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 4 Game 1  
Face Value of Each Ticket/Pass $ 5000.00  
Date(s) 06/04/15

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: 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

<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)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianda, George</td>
<td>2</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>

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 (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  
Date 03/15

Comment: 

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

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

**Date Stamp**

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 5000.00
Event Description Warriors Playoff Round 4 Game 2
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 06 / 07 / 15
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Richard</td>
<td>2</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>Farajado, Carlos</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

**4. Verification**
I 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 ____________________________
(Winter, Winter, Year) 1/1/15

Comment: Included 4 parking passes 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

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp
California Form 802
For Official Use Only

☐ Amendment  (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Event Description  Warriors Playoff Round 4 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 $  5000.00

Date(s)  06/14/15

If no:  Golden State Warriors
Name of Source

If yes:  Valle, Richard - Supervisor District 2

Official’s Name (Last, First)

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

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

| Valle, Andrew                       | 2                           | Ceremonial Role ☐  Other ☐    |
|                                     |                             | Income ☐                        |
|                                     |                             | If checking "Ceremonial Role" or "Other" describe below:  |
|                                     |                             | To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.  |

<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 declare 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)

Comment: Includes parking passes 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   E-mail
   (510) 272-6692   michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?    [ ] Yes    [x] No
   Event Description: Oakland A's vs. San Diego Padres
   Date(s): 06/17/15
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [x] No
   Was ticket distribution made at the behest of agency official? [ ] No [x] Yes
   Face Value of Each Ticket/Pass $25.00

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
      Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [x]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his contributions to the public.

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

4. Verification
   [ ] I have read and understood FPPC Regulations 18044.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.
   [ ]
   Michelle Dianda   Supervisor's Aide
   Print Name   Title

Comment:

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Michelle Dianda

Area Code/Phone Number E-mail
(510) 272-6692 michelle.dia@ac.gov

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 $ 80.00

Event Description Oakland A's vs. San Diego Padres

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

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

Date(s) 06 / 17 / 15

If yes:
Valle, Richard- Supervisor District 2
Official's Name (Last, First)

If no:
Name of Source

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

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

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

GLOBE PO Box 56305, Hayward, CA 94545 18 To reward a non-profit organization for its contributions to the community.

Advocates for LGBT Fair and equal rights

4. Verification
I have read and understand FPPC Regulations 18414.1 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 (Last, First)

Date (Month, Day, Year)

Comment: "Passes 18 family passes at the value of $20 each.

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 800/ASK-FPPC (800/275-7772)
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 KMEL Summer Jam 2015
   Face Value of Each Ticket/Pass $ 188.00
   Date(s) 06/13/15
   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
   A. Name of Agency, Department or Unit
   B. Name of Individual (Last, First)
   C. Name of Outside Organization (include address and description)
   Number of Ticket(s)/Pass(es) 4
   Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I understand and understand FPPC regulations 18344.1 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

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

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

Michelle Dianda

Area Code/Phone Number E-mail
(510) 272-6892 michelle.dianda@acgov.org

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 154.35
Event Description Andre Ward vs. Paul Smith
Provide Title/Explanation

Date(s) 06 / 20 / 15

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

If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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


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

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

Michelle Dianda Supervisor's Aide

Comment:

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

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

Designated Agency Contact (Name, Title)
Michelle Dianda

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

Date Stamp
A Public Document
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 ☐

Event Description Oakland A's vs. Houston Astros

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 $ 80.00

Date(s) 08/06/15

If no: Oakland A's
Name of Source

If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Greater HARD Foundation 1099 E Street, Hayward CA 94541</td>
<td>18</td>
</tr>
<tr>
<td>Preserves quality of park and recreation facilities and programs in Hayward</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
</tbody>
</table>

4. Verification

I have read and understand SBEC Regulations 16941 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda
Supervisor's Aide
Print Name
Title

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number
   (510) 272-6692
   E-mail
   michelle.dianda@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only

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. Cleveland Indians
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 08 / 01 / 15 08 / 02 / 15
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Name of Source
   If no:
   Name of Source
   If yes:
   Valla, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other", describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      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
      SAVE
      1900 Mowry Ave. #204, Fremont 94538
      2
      Provide shelter, support and education for individuals and families of violence
      2
      To reward a non-profit organization for its contributions to the community.

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

   Michelle Dianda
   Supervisor's Aide
   Date (Month, Day, Year)
   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)
   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 $ 12.00
   Event Description: Alameda County Fair
   Event Date(s): 06/17/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source: Alameda County Fair
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   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)
   Ceremonial Role ☐ Other ☑ Income ☐
   Describe the public purpose made pursuant to the agency's policy
   Identify one of the following:
   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 18044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   [Signature]
   Michelle Dianda
   Supervisor's Aide
   Print Name
   Title
   (Month, Day, Year)

   Comment: ____________________________
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.diansa@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $12.00
   - Event Description: Alameda County Fair
   - Event Date(s): 06/17/15, 07/05/15
   - 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**
   - [Description]
   - Number of Ticket(s)/Pass(es)
   - [Describe the public purpose made pursuant to the agency's policy]

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

   **C. Name of Outside Organization**
   - (Include address and description)
   - Union City Apostolic Church
   - 33700 Alvarado Niles Rd, Union City
   - Provides a food pantry to low income families and seniors
   - Number of Ticket(s)/Pass(es): 20
   - [Describe the public purpose made pursuant to the agency's policy]
   - To reward a non-profit organization for its contributions to the community.

4. **Verification**
   - [Signature]
   - Michelle Dianda
   - Supervisor's Aide
   - [Name]
   - [Title]
   - [Date]

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Face Value of Each Ticket/Pass $ 12.00
   Event Description Alameda County Fair
   Date(s) 06 / 17 / 15  07 / 05 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☑
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

   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
   40  To reward a non-profit organization for its contributions to the community.
   Provides social services to help with immigration, health care, food and more

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

Michelle Dianda  Supervisor's Aide
Print Name  Title

Comment:

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

1. Agency Name
Alameda County

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $12.00
Event Description Alameda County Fair
Date(s) 06/17/15 07/05/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Alameda County Fair Association
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camacho, Soledad</td>
<td>5</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<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>

4. Verification
Michelle Dianda
Print Name
Supervisor's Aide
Title

Comment: Includes 3 parking passes at the value of $10 each
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $12.00
   Event Description Alameda County Fair
   Date(s) 06 / 17 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes, Alameda County Fair Association
   If no, Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes, Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy
   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Green, Jackie
   4
   To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
   Young, Juliette
   4
   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 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 $10

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

Date Stamp
Amendment (Must provide explanation in Part 3.)

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

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

Event Description: Alameda County Fair
Provide Title/Explanation

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

Face Value of Each Ticket/Pass $12.00

Date(s) 06 / 17 / 15 07 / 05 / 15

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

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

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

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

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

Ruggieri Senior Center
33997 Alvarado Niles Rd., Union City
20
To reward a non-profit organization for its contributions to the community.

Provides activities and community events for seniors

4. Verification
I, Michelle Dianda, the designated agent of the agency, certify that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda
Signature
Supervisor's Aide
Print Name
Title
Date of Filing: 06/17/15

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

1. Agency Name
Alameda County

Date Stamp

2. Function or Event Information

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

Event Description: Alameda County Fair

Face Value of Each Ticket/Pass $12.00

票(less) / Pass(es) provided by agency? Yes ☐ No ☑

Date(s) 06 / 17 / 15 07 / 05 / 15

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

If no: Alameda County Fair Association

If yes: Valle, Richard - Supervisor District 2

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

3. Recipients

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s) / Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include address and description)</td>
<td></td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>Day Labor Center</td>
<td>680 W. Tennyson Rd. Hayward 94544</td>
<td>20 To reward a non-profit organization for its contributions to the community,</td>
</tr>
</tbody>
</table>

Enables low-income workers to become self-sufficient through employment.

4. Verification

Michelle Dianda
Supervisor's Aide

(Handwritten Signature)

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) 272-6892
   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 $12.00
   Event Description: Alameda County Fair
   Provide Title/Explanations
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Date(s) 06 / 17 / 15 07 / 05 / 15
   If no: Alameda County Fair Association
   Name of Sources
   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 [x]
      - 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
      Eden Youth & Family Center
      680 W. Tennyson Rd. Hayward 94544
      40 To reward a non-profit organization for its contributions to the community.
      Provides comprehensive services at one site in Hayward

   Declaration
   I hereby certify that the distribution set forth above is in accordance with the requirements.
   Michelle Dianda
   Supervisor's Aide
   Print Name Supervisor's 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)
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 Alameda County Fair
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 $12.00
Date(s) 06 / 17 / 15 07 / 05 / 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></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>
<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>Abode Services 40849 Fremont Blvd. Fremont, CA 94538</td>
<td>40</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Providing housing services and homelessness advocacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. I and 16942, 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 ☐  
Event Description Alameda County Fair  
Face Value of Each Ticket/Pass $12.00  
Date(s) 06/17/15 07/05/15  
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:

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
Tiburcio Vasquez Health Center 33255 9th St. Union City CA 94587  
40  
To reward a non-profit organization for its contributions to the community.

Providing free and low-cost health care for Alameda County residents

4. Verification  
[Signature]  
Michelle Dianda  
Supervisor’s Aide

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Dianda
   Area Code/Phone Number (510) 272-6692
   E-mail michelle.dianda@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Alameda County Fair
   Face Value of Each Ticket/Pass $ 12.00
   Date(s) 06/17/15 07/05/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   if no: Alameda County Fair Association
   Name of Source
   Official's Name (Last, First)
   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.

<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></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>Tri-City Community Development Center 37620 Filbert St., Newark CA 94560</td>
<td>40</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Helps low income to achieve healthy lifestyle choices &amp; job preparedness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda
   Supervisor's Aide
   Date of Filing: 6/22/15

Comment: ________________________________

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

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Michelle Dianda

Area Code/Phone Number E-mail
(510) 272-6692 michelle.dianda@scgov.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 $ 12.00
   Date(s) 06 / 17 / 15 07 / 05 / 15
   Event Description Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair Association
   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) Identify one of the following:
   Ceremony 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
   (Include address and description)
   Viola Blythe Community Center
   37365 Ash St., Newark CA 94560
   40 To reward a non-profit organization for its contributions to the community.
   Promotes, supports and advocates for social services for the community

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

Michelle Dianda Supervisor's Aide
Part Name Title

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Oakland A's vs. Houston Astros
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 $ 90.00
Date(s) 09 / 07 / 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.

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Lady of the Rosary 703 C Street Union City, CA 94587</td>
<td>18</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Supports local charities through fundraisers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Comment: Includes 4 parking passes at the value of $25 each
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 25.00
   Event Description Oakland A's vs. Kansas City Royals
   Date(s) 06 / 27 / 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
   Name of Source Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
      Aro-Valle, Barbara 2 Ceremonial Role ☐ Other ☒ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential revenue from sales
      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
   [Signature]
   Michelle Dianda
   Supervisor's Aide
   (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 Ferguson, Supervisor’s Assistant
Area Code/Phone Number E-mail
(510) 272-6691 leann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description: Baseball
Provide Ticket/Pass(es) to:
Face Value of Each Ticket/Pass $ 32.00
Date(s): 8/15-8/15
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: 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>
</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>Ronald McDonald</td>
<td>8</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>8</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand CPC Resolution 16942. I have verified that the distribution set forth above is in accordance with the requirements.
Lee Ann Ferguson Supervisor’s Assistant
Print Name
(510) 272-6691
(02/15/2015)

Comment: Provides a home away from home and supportive community for families of children with life-threatening illnesses receiving specialized treatment, at local hospitals.
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 leeanngerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 2000
Event Description Warriors/Playoffs
Provide Title/Explanation
Date(s) 6/14/15, 6/15
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Name of Source
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
If yes: Alameda County Supervisor Scott Haggerty 6/14/15

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

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Ceremonial Role ☐ Other ☐
If checking "Ceremonial Role" or "Other" describe below:
To obtain oversight of facilities or events that have received county funding or support
Ceremonial Role ☐ Other ☐
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 19542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson Supervisor's Assistant 6/17/15
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

   Date Stamped
   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
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $32.00
   Date(s) 6/29/15 7/4/15
   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: 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

   B. Name of Individual

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

   Fremont Police & Fire

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

   Date (Month, Day, Year)

   Comment: Special Olympics of Northern California a non-profit organization dedicated to help promoting understanding, acceptance and inclusion between people with and without intellectual disabilities through year round sports training and athletic competition. Fed-tax ID # 68-03183121
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 $ __________
Event Description KMG SUMMER JAM
Provide Title/Explanation
Date(s) __ __ __ __ __ __
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: ____________________________________________
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>Albert Texeira</td>
<td>4</td>
<td>To promote attendance at a county-sponsored event in order to maximize potential county revenues 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>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 verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisor's Assistant
Print Name Title

Comment: ____________________________

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

1. **Agency Name**
   - Alameda County

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

3. **Designated Agency Contact (Name, Title)**
   - Lee Ann Ferguson, Supervisor's Assistant

4. **Area Code/Phone Number**
   - (510) 272-5691

### Date and Contact Information

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>A Public Document California 802 Form</th>
</tr>
</thead>
</table>

### Amendment

☐ 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** $ __________

   - **Event Description**: **Warriors Basketball Game(s)** U. Y. 15

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

   - **Name of Event Provider**: Oakland Athletics

   - **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.

   **Section A**

   - **Name of Agency, Department or Unit**: Alameda County
   - **Number of Ticket(s)/Pass(es)**: 4
   - **Describe the public purpose made pursuant to the agency’s policy**: To obtain oversight of facilities or events that have received county funding or support

   **Section B**

   - **Name of Individual**
     - Scott Haggerty, Dist 1
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following**: Ceremony Role ☐ Other ☐ Income ☐

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

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

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

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

   **Section 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 Ferguson ☐
   - Supervisor’s Assistant ☐

   - [Signature]
   - [Date] 09/15

**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 Ferguson, Supervisor's Assistant

**Area Code/Phone Number**
(510) 272-5691
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 $ __________
Event Description: WARRIORS BASKETBALL (Provide Title/Explanation)
Date(s): 6.7.15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: OAKLAND ATHLETICS
Name of Source: 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**

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

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

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

<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 declare, under penalty of perjury, that the facts stated above are true and correct to the best of my knowledge.

Signed: Lee Ann Ferguson, Supervisor's Assistant (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 leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 200.00
   Event Description Warriors Basketball
   Date(s) 6.7.15
   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: 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
   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 revenues 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

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

Lee Ann Fergerson  Supervisor's Assistant
First Name  Title

Comment: ☐ ☐

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

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
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 $3200  
Event Description Baseball  
Provide Title/Explaination  
Date(s) 7.19.15  
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:  
Alameda County Supervisor Scott Haggerty, District 1  
Official's Name (Last, First)  

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

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

| 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. |
|-------------------------------------|------------------------------|------------------------------------------------------------------|
| Tom Illingsworth                    | 4                            | Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification  
and 1942, I have verified that the distribution set forth above, is in accordance with the requirements.  
Lee Ann Fergerson  
Supervisor's Assistant  
(Month, Day, Year)  
U1/9/15  
Comment:  

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $32.80
   Event Description Baseball
   Date(s) 6/30/15
   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: 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:

   Esmiralda Garcia 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
   I declare that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson ☐ Supervisor’s Assistant ☐
   Print Name ☐ Title ☐
   (6/30/15)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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
Provide Title/Explanation
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
Official's Name (Last, First)
Face Value of Each Ticket/Pass $320
Date(s) 7/1/15

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

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

<table>
<thead>
<tr>
<th>Name of Individual</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>Kristi Marleau</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>

<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
* and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson 
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
   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 $ $12
   Event Description Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06 / 17 / 15 07 / 05 / 15
   If no: Alameda County Fair
   If yes: Alameda County Supervisor Wilma Chan
   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Girls Incorporated of The Island City
      1724 Santa Clara Ave. Alameda 94501
      50 To reward a school or nonprofit organization for its contributions to the community
      Equips girls to achieve academically, lead healthy/active lives, manage money

4. Verification
   I, Steven Jones, Central District Director, have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 06.19.2015
   (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

**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 $  
32.00

Event Description: Athletics vs. Rangers

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

Date(s):  06 / 10 / 15

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

Ceremonial Role ☐  
Other ☒

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

Ceremonial Role ☐  
Other ☐

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

<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**

Amy Shrago  
Print Name  
Supervisor’s Assistant  
Title  
06/30/15  
(Month, Day, Year)

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (if Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Amy Shrago</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6695</td>
<td><a href="mailto:amy.shrago@aogov.org">amy.shrago@aogov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>80.00</td>
</tr>
<tr>
<td>Event Description</td>
<td>Athletics vs. Rangers</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☒</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency, Department or Unit</td>
<td>Number of Ticket(s)/ Pass(es)</td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Brown, Alisha</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Carson, Keith</td>
<td>4</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>
<tbody>
<tr>
<td>Alameda Health System Foundation</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue.</td>
</tr>
<tr>
<td>Year of the African American Male</td>
<td>6</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Shrago</td>
<td>Supervisor's Assistant</td>
</tr>
<tr>
<td>Print Name</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>06/30/15</td>
</tr>
</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)
   - Amy Shrago
   - Area Code/Phone Number (510) 272-6695
   - E-mail amy.shrago@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☐ No ☒
   - Event Description: Alameda County Fair
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Face Value of Each Ticket/Pass $12.00
   - Date(s) 06/17/15
   - If no: Alameda County Fair
   - 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**
<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**
   - Sanchez, Mina
   - Number of Ticket(s)/Pass(es) 12
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☒ Income ☐
     - To reward a County employee for his or her exemplary service to the public or to encourage staff development.
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   - (include address and description)
<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**
   - Amy Shrago
   - Supervisor's Assistant
   - 06/17/15 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $12.00
   Event Description Alameda County Fair
   Date(s) 06 / 17 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Alameda County Fair
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith
   Official's Name (Last, First)

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

<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>
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<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>Decker, Breeanna</td>
<td>6</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>
<tr>
<td></td>
<td></td>
<td>Income ☐ Ceremonial Role ☐ Other ☐</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, Amy Shrago, have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor's Assistant
   06/17/15
   (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  (Name, Title)
(510) 272-6695
E-mail amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description Alameda County Fair
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 $ 12.00
Date(s) 06 / 17 / 15

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

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 County employee for his or her exemplary service to the public or to encourage staff development.

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

4. Verification
Amy Shrago
Supervisor's Assistant
06/17/15
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes  No
   Event Description  Alameda County Fair
   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 $12.00
   Date(s) 06/17/15
   If no:  Alameda County Fair
   If yes:  Carson, Keith

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

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

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

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

4. Verification
   Amy Shrago  Supervisor’s Assistant
   Part Name  Title
   06/17/15  (Month, Day, Year)

Comment:
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☐ No ☒
Event Description  Alameda County Fair
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 $ 12.00
Date(s) 06/17/15
If no:  Alameda County Fair  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>
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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>Identity one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hassan, Idris</td>
<td>6</td>
<td>Ceremonial Role ☐  Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If canceling &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 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  Supervisor's Assistant
First Name  Title
06/17/15 (Month, Day, Year)

Comment: __________________________

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

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

Designated Agency Contact (Name, Title)
Amy Shrago

Area Code/Phone Number
(510) 272-6695

E-mail
amy.shrago@acgov.org

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

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

Face Value of Each Ticket/Pass $ 12.00

Event Description
Alameda County Fair

Date(s) 06 / 17 / 15

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

If no: Alameda County Fair

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

<table>
<thead>
<tr>
<th>Name of Individual (last, first)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hill, Monique</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☑</td>
<td></td>
</tr>
</tbody>
</table>

Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

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

Amy Shrago

Supervisor's Assistant

06/17/15

(Full 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)
Amy Shrago

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

Date Stamp
California Form 802
For Official Use Only

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

Face Value of Each Ticket/Pass $ 12.00

Event Description Alameda County Fair

Date(s) 06 17 15

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

If no: Alameda County Fair

If yes: Carson, Keith

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

3. Recipients

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

---

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

Vann, LiLuu  6 Ceremonial Role □ Other □ Income □

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

Ceremonial Role □ Other □ Income □

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

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

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

---

4. Verification

Amy Shrago  Supervisor's Assistant  06/17/15

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 (510) 272-6895
E-mail amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No ☒
Event Description Alameda County Fair
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 $ 12.00
Date(s) 06 / 17 / 15
If no: Alameda County Fair
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>
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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>Sanchez, Mina</td>
<td>10</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>
<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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
Amy Shrago  Supervisor's Assistant  06/17/15
Part Name  Title  (Month, Day, Year)

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

1. Agency Name
   Alameda County

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description Alameda County Fair
   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 $ 6.00
   Date(s) 06/17/15

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

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

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

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

   Verification
   Amy Shrago
   Supervisor's Assistant
   06/17/15

   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   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 $12.00
   Event Description Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 06/17/15
   If yes: Carson, Keith
   Name of Source
   If no: Alameda County Fair
   Name of Source
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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: Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
</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>Mother Wright Foundation 3120 San Pablo Ave, Emeryville, CA 94608 Foodbank</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>California Northwest Education Foundation P.O. Box 8774 Emeryville CA</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
   I, Amy Shrago, have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor's Assistant
   06/17/15 (Month, Day, Year)
   Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number: (510) 272-6695
   Email: amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Alameda County Fair
   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 $12.00
   Date(s) 06/17/15
   If no: Alameda County Fair
   Name of Source: Carson, Keith
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrews, Saundra</td>
<td>10</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>10</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 “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I, [Name], have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   06/17/15
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description Alameda County Fair
   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 $ 12.00
   Date(s) 06 / 17 / 15
   If no: Alameda County Fair
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/17/15

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:** (510) 272-6695
- **E-mail:** amy.shrago@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** No
- **Event Description:** Alameda County Fair
- **Date(s):** 06/17/15
- **Ticket(s)/Pass(es) provided by agency?** Yes
- **Was ticket distribution made at the behest of agency official?** Yes

### 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>A.</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>B.</td>
<td></td>
<td>Ceremony Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>McWilson, Marlon</td>
<td>8</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

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

### 4. Verification
- **Amy Shrago**
- **Supervisor's Assistant**
- **Date:** 06/17/15

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [X]
Event Description Alameda County Fair
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 $ 200
Date(s) 08 / 17 / 15
If no: Alameda County Fair
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>
</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>VanHook, Lawrence</td>
<td>10</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>
</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 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.
Amy Shrago
Supervisor's Assistant
06/17/15 (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No X
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No X
   Face Value of Each Ticket/Pass $ __________ 12.00
   Date(s) 06 / 17 / 15
   If no: Alameda County Fair
   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>
   
   | B. Name of Individual                | Number of Ticket(s)/Pass(es) | Identify one of the following:                                |
   |                                      |                             | Ceremonial Role ☐ Other X Income ☐ |
   | Deck er, Breeanna                    | 4                           | To reward a County employee for his or her exemplary service to the public or to encourage staff development. |
   |                                      |                             | Ceremonial Role ☐ Other ☐ Income ☐ |
   |                                      |                             | If checking "Ceremonial Role" or "Other" describe below:      |
   |                                      |                             |                                                               |
   | C. Name of Outside Organization      | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
   | (include address and description)    |                             |                                                               |
   |                                      |                             |                                                               |

4. Verification
   I declare under penalties of perjury under sections 18711 and 18742 of the Government Code that the distribution set forth above is in accordance with the requirements.

   Signature: Amy Shrago
   Supervisor's Assistant: ____________________________
   Title: ____________________________
   Date: 06/17/15
   (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 ☒
   Event Description
   Alameda County Fair
   Provide Title/Explaination
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $12.00
   Date(s) 06/17/15
   If no: Alameda County Fair
   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:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Brown, Aisha
      4

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/17/15 (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 $ 12.00
   Event Description Alameda County Fair
   Date(s) 06/17/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Alameda County Fair
   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:
      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 verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago Supervisor's Assistant
   Print Name Title
   06/17/15 (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description 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) 05 / 13 / 15
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan

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

   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 1844.1 and 19342. 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) 05/19/15

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

If no, Golden State Warriors
Name of Source

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

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

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

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

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

Waters, Don 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.

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.

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**

**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)**  
05 / 21 / 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  
<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  
(Last, First)  
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐</th>
<th>Other ☐</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucia, Lisa</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>
<td></td>
</tr>
</tbody>
</table>

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

### 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
   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

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) 05 / 26 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source
   Official's Name (Last, First)

3. Recipients
   Use Section 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>Galvan, Gordon</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   Print Name
   Title
   Date (Month, Day, Year)
   06.02.2015

Comment:
1. **Agency Name**
   - Alameda County

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 / 21 / 15
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
   - **Name of Source** Golden State Warriors
   - **Official’s Name (Last, First)** Alameda County Supervisor Wilma Chan

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
   - **B. Name of Individual (Last, First)**
   - **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**
   - **Identify one of the following:**
     - Ceremonial Role ☐ Other ☐ Income ☐
     - To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

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.
   - **Print Name** Steven Jones
   - **Title** Central District Director
   - **Date** 06.02.2015

Comment:
**Agency Report of:**

Ceremonial Role Events and Ticket/Pass Distributions

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

**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 | 05 / 26 / 15 |

Name of Source | Golden State Warriors |
If 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>Jones, Doug</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “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 | 06.02.2015 |
Print Name | Title | (Month, Day, Year) |
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $80 ticket / $20 parking
   Date(s) 05/17/15
   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
   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

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

   C. Name of Outside Organization (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   San Lorenzo Little League | 1062 Grant Ave, San Lorenzo, CA 94580
   4/1park To promote attendance at a...event held at a County facility...to maximize potential...revenue from parking & concessions
   Assists children in developing qualities of citizenship, discipline, teamwork, etc.

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
   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 $35
   Event Description: Baseball game
   Date(s): 05/25/15
   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
   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 ☐
      McCormick, Michael 2 To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
      Ceremonial Role ☐ Other ☐ Income ☐
      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 06.02.2015
   Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name
   Alameda County
   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 $ 35
   Event Description Baseball game Date(s) 05 / 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
   • Use Section 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...event held at a County facility in order to maximize potential...revenue from parking & concessions

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

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<tr>
<th>Division, Department, or Region (If Applicable)</th>
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</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
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<tr>
<th>Designated Agency Contact (Name, Title)</th>
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<tr>
<td>Steven Jones</td>
</tr>
</tbody>
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<tr>
<th>□ Amendment (Must provide explanation in Part 3.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Original Filing: (Month, Day, Year)</td>
</tr>
</tbody>
</table>

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass $** $35
- **Event Description** Baseball game
- **Provide Title/Explanation**
- **Date(s)** 05 / 29 / 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

<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>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory, Michael</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Ceremonial Role** ☐ **Other** ☐
- **Income** ☐

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

To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions

#### 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 19944.1 and 19942. 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>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>06.02.2015</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

### 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** $35
- **Date(s)** 05/30/15
- **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**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Bill</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential revenue from parking & concessions

### 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

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**

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   **Face Value of Each Ticket/Pass $** $35+$20 parking
   **Event Description** Baseball game
   **Provide Title/Explanation**
   **Date(s)** 05 / 31 / 15
   **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   **If no:**
   **If yes:**
   **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** ☐
   **If checking "Ceremonial Role" or "Other" describe below:**
   To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐
   **If checking "Ceremonial Role" or "Other" describe below:**

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**
   **(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
A Public Document

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number: (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: $105 ticket/$20 parking
   Date(s): 05 / 31 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source: Chan, Wilma
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Meisner, Lukas</td>
<td>4+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking &amp; concessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   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
   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 $105 ticket
   Event Description Baseball game
   Event Date(s) 05 / 31 / 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: 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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<td></td>
<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>Ginsberg, Malik</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>event held at a County facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>in order to maximize potential...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>revenue from parking &amp; concessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
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<tbody>
<tr>
<td></td>
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</table>

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 1942. 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
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number E-mail
   (510) 272-6693 steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $105 ticket/$20 parking
   Date(s) 05 / 31 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no, _____________________________________________
   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) Ceremonial Role Other Income
   Brown, Siena 4+1park
   To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions
   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 06.02.2015
   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

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  
$105 ticket/$20 parking

Event Description  
Baseball game

Date(s)  
05 / 31 / 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)

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

3. Recipients  

*A Use Section 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:

Kubo, Theresa  
2+1park  
To promote attendance at a...event held at a County facility in order to maximize potential...revenue from parking & concessions

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

06.02.2015  
(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)**
Amy Shrago

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

#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☐ No ☒</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face Value of Each Ticket/Pass $</strong></td>
<td>700.00</td>
</tr>
<tr>
<td><strong>Event Description</strong></td>
<td>Warriors vs. Grizzlies</td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
<td>05 / 03 / 15</td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td><strong>If no:</strong></td>
<td>Golden State Warriors</td>
</tr>
<tr>
<td><strong>Name of Source</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If yes:</strong></td>
<td>Carson, Keith</td>
</tr>
<tr>
<td><strong>Official's Name (Last, First)</strong></td>
<td></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.

**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>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

To obtain oversight of facilities or events that have received County funding or support.

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

<table>
<thead>
<tr>
<th>Amy Shrago</th>
<th>Supervisor's Assistant</th>
<th>06/01/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

**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 (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 $ 700.00
   Event Description: Warriors vs. Grizzlies
   Date(s) 05/05/15
   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:
      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
      Brooks, Rodney 2

      Brown, Aisha 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 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 06/01/15
   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

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 vs. Grizzlies
   Date(s) 05 / 13 / 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:
   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
   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  06/01/15
   (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 E-mail
(510) 272-6695 amy.shrago@acgov.org

Date of Original Filing: ________ / ________ / ________

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. Rockets

Date(s) 05 / 19 / 15 ________ / ________ / ________

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

If no: Golden State Warriors

Name of Source ________

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

If yes: Carson, Keith

Official's Name (Last, First) ________

3. Recipients

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

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

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

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

Brown, Elaine

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

06/01/15

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
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 $ __________ 700.00
Event Description Warriors vs. Rockets
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 05 / 21 / 15 / /
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)

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

<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>2</td>
<td></td>
</tr>
</tbody>
</table>

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

To obtain oversight of facilities or events that have received County funding or support

<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 06/01/15
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
   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. Rockets
   Date(s): 05/27/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source: Carson, Keith
   If yes: [ ]

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

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

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

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

      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.

   Print Name: Amy Shrago
   Supervisor's Assistant: [ ]
   Title: [ ]
   (Month, Day, Year): 06/01/15

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

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. Red Sox
   Date(s) 05 / 11 / 15
   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
   * Use Section 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 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
      Oakland Technical High School 4351 Broadway, Oakland, CA 94609
      4
      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 Shrago
   Supervisor’s Assistant
   06/01/15

   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 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. Red Sox
   Date(s) 05 / 11 / 15
   Provide Title/Explanation
   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:
   
   Laitey, Hayley  2  
   Ceremony 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 understood 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  06/01/15
   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
   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 $ 32.00
   Event Description Athletics vs. Red Sox
   Date(s) 05 / 12 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source
   If no: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Official’s Name (Last, First)
   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>
<tr>
<td></td>
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</tr>
<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>Spencer, Scott</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 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 “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>
<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.

   Amy Shrago  Supervisor’s Assistant  06/01/15
   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 (510) 272-6695
   E-mail amy.shrago@acgov.org

Date Stamp

California Form 802
For Official Use Only

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 32.00
   Event Description Athletics vs. Red Sox
   Date(s) 05 / 13 / 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
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
</tbody>
</table>

   To obtain oversight of facilities or events that have received County funding or support

<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>
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</tbody>
</table>

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

Amy Shrago  Supervisor's Assistant  06/01/15
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
   Board of Supervisors
   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. White Sox
   Date(s) 05 / 16 / 15
   Ticket(s)/Pass(es) provided by agency? Yes No
   If yes: Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? Yes No
   If yes: Name of Source 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>Name of Agency, Department or Unit</th>
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</thead>
<tbody>
<tr>
<td></td>
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</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>Sanchez, Mina</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 reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: Amy Shrago
   Supervisor's Assistant: 06/01/15
   Print Name: Supervisor's Title
   (Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Event Description:** Athletics vs. White Sox
   - **Face Value of Each Ticket/Pass:** $32.00
   - **Date(s):** 05/17/15
   - **Ticket(s)/Pass(es) provided by agency:** Yes
   - **Was ticket distribution made at the behest of agency official:** Yes

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**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role
     - Other
     - Income

   - **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.
   - **Amy Shrago**
   - **Supervisor's Assistant**
   - **06/01/15**

   **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
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 $ __________ 32.00
Event Description
Athletics vs. Tigers
Provide Title/Explanat
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 05/16/15
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 County facility in order to maximize potential County revenue from parking and concession sales
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
I have 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 06/01/15
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)
   Amy Shrago
   Area Code/Phone Number
   (510) 272-6695
   E-mail
   amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No ❑
   Event Description
   Athletics vs. Yankees
   Ticket(s)/Pass(es) provided by agency?  Yes □  No ❑
   Face Value of Each Ticket/Pass $ 32.00
   Date(s) 05 / 28 / 15
   Was ticket distribution made at the behest of agency official?  No □  Yes ❑
   Name of Source
   (Last, First)
   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 County employee for his or her exemplary service to the public or to encourage staff development
      Ceremonial Role □  Other □  Income □
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I 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
   06/01/15
   (Month, Day, Year)

Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 ☐  No ☑
   Face Value of Each Ticket/Pass $ ___________________________ 32.00
   Event Description: Athletics vs. Yankees
   Date(s) _______ / _______ / _______ 05 / 30 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   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.

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

      Ceremonial Role ☐
      Other ☐
      Income ☐

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

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

4. Verification
   I 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  06/01/15
   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
   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 $55.00
   Event Description: Athletics vs. Yankees
   Provide Title/Explanation
   Date(s) 05 / 30 / 15
   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
   • Use Section 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

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

   B. Name of Individual
      (Last, First) Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Brooks, Rodney 2
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

      Brown, Aisha 2
      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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/01/15
   (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)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description 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) 1, 2, 15
   Name of Source Oakland Athletics
   Official's Name (Last, First) Alameda County Supervisor Scott Hagnerly, District 1

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)
      ESMARRILDA GARCIA
      Number of Ticket(s)/ Pass(es) 4
      To promote attendance at a county sponsored event in order to maximize potential county sponsored event 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 read and understand FPPC Regulations 11944 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson Supervisor's Assistant
   Print Name Signature

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

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 $55.00
   Date(s) 5.29.15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   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>
<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>Justin Gobel</td>
<td>8</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<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 Fegerson
   Supervisor's Assistant
   Print Name
   Title
   6/2/15 (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)
   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 □
   Event Description Baseball
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $ 5.00
   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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Luna</td>
<td>10</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

<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 Definitions §6253 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   Signature (6/2/15
   (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)
Lee Ann Fergerson, Supervisor’s Assistant

Area Code/Phone Number (510) 272-6891 E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ ___ 32.00
Event Description Baseball
Date(s) 6/10/15
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: 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:
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
Ceremonial Role ☐ Other ☐
If checking “Ceremonial Role” or “Other” describe below:
Income ☐

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

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

Lee Ann Fergerson
Supervisor’s Assistant

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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 [x]  
   Event Description: Baseball
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $32.00
   Date(s) 5/25/15
   If yes: Oakland Athletics
   Name of Source
   If no: 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
   [Blank]

   B. Name of Individual
   [Blank]
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   John Rudolph 2
   To reward a County employee for his or her exemplary service to the public or to encourage staff development
   Ceremonial Role [ ] Other [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Income [x]

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

4. Verification
   (I have 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
   Signature
   (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)
   - 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 $ [ ]
   - Event Description: [ ]
   - Provide Title/Explanation: [ ]
   - Date(s): [ ]
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   - If no: [ ]
   - Name of Source: [ ]
   - If 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.

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

   **B. Name of Individual**
   - Name: Derek Eddy
   - Number of Ticket(s)/Pass(es): 2
   - 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 read and understand FPPC Regulations, secs. 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Lee Ann Ferguson
   - Supervisor's Assistant
   - Title
   - Date: 6/2/15

Comment: ____________________________

FFPC Form 802 (4/12)

FFPC Toll-Free Helpline: 866/ASK-FFPC (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): 5/27/15
- Ticket(s)/Pass(es) provided by agency? Yes  ☑  No ☐
- Name of Source: Oakland Athletics
- If yes: Alameda County Supervisor Scott Haggerty, District 1
- 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mel Luna</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

(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  
Event Description: Provide Title/Explanation  
Date(s)  
5/26/15  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification  
*A 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  
6/26/15  
(Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

Area Code/Phone Number E-mail
(510) 272-6693 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 [x] No [ ]

Face Value of Each Ticket/Pass $12

Event Description Alameda County Fair
Provide Title/Explanation

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

Date(s) 06 / 17 / 15 07 / 05 / 15

If no: Alameda County Fair
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:

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

San Leandro Boys & Girls Club | 401 Marina Blvd, San Leandro, CA 94577 50 To reward a school or nonprofit organization for its contributions to the community

Helps youth become self-sufficient and responsible and members of society

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

Steven Jones Central District Director 06.19.2015
Print Name Title (Month, Day, Year)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ __________ $12
   Event Description Alameda County Fair
   Provide Title/Explanation
   Date(s) 06 / 17 / 15 07 / 05 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

      Reyes, Edgar

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

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

   Steven Jones Central District Director 06.22.2015
   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 Alameda County Fair
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 $12

Date(s) 06/17/15 07/05/15

If no: Alameda County Fair
Name of Source

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

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

<table>
<thead>
<tr>
<th>A.</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>
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<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></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>East Bay Asian Youth Center</td>
<td>2025 E 12th St, Oakland, CA 94606</td>
<td>50 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

| Comment: |  |

4. Verification

Steven Jones Central District Director 06.19.2015
Print Name Title (Month, Day, Year)

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

## 1. Agency Name
Alameda County Board of Supervisors

**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 $** $12
- **Event Description** Alameda County Fair
- **Date(s)** 06 / 17 / 15 07 / 05 / 15
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Name of Source**
  - If no: Alameda County Fair
  - 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</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket(s)/Pass(es)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

- Acts Full Gospel Church 1034 - 66th Avenue Oakland, CA 94621 50 To reward a ... nonprofit organization for its contributions to the community
- Offer spiritual guidance; delivers food & clothing to hungry children & families

## 4. Verification

I have read and understood FPPC Regulations 18011 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones **Central District Director** 06.19.2015

**Print Name**  **Title**  **(Month, Day, Year)**

Comment: 

FPPC Form 802 (4/12)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ $12/$10 parking
Event Description Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Date(s) 06 / 17 / 15 07 / 05 / 15
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If no: Alameda County Fair
If yes: Alameda County Supervisor Wilma Chan
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:

Anderson, Carl 3/1park
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

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

Homeowners association

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

Steven Jones Central District Director 06.30.2015
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 $12
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 17 / 15 07 / 05 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (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>Acts Full Gospel Church</td>
<td>1034 66th Ave, Oakland, CA 94621</td>
<td>41</td>
</tr>
<tr>
<td>Offer spiritual guidance; delivers food &amp; clothing to hungry children &amp; families</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Steven Jones Central District Director 07/02/2015
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
   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 $ $12
   Event Description Alameda County Fair
   Provide Title/Explanation
   Date(s) 06 / 17 / 15 07 / 05 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source Alameda County Fair
   If 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.

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

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

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

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

   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

   | 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
   |----------------------------------------------------------------|-------------------------------|------------------------------------------------------------------

   San Lorenzo Village Homes Association
   377 Paseo Grande, San Lorenzo, 94580
   Homeowners association
   50
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

4. Verification
   I, Steven Jones, a Registered FPPC Filler, have signed and submitted this report pursuant to FPPC Sections 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones  Central District Director  06.19.2015
   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 ☐
   - Event Description
     - Alameda County Fair
   - 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 $12
   - Date(s)
     - 06/17/15 07/05/15

3. **Recipients**
   - Use Section A to identify the agency’s department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency’s policy
   - **B. Name of Individual**
     - (Last, First)
     - Number of Ticket(s)/Pass(es)
     - Identify one of the following:
       - Ceremonial Role ☐ Other ☐ Income ☐
         - If checking “Ceremonial Role” or “Other,” describe below:
       - Ceremonial Role ☐ Other ☐ Income ☐
         - If checking “Ceremonial Role” or “Other,” describe below:
   - **C. Name of Outside Organization**
     - Include address and description
     - Number of Ticket(s)/Pass(es)
     - Describe the public purpose made pursuant to the agency’s policy
     - The Unity Council | 1900 Fruitvale Ave, Oakland, CA 94601
     - 50
     - To promote health, motivate and provide expanded opportunities to vulnerable populations in the County
   - Community advocacy, social service delivery, and economic development

4. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - Steven Jones
     - Central District Director
   - 06.22.2015
   - 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 $5,000
   Event Description (Name of Event) Basketball Game
   Date(s) 06 / 07 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Official’s Name (Last, First) 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:
      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, Alameda County, have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones (Print Name)
   Central District Director (Title)
   07.02.2015 (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

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

**Event Description**
Basketball Game (PLAYOFFS)

**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 $**
$5,000

**Date(s)**
06 / 04 / 15

**If no:**
Golden State Warriors

**Name of Source**

**If yes:**
Alameda County Supervisor Wilma Chan

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

### 3. Recipients

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

<table>
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<th>Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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</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>Summers, Jim</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 18444 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**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description KMEL Summer Jam
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $188.00
   Date(s) 06 / 13 / 15
   If no: Golden State Warriors
   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)
      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
   Amy Shrago
   Supervisor's Assistant
   Date 06/30/15
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Andre Ward vs. Paul Smith
   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 $154.35
   Date(s): 06/20/15
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   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.

<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>

   | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☑ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</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>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, [Signature], have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/30/15
   (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)
   Amy Shrago
   Area Code/Phone Number  (510) 272-6695
   E-mail  amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ]  No [ ]
   Event Description  Andre Ward vs. Paul Smith
   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 $  154.35
   Date(s)  06 / 20 / 15
   If no:  Golden State Warriors
   Name of Source
   If yes:  Carson, Keith
   Official's Name (Last, First)

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

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

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

   Decker, Breeanna
   4

   Jenkins, Kevin
   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
   1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago  Supervisor's Assistant  06/30/15
   (Last, First)

Comment:  

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No ☒
   Event Description  Warriors vs. Cavaliers
   Face Value of Each Ticket/Pass $  5000.00
   Date(s)  06 / 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.

<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>
<th>Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Ceremonial Role ☐  Other ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></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>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification

   Amy Shrago  Supervisor's Assistant  06/01/15
   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): 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**
- Event Description: Warriors vs. Cavaliers
- Face Value of Each Ticket/Pass $5000.00
- Date(s): 06/07/15
- If no: Golden State Warriors
- If yes: Carson, Keith

#### 3. Recipients
- **A.** Name of Agency, Department or Unit
- **B.** Name of Individual (First, Last)
- **C.** Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</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></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
</tbody>
</table>

#### 4. Verification
- **Amy Shrago**
- **Supervisor's Assistant**
- Date: 06/01/15

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 E-mail
(510) 272-6695 amy.shrago@acgov.org

Date Stamp
A Public Document
California Form 802
For Official Use Only

Share 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 $ 5000.00
Event Description Warriors vs. Cavaliers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 05/14/15
If no: Golden State Warriors
Name of Source
If yes: Carson, Keith
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.

<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>Brooks, Rodney</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shrago, Amy</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Amy Shrago Supervisor’s Assistant
Print Name Title
06/30/15 (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
Board of Supervisors

Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number (510) 272-6995
E-mail amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Event Description Athletics vs. Angels
Face Value of Each Ticket/Pass $ 32.00
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Date(s) 06 21 15
If no: Oakland Athletics
If yes: Carson, Keith

3. Recipients
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)

| Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐ |

| Ceremonial Role ☐ Other ☒ Income ☐ |

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>

Urojas Community Services 815 Apgar St, Emeryville, CA 94608 To empower co

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

4. Verification
Amy Shrago ☐ Supervisor's Assistant ☐
Print Name

Date 06/30/15 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7777)
**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? **No**
   - Event Description: Athletics vs. Royals
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Was ticket distribution made at the behest of agency official? **Yes**
   - **Face Value of Each Ticket/Pass** $32.00
   - **Date(s)** 06/26/15
   - **Name of Source** Oakland Athletics
   - **Official's Name (Last, First)** Carson, Keith

3. **Recipients**
   
   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   
   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Ceremonial Role**
   **Identify one of the following:**
   **Income**
   - **Leung, Chris**
   - **4**
   - **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**
   - **Amy Shrago**
   - **Supervisor's Assistant**
   - **Title**
   - **Signature**
   - **Date** 06/30/15

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

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
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 x □  
Event Description  
Athletics vs. Royals  
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 $ 32.00  
Date(s) 06 / 27 / 15  
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.

<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>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
</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 and 1942, I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Pet Name  
Supervisor's Assistant  
Title  
06/30/15  
(Month, Day, Year)

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866ASK-FPPC (866/2757772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description
   Athletics vs. Royals
   Face Value of Each Ticket/Pass $ 90.00
   Date(s) 06/27/15
   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
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

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

   B. Name of Individual
      Last, First
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - Ceremonial Role ☐ Other ☐ Income ☐
      - Ceremonial Role ☐ Other ☐ Income ☐
      - 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
      Men of Iron PO Box 30011 Oakland CA 94604 To help save the lives of young at-
      18

4. Verification
   Amy Shraro
   Supervisor's Assistant
   06/30/15
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   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? ☑ No ❌
   Event Description: Athletics vs. Royals
   Date(s): 06 / 28 / 15
   Face Value of Each Ticket/Pass: $32.00
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ❌
   If yes: Oakland Athletics
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ❌
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

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

   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
   [Signature]
   Amy Shrago
   Supervisor's Assistant
   06/30/15
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description Athletics vs. Rockies
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 32.00
   Date(s) 06 / 29 / 15
   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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identity 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
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/30/15
   Comment:
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description Athletics vs. Rockies
   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) 06 / 30 / 15
   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
      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 con
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I, and have verified that the distribution set forth above is in accordance with the requirements.
   Amy Shrago Supervisor's Assistant 06/30/15
   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)
   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 [ ]
   Event Description: Athletics vs. Angels
   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) 06 / 20 / 15
   If no: Oakland Athletics
   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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] 'Other' [x]</th>
</tr>
</thead>
</table>
   | Brooks, Rodney                   | 4                           | Income [ ]
   |                                  |                             | To reward a County employee for his or her exemplary service to the public or encourage staff development. |

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] 'Other' [ ]</th>
</tr>
</thead>
</table>

4. Verification
   [ ] as of 06/30/15
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   Title

Comment:
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

Date Stamp

A Public Document
California Form 802
For Official Use Only

1. Agency Name:

Division, Department, or Region (if Applicable):

Board of Supervisors

Designated Agency Contact (Name, Title):
Amy Shrago

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

2. Function or Event Information

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

Event Description: Athletics vs. Angels

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: $90.00

Date(s): 06/19/15

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.

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:

<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>Leung, Chris</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>Jenkins, Kevin</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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

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

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

<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, Amy Shrago, Supervisor's Assistant, certify that the distribution set forth above is in accordance with the requirements.

Amy Shrago

Supervisor's Assistant

Part Name

Title

Date: 06/30/15

(Full Name)

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

1. Agency Name  
Alameda County  
Division, Department, or Region (if Applicable)

Board of Supervisors  
Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp

California Form 802  
For Official Use Only

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

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

Face Value of Each Ticket/Pass $ 32.00

Date(s) 06 / 19 / 15

Event Description Athletics vs. Angels
Provide Title/Explanation

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)

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

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

<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>Jenkins, Kevin</td>
<td>4</td>
<td>Ceremonial Role □ Other X Income □</td>
</tr>
</tbody>
</table>

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

<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  
3044.1 and 18242. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Title

Supervisor's Title

Date 06/30/15 (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 E-mail
(510) 272-6695 amyr.shraro@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. Padres
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
Date(s) 06 / 17 / 15
If no: Oakland Athletics
If yes: Carson, Keith
Name of Source
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? No □ Yes X

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (First, Last)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</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>UROJA'S COMM. SVCS.</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
Amy Shrago Supervisor’s Assistant
Print Name Title 06/30/15
(Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number
   (510) 272-5695
   E-mail
   amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Event Description
   Athletics vs. Padres
   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 $ 32.00
   Date(s) 06 / 18 / 15
   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 [X]
   - 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 Agency for Children 303 Van Buren Ave Oakland CA 94610 East Bay
   - 2
   - To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I, Amy Shrago, Supervisor's Assistant, certify that the distribution set forth above is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/30/15
   (Month, Day, Year)

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

1. **Agency Name**
   Alameda County

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

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

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

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

   **Date Stamp**
   California Form 802

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

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

   **Event Description**
   Athletics vs. 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 $**
   32.00

   **Date(s)**
   06 / 11 / 15

   **If no:**
   **Name of Source**
   Oakland Athletics

   **If yes:**
   **Official’s Name (Last, First)**
   Carson, Keith

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

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

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

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

   **C. Name of Outside Organization**
   (Include address and description)
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   East Bay Agency for Children 303 Van Buren Ave Oakland CA 94610 East Bay
   2
   To reward a school or nonprofit organization for its contributions to the community

4. **Verification**
   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

   **06/30/15**
   (Month, Day, Year)

   **Comment:**

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Alameda County Fair
   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 $12
   Date(s) 06 / 17 / 15 07 / 05 / 15

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
   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
   San Lorenzo Village Homes Association 377 Paseo Grande, San Lorenzo, 94580 50 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 06.19.2015 (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 $12
   Event Description Alameda County Fair
   Date(s) 06/17/15 07/05/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Name of Source Alameda County Fair
   Official's Name (Last, First) 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:
      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
      San Leandro Boys & Girls Club 401 Marina Blvd, San Leandro, CA 94577
      50 To reward a school or nonprofit organization for its contributions to the community
      Helps youth become self-sufficient and responsible and members of society

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
   06.19.2015

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td>California Form 802</td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>For Official Use Only</td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Steven Jones</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6693</td>
<td><a href="mailto:steven.jones@acgov.org">steven.jones@acgov.org</a></td>
</tr>
</tbody>
</table>

| 2. Function or Event Information |
|---|---|
| Does the agency have a ticket policy? | Yes ☒ No ☐ |
| Event Description | Alameda County Fair |
| Provide Title/Explanation | |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☒ |
| Name of Source | |
| If no: Alameda County Fair | Alameda County Supervisor Wilma Chan |
| Official's Name (Last, First) | |
| Face Value of Each Ticket/Pass $ | $12 |
| Date(s) | 06/17/15 07/05/15 |

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

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

<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 (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>
<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>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>Girls Incorporated of The Island City 1724 Santa Clara Ave., Alameda 94501</td>
<td>50</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Equips girls to achieve academically, lead healthy/active lives, manage money</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
06.19.2015

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $12
   Event Description Alameda County Fair
   Date(s) 06 / 17 / 15 07 / 05 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no, Alameda County Fair
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Alameda County Supervisor Wiilma Chan
   Gifted By Name (Last, First)

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

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

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

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

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

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

   East Bay Asian Youth Center | 2025 E 12th St, Oakland, CA 94606 50 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   EBAYC's mission is to support youth to be safe, smart, and socially responsible

4. Verification
   I have read and understand FPPC Regulations 18944, 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   [Redacted]
   Steven Jones
   Central District Director
   06.19.2015
   (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 ☒ No ☐
   Event Description: Alameda County Fair
   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 $12/10 parking
   Date(s): 06/17/15 07/05/15

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Carl</td>
<td>3/1 park</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></td>
</tr>
<tr>
<td></td>
<td>3/1 park</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   I hereby certify 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
   06.30.2015

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) 272-5693
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 $12
Event Description Alameda County Fair
Date(s) 06 / 17 / 15 07 / 05 / 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:
Reyes, Edgar

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 hereby certify that the report in accordance with FPPC Resolutions 18441 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones  Central District: Director  06.22.2015
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: Alameda County Fair
   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 $12
   Date(s): 06 / 17 / 15 07 / 05 / 15

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 ☐
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
   Ceremonial Role ☐ Other ☐ Income ☐

4. Verification
   I certify under penalty of perjury under the laws of the State of California, 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 06.19.2015
   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 ☐
Event Description Alameda County Fair
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 $ 12
Date(s) 06 / 17 / 15 07 / 05 / 15

2a. Event Description

3. Recipients
* Use Section 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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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>Acts Full Gospel Church 1034 - 66th Avenue Oakland, CA 94621</td>
<td>50</td>
<td>To reward a ... nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Offer spiritual guidance; delivers food &amp; clothing to hungry children &amp; families</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 Central District Director 06.19.2015
(Part Name Title)

Comment: 

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