julie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: To reward a County Employee for his exemplary service to the public</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18942 and 18944. I have verified that the distribution set forth above, is in accordance with the requirements.

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

   Comment: Includes 1 parking pass at the value of $60.75
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Oakland A's vs. Detroit Tigers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 80.00
   Date(s) 05 / 27 / 15
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   Name of Source Oakland A's

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:
      
   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
      CRIL 439 A Street, Hayward CA 94541
      18 To reward a non-profit organization for its contributions to the community.
      Provides advocacy and resources for people with disabilities

4. Verification (5/15/15)

   Includes 4 parking passes at the value of $20

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

#### 1. Agency Name
Alameda County
- **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 Playoff Round 3 Game 5
- **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 ($):** 700.00
- **Date(s):** 05 / 27 / 15
- **Name of Source:** Golden State Warriors
- **Official's Name (Last, First):** Valle, Richard- Supervisor District 2

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

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

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

- Michelle Dianda  
  - **Print Name:** 
  - **Supervisor’s Aide:**
  - **Title:**
  - **Date:** 03/01/15

**Comment:** Includes 1 parking pass at the value of $60.75

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 700.00
   Event Description Warriors Playoff Round 3 Game 1
   Date(s) 05 / 19 / 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)
      Ceremonial Role ☐ Other ☑ Income ☐
      Identify one of the following:
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
      
      C. Name of Outside Organization
         (Include address and description)
         Number of Ticket(s)/Pass(es)
         Describe the public purpose made pursuant to the agency's policy
         
4. Verification
   I have read and understand FPPC Regulations 18305, 18306, 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda ☑ Supervisor's Aide ☐
   Print Name
   Supervisor's Title
   Date of Original Filing: (Month, Day, Year)
   5/15/15

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)**
   - 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 (PLAYOFFS)

   **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**
   - $700

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

   **If no. Name of Source**
   - Golden State Warriors

   **If yes. Name of Source**
   - Alameda County Supervisor Wilma Chan

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

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

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role □ Other □ Income □
   - Describe the public purpose made pursuant to the agency's policy

     **Aloise, Rome**
     - 2

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

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature**
   - Steven Jones
   - Central District Director

   **Date**
   - 05.01.2015

   **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:** (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 (PLAYOFFS)
- **Face Value of Each Ticket/Pass $** $700
- **Date(s):** 05 / 05 / 15
- **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
- **A. Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Pass(es)**
  - **Describe the public purpose made pursuant to the agency's policy**

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

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

#### 4. Verification
- **I have read and understand FPPC Regulations 1931 and 1894. I have verified that the distribution set forth above, is in accordance with the requirements.**
  - **Steven Jones**
  - **Central District Director**
  - **06.02.2015**
  - **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 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 $ __________ $700
   Event Description Basketball Game (PLAYOFFS)
   Provide Title/Explanation
   Date(s) __________ / __________ / __________
   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 Number of Ticket(s)/Pass(es) Identify one of the following:
      (Last, First)  
      Brown, Carol 2
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   __________________________________________
   __________________________________________

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

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

   Steven Jones Central District Director 06.02.2015
   Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 ☐
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

   Event Description Basketball Game (PLAYOFFS)
   Date(s) 05 / 13 / 15
   Face Value of Each Ticket/Pass $ $700/$60.75 parking
   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 ☐
         To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
         Ceremonial Role ☐ Other ☐ Income ☐

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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 06.02.2015
   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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Baseball game  
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass** $32
   - **Date(s)** 5 / 13 / 15
   - **Name of Source**
     - **If no:** Oakland A's
     - **If yes:** Chan, Wilma

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

   **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 a(r)... event held at a County facility in order to maximize potential County revenue.

   **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:**
   - **Print Name**
   - **Title**
   - **Date** 05.01.2015

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description** Baseball game
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   - **Face Value of Each Ticket/Pass $** $32
   - **Date(s)** 5/15/15
   - **If no.** Oakland A’s
   - **Name of Source** Chan, Wilma
   - **Official’s Name (Last, First)**

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

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

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

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

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Steven Jones**
   - **Central District Director**
   - **Title**
   - **Date** 05.01.2015

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 (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 $: $90 ticket / $20 parking
   Event Description Baseball game
   Date(s) 05 / 16 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

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

<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>Youngman, Jeff</td>
<td>3/1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a...County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3/1park</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 19514 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones  Central District Director  06.02.2015
   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

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 $32
Event Description Baseball game
Provide Title/Explanation
Date(s) 5/17/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mankiller, Charles</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
Print Name
Title
05.01.2015
(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 $**
     - $80/$20 parking
   - **Event Description**
     - Baseball game
   - **Date(s)**
     - 5/17/15
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☒ No ☐
   - **If no:**
     - Oakland A's
   - **If yes:**
     - Chan, Wilma

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

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

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

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

   **B. Name of Individual**

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

   **Identify one of the following:**

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

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

   **C. Name of Outside Organization**

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

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

   East Bay Innovations | 2450 Washington Ave #240 | San Leandro, CA

   10/2

   To reward a ... nonprofit organization for its contributions to the community.

   Assists people w/ disabilities to live in their own homes and secure employment

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

   **Steven Jones**
   - Central District Director
   - 05.01.2015

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
   Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $80/$20/parking
   Date(s) 5 / 17, 15
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

   B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a community volunteer for his or her service to the public
   4/1park

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

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

   Steven Jones
   Central District Director
   05.01.2015
   Print Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $80/$20 parking
   Date(s) 5/26/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source Chan, Wilma
   If yes: [Official's Name (Last, First)]

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

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

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

   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
      Building Futures with Women & Children
      1395 Bancroft Ave, San Leandro, 94577
      10/2 To reward a... nonprofit organization for its contributions to the community
      Offers domestic violence, homeless and housing services

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 05.01.2015
   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 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 $ __________ $80
Event Description Baseball game
Provide Title/Explanation
Date(s) __________ __________ __________
If no: Oakland A’s
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
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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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braze, Greg</td>
<td>4</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other,” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other,” describe below:</td>
</tr>
</tbody>
</table>

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

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

Steven Jones Central District Director 05.01.2015
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)
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. Timberwolves
Provide Title/Explanation

Date(s) 04 / 11 / 15

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

Was ticket distribution made at the behest of agency official? 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)/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>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
</tbody>
</table>

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

To review facilities or events that may require County funding or support in the near future

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

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

Amy Shrago                                                                 Supervisor's Assistant
Print Name 05/01/15

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
   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 $ 700.00
   Event Description Warriors vs. Pelicans
   Date(s) 04 / 18 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other X 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
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

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

   Amy Shrago
   Supervisor’s Assistant
   05/01/15

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 700.00
   Event Description: Warriors vs. Pelicans
   Date(s) 04 / 20 / 15
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   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.

   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:
   Carson, Keith 4
   Ceremonial Role [X] Other [ ] Income [ ]
   To obtain oversight of facilities or events that have received County funding or support.
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

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

   Amy Shrago Supervisor’s Assistant 05/01/15
   (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)
   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 $ 55.00

   Event Description Athletics vs. Giants

   Provide Title/Explanation

   Date(s) 04/01/15

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

   If no: Oakland Athletics

   Name of Source

   If yes: Carson, Keith

   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es)

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

   B. Name of Individual (Last, First)

   Number of Ticket(s)/Pass(es)

   Identify one of the following:

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

   Valentine, Alex

   4

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

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

   Number of Ticket(s)/Pass(es)

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

4. Verification
   I have read and understood FPPC Form 802, Title 18, Division 3, Section 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor’s Assistant

   05/01/15

   Print Name
   Title

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 $ 32.00
Event Description Athletics vs. Rangers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 04 / 06 / 15
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Oakland Athletics
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

<table>
<thead>
<tr>
<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>
</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>Shrago, Amy</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>
<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>
</tbody>
</table>

C. Name of Outside Organization

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

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

Amy Shrago
Print Name

Supervisor's Assistant
Title

05/01/15 (Month, Day, Year)

Comment: __________________________________________

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

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

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☐ No ❑
- Face Value of Each Ticket/Pass $32.00
- Event Description
  - Athletics vs. Rangers
  - Provide Title/Explanation
- Date(s) 04/07/15
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ❑
- If no: Oakland Athletics
  - Name of Source
- Was ticket distribution made at the behest of agency official? No ☐ Yes ❑
- If yes: Carson, Keith
  - Official’s Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>Ceremonial Role ☐</th>
<th>Other ☑</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  - If checking “Ceremonial Role” or “Other”, describe below:
    - To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.

<table>
<thead>
<tr>
<th>Ceremonial Role ☐</th>
<th>Other ☐</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  - 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

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

### 4. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
- Amy Shrago
- Supervisor’s Assistant
- 05/01/15
- (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 Shraco
   Area Code/Phone Number  E-mail
   (510) 272-6695  amy.shraco@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No X
   Face Value of Each Ticket/Pass $ __________ 32.00
   Event Description  Athletics vs. Rangers
   Date(s) 04 / 08 / 15 04 / 09 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □  No X
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

   B. Name of Individual  Last, First  Number of Ticket(s)/Pass(es)  Identify one of the following:
   Ceremonial Role □  Other □  Income □
   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)
   BWOPA-TILE 920 Peralta Street, Suite 2a, Oakland, CA 94607 provides progra  2  To reward a school or nonprofit organization for its contributions to the community
   BWOPA-TILE 920 Peralta Street, Suite 2a, Oakland, CA 94607 provides progra  2  To reward a school or nonprofit organization for its contributions to the community

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

   Amy Shraco  Supervisor’s Assistant  05/01/15
   (Last, First)  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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No ☑
Face Value of Each Ticket/Pass $ 32.00
Event Description Athletics vs. Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
Date(s) 04 / 10 / 15
If no: Oakland Athletics
If yes: Carson, Keith
Was ticket distribution made at the behest of agency official? No □ Yes ☑
Name of Source
Official's Name (Last, First)

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

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

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

4. Verification
I have read and understand FPPC Regulations 18041 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 05/01/15
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)
   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 $ ____________ 55.00
   Event Description Athletics vs. Mariners
   Date(s) 04/11/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   If no: Oakland Athletics
   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 (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 obtain oversight of facilities or events that have received County funding or support
      Carson, Keith 4
      Sanchez, Mina 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 understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   05/01/15

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

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

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: _______/_____/______

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ ____________ 32.00
   Event Description Athletics vs. Astros
   Date(s) _______/_____/______
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   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

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

   Amy Shrago
   Supervisor's Assistant
   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)
Amy Shrago

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

Date Stamp

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

Face Value of Each Ticket/Pass $ 32.00

Event Description Athletics vs. Astros

Date(s) 04 / 25 / 15

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

If no: Oakland Athletics

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

If yes: Carson, Keith

Name of Source Official’s Name (Last, First)

3. Recipients
* 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:

Sakamoto, Seth 4 Ceremonial Role □ Other X Income □

To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

Amy Shrago Supervisor’s Assistant 05/01/15
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)**
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 $ | 55.00 |
| Event Description | Athletics vs. Angels | Date(s) | 04 / 28 / 15 |
| Ticket(s)/Pass(es) provided by agency? | Yes □ No X | If no: | Oakland Athletics |

**If yes:**
Carson, Keith

**Official’s Name (Last, First)**

---

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hassan, Idris</td>
<td>18</td>
<td>Ceremonial Role □ Other X</td>
</tr>
</tbody>
</table>

**To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**

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

---

**4. Verification**

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

Amy Shrago

Supervisor's Assistant

05/01/15

(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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ ___________ 102.25
   Event Description: Pop the Dream
   Provide Title/Explanation
   Date(s) 04 / 04 / 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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:

   Mitchell, Justin 2 Ceremonial Role ☐ Other ☒ Income ☐
   if checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   Jenkins, Kevin 2 Ceremonial Role ☐ Other ☒ Income ☐
   if checking "Ceremonial Role" or "Other" describe below:
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

4. Verification
   I have read and understood FPPC Rules 18901 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago  Supervisor's Assistant  05/01/15
   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)
Amy Shrago

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Face Value of Each Ticket/Pass $ 231.80
Event Description Fleetwood Mac
Date(s) 04 / 07 / 15
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Simpson, Michelle</td>
<td>4</td>
<td>Ceremonial Role □ Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations §9344.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant
Print Name Title
05/01/15 (Month, Day, Year)

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Face Value of Each Ticket/Pass: $700.00
   - Event Description: Warriors vs. Memphis Grizzlies
     - Provide Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Date(s): 05 / 03 / 15 05 / 05 / 15
   - Was ticket distribution made at the behest of agency official? Yes [x] 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**

   **B. Name of Individual**
   - Riener, Eileen
     - Number of Ticket(s)/Pass(es): 4
   - Ceremonial Role: [ ] Other [x]
     - Income: [ ]
     - To reward a community volunteer for her service to the public.
   - Mejia, Manuel
     - Number of Ticket(s)/Pass(es): 4
     - Ceremonial Role: [ ] Other [x]
     - Income: [ ]
     - To promote attendance at an event held at a County facility in order to maximize potential revenue of sales.

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

4. **Verification**
   - I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Michelle Dianda  Supervisor's Aide
   - (Print Name) (Title)
   - (Month, Day, Year)

   **Comment:** Includes 1 parking pass at the value of $60.75.
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 $  231
   Event Description  Fleetwood Mac
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   Date(s)  04 / 07 / 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 ☐
      If checking 'Ceremonial Role' or 'Other' describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role ☐  Other ☐  Income ☐
      If checking 'Ceremonial Role' or 'Other' describe below:

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

4. Verification
   I have read and understood FPPC Regulations 19644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones   Central District Director
   First Name  Title  05.01.2015
   (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
   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 $119.60
   Event Description POP THE DREAM 2015
   Provide Title/Explanation
   Date(s) 04 / 04 / 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>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

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

4. Verification
   I have read and understand FPPC Provisions 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   Print Name
   Title
   05.01.2015
   (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 Baseball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $105
Date(s) 4 / 15
If no: Oakland A’s
Name of Source
If yes: Chan, Wilma
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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>Toro, Liz</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

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

Steven Jones Central District Director 05.01.2015
Print Name Title
(Month, Day, Year)

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - 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 $** $32
   - **Event Description** Baseball game
   - **Date(s)** 4 / 4 / 15
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **If no:**
     - **Name of Source** Oakland A's
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
     - **If yes:**
       - **Official's Name (Last, First)** Chan, Wilma

3. **Recipients**
   - *Use Section A to identify the agency's department or unit.  *Use Section B to identify an individual.  *Use Section C to identify an outside organization.
   
<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Wilma</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue.</strong></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</strong></td>
</tr>
</tbody>
</table>

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

4. **Verification**

   I have read and understood FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones  Central District Director  05.01.2015
   - 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  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 $ $32
   Event Description Baseball game
   Date(s) 4/6/15
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☑ Yes ☐
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Holman, John  2
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other", describe below:

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

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

   Steven Jones
   Print Name
   Central District Director
   Title
   05.01.2015
   (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $32
   Date(s) 4/7/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   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:
   
   Wolfe-Roubatis, Eleni | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   
   To promote attendance at an event held at a County facility in order to maximize potential County revenue.

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 05.01.2015
   (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 $  32  
   Event Description  Baseball game  
   Provide Title/Explanation  
   Date(s)  4  /  8  /  15  
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑  
   If no:  Oakland A's  
   Name of Source  
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☑  
   If yes:  Chan, Wilma  
   Official's Name (Last, First)  

3. Recipients
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.
   
<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</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: |
|----------------------|----------------|-------------------------------|-------------------------------|
| Morrison, Jim        | 2              |                               | Ceremonial Role ☐  Other ☐  Income ☐  |
|                      |                |                               | To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue. |
|                      | 2              |                               | Ceremonial Role ☐  Other ☐  Income ☐  |
|                      |                |                               | If checking "Ceremonial Role" or "Other" describe below: |

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

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

<table>
<thead>
<tr>
<th>Steven Jones</th>
<th>Central District Director</th>
<th>05.01.2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>(Month, Day, Year)</td>
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</tbody>
</table>

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $32
   Date(s) 4 / 9 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

   **B. Name of Individual**

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

   **Identify one of the following:**

   1. Ceremonial Role ☐ Other ☐ Income ☐
   2. Ceremonial Role ☐ Other ☐ Income ☐

   Smith, Leroy
   2
   To promote attendance at an event held at a County facility in order to maximize potential County revenue.

   **C. Name of Outside Organization**

   (include address and description)

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

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

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

   Steven Jones
   Central District Director

   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

#### Date Stamp

<table>
<thead>
<tr>
<th>California Form</th>
<th>802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Function or Event Information

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

**Face Value of Each Ticket/Pass** $32

**Event Description** Baseball game

**Date(s)** 4/10/15

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

**If no:**

**Oakland A's**

**Name of Source**

**If yes:**

**Chan, Wilma**

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

#### 3. Recipients

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

<table>
<thead>
<tr>
<th>A.</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>
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<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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ring, Ginni</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Steven Jones**

**Central District Director**

05.01.2015

(Month, Day, Year)

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

1. Agency Name
Alameda County
Board of Supervisors

Designated Agency Contact (Name, Title)
Steven Jones

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $90/$20park
Event Description Baseball game
Date(s) 4/10/15
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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<table>
<thead>
<tr>
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<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 [X] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<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>Purple Silk Music Education Foundation 484 Lake Park Ave. #366, 94610</td>
<td>18+4pk</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Supports music education for inner-city youth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Steven Jones [Print Name] Central District Director [Title] 05.01.2015 (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  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 $32
   Event Description Baseball game
   Date(s) 4 / 11 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

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

   Steven Jones  Central District Director  05.01.2015
   (Print Name)  (Title)  (Month, Day, Year)

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

1. Agency Name
   Alameda County

   Board of Supervisors

   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 $32
   Event Description Baseball game
   Date(s) 4 / 12 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</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>Elliott, Laura</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Steven Jones Central District Director 05.01.2015
   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 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 $32
Event Description Baseball game
Date(s) 4/24/15
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

4. Verification
I have read and understand FPPC Regulations 19441 and 19421. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 05.01.2015
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)  
Lee Ann Ferguson, Supervisor's Assistant

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6691</td>
<td><a href="mailto:leean.fergerson@acgov.org">leean.fergerson@acgov.org</a></td>
</tr>
</tbody>
</table>

2. **Function or Event Information**  
Does the agency have a ticket policy?  
Yes ☐ No ☐  
Event Description: **Baseball**  
Provide Title/Explanation  
Face Value of Each Ticket/Pass $ 32.00

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Name of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/28/15</td>
<td>Oakland Athletics</td>
</tr>
</tbody>
</table>

Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☑  
If yes:  
Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>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>Wendel Thompson</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

4. **Verification**  
18944.3 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.

<table>
<thead>
<tr>
<th>Lee Ann Ferguson</th>
<th>Supervisor's Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td>5/14/15 (Month, Day, Year)</td>
</tr>
</tbody>
</table>

Comment:  

©PPC 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)
Lee Ann Fergerson, Supervisor’s Assistant
Area Code/Phone Number (510) 272-6691
E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes X No ☐
Event Description Baseball
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $32.00
Date(s) 4/30/15
If no: Oakland Athletics
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
---|---|---
B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
Vic Argula | 2 | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
Lee Ann Fergerson, Supervisor’s Assistant 5/1/15
Print Name
Supervisor’s 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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number  (510) 272-6691
   E-mail  leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No □
   Event Description  Baseball
   Face Value of Each Ticket/Pass $ 32.00
   Date(s)  4/29/15
   Ticket(s)/Pass(es) provided by agency?  Yes □ No □
   If no:  Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes □ No □
   If yes:  Alameda County Supervisor Scott Haggerty, District 1
   Officer's Name (Last, First)

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

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

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

4. Verification
   I, Lee Ann Fergerson, have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant  5/2/15
   Print Name  Title  (Month, Day, Year)

Comment:  

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