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 ☐
   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
   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
      Acts Full Gospel Church | 1034 66th Ave, Oakland, CA 94621
      41 To promote attendance at a county facility in order to maximize potential county revenue from parking and concession sales
      Offer spiritual guidance, delivers food & clothing to hungry children & families

4. Verification
   I hereby certify and acknowledge FPPC Regulations 18941.1 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 07/02/2016
   (Month, Day, Year)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# 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** 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):**

**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.*

### 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

<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></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>Alameda County Fire Department, St. 22 427 Paseo Grande, San Lorenzo, 94580</td>
<td>20</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>Protects life and property in the community of San Lorenzo</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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Steven Jones</th>
<th>Central District Director</th>
<th>07.01.2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comment:**

FPPC Form 802 (4/12)

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

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

   Date Stamp California Form 802
   For Official Use Only
   Amendment (Must provide justification 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 $12
   Event Description Alameda County Fair
   Event Date(s) 06/17/15 07/05/15
   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? Yes ☒ No ☐
   Official's Name (Last, First)

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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 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 Signature or Title or Designee
   Central District Director
   Print Name
   Title
   06.22.2015 (Month, Day, Year)

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

### 1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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 [X]  Face Value of Each Ticket/Pass $ 32
- Event Description: Baseball game
- Event Date(s): 07/19/15
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- If no: Oakland A's
- If yes: Chan, Wilma

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

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

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual (First, Last)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [X] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hersh, Sarah</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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

### 4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. 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

Date: 07/02/2015

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

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?** Yes ☒ No ☐
   
   **Event Description**
   Baseball game
   
   **Face Value of Each Ticket/Pass $**
   32
   
   **Date(s)** 07 / 02 / 15
   
   **Ticket(s)/Pass(es) provided by agency?**
   Yes ☐ No ☒
   
   **Was ticket distribution made at the behest of agency official?**
   No ☐ Yes ☒
   
   **Name of Source**
   Oakland A's
   
   **Official's Name (Last, First)**
   Chan, Wilma

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

   **A. Name of Agency, Department or Unit**
   
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   
   **B. Name of Individual (Last, First)**
   
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   
   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐
   
   **To promote attendance at a(n) ... event held at a County facility in order to maximize potential County revenue...**
   
   **C. Name of Outside Organization**
   
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   
   I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   **Signature of Agency Head or Delegate**
   Steven Jones
   
   **Central District: Director**
   
   **07.02.2015**
   (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)
   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 $ 80 / ticket / $ 20 parking
   Date(s) 07 / 02 / 15
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

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

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

   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 Cal Ripken/Babe Ruth Little League | PO Box 27549, Oakland, 94602
      18/4
      To reward a nonprofit organization for its contributions to the community.
      Youth athletics with a focus on teamwork and character development

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.
   Signature:
   [Redacted]

   Steven Jones
   Central District Director
   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  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 $  32
   Date(s)  07 / 23 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no:  Oakland A's  Name of Source
   Was ticket distribution made at the behest of agency official?  Yes ☑ No ☐
   If yes:  Chan, Wilma  Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>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.
   Signature of Agency Head or Designee  Steven Jones  Central District Director  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 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 $32
   Date(s) 07 / 05 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
      Jackson, Meryl 2
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   [Signature of Agency Head or Designee]

   Steven Jones Central District Director 07.02.2015
   (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)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $32
   Event Description Baseball game
   Event Date(s) 07 / 04 / 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 ☑
   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
      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 event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking 'Ceremonial Role' or 'Other' describe below:

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   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

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

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

**Event Description** Baseball game

**Event Description (Provide Title/Explanation)**

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

**Date(s)** 07 / 03 / 15

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

**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>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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aindow, Deni</td>
<td>2</td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>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>
</table>

### 4. Verification

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

**Signed and Designated:**

**Central District Director:**

**Agency's Head or Designee:** Steven Jones

**Central District Director's Print Name:**

**Central District Director's Title:**

**Date:** 07.02.2015

(Full Name and Date Format)

**Signature of Agency Head or Designee:**

**FPPC Form 302 (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 $90-ticket/$20-parking
   Event Description Baseball game
   Date(s) 07 / 03 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

   **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 read and understand FPPC Regulations 18944.1 and 16942. 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
   07.02.2015
   (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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6693
   E-mail steven琼es@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒  No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $32
   Date(s) 07/01/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐  No ☒
   If no: Oakland A's
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? No ☐  Yes ☒

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

   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(n)... event held at a County facility in order to maximize potential County revenue...
      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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Steven Jones Central District Director
   Print Name Date 07.02.2015
   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 $ 32

Event Description Baseball game

Proved Title/Explaination

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

Date(s) 07 / 18 / 15

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

If yes: Chan, Wilma

Name of Source

If no: Oakland A's

Name of Source

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

<table>
<thead>
<tr>
<th>A. 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>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cotton, Christina</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></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 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

Date 07.02.2015

(Other)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Face Value of Each Ticket/Pass $25
   - Event Description: Baseball game
   - Date(s): 6/30/15
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If yes: Miley, Nale
   - Name of Source
   - If no: ______________________
   - Name of Source
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   - 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**
   - Social Services Agency
   - Number of Ticket(s)/Pass(es): 2
   - Briefly describe the public purpose made pursuant to the agency's policy:
     - To reward a County employee for their exemplary work

   **B. Name of Individual**
   - List Name
   - Number of Ticket(s)/Pass(es) provided
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - If checking 'Ceremonial Role' or 'Other' describe below:

   **C. Name of Outside Organization**
   - United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 536,
   - Oakland 94605
   - SENIOR ADVOCACY
   - Number of Ticket(s)/Pass(es): 2
   - Briefly describe the public purpose made pursuant to the agency's policy:
     - To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

4. **Verification**
   - I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: ______________________
   - Print Name: Anna Gee
   - Operations Chief:
     - Title: ______________________
     - (Month, Day, Year): 7/2/15

Comment: USOAC 7/1

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)
   Anna Gee

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

2. **Function or Event Information**
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $25
   Date(s) 6/26/15 6/27/15
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐
   If no: __________________________
   If yes: Miley, Nate
   Name of Source
   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**
   Social Services Agency
   **Number of Ticket(s)/Pass(es)** 2
   **Describe the public purpose made pursuant to the agency’s policy**
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
   To reward a County employee for exemplary work.

   **B. Name of Individual (Last, First)**
   Rodriguez, Rosa
   **Name of Individual (Last, First)**
   **Number of Ticket(s)/Pass(es)** 2
   **Identify one of the following:**
   **Ceremonial Role** ☐ **Other** ☑
   **Income** ☐
   **Describe the public purpose made pursuant to the agency’s policy**
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

4. **Verification**
   [Signature of Agency Head or Designee]
   Anna Gee  Operations Chief  7/2/15
   (Month, Day, Year)

   Comment: USOAC 6/20, Hudson 6/21
   FPPC Form 802 (4/11)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description:** Baseball game
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
- **Face Value of Each Ticket/Pass:** $25
- **Date(s):** 6 / 28 / 15
- **If no:**
  - **Name of Source:**
- **If yes:** Miley, Nate
  - **Name of Source:** Oficial's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<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 ☑
    - **Income** ☐
    - **To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terreri, Frank</td>
<td>2</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Ste 536,</td>
<td>2</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Oakland 94605 SENIOR ADVOCACY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification
- **Signature of Agency Head or Designee:**
- **Anna Gee**
- **Operations Chief**
- **Date:** 7/2/15
- **Comment:** USOAC 6/29

---

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 25/90
Event Description Baseball game
Provide Title/Explanation
Date(s) 6/20/15 6/21/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: ____________________________________________________________________________
If yes: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Miley, Nate
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>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)

| Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
|--------------------|-----------------------------|---------------------------------------------------------------|
| Hudson, Michael     | 2                           | Ceremonial Role ☐ Other ☑ Income ☐
|                    |                             | To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales. |
|                    | 2                           | 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>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County, 7200 Bancroft Ave, Ste 251, Oakland, 94605 SENIOR ADVOCACY</td>
<td>2</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

4. Verification
199441 and 199421 have verified that the distribution set forth above, is in accordance with the requirements.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Title</th>
<th>Date (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Gee</td>
<td>Operations Chief</td>
<td></td>
<td>7/2/15</td>
</tr>
</tbody>
</table>

Comment: USOAC 6/20, Hudson 6/21
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $25
   Date(s) 6/18/15 6/19/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: __________________________ Name of Source
   If yes: Miley, Nale Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Ste 251,</td>
<td>4</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Operations Chief 7/2/15
   Signature of Agency Head or Delegated

Comment: __________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 25
   Event Description Baseball game
   Date(s) 6/11/15 6/17/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If yes: Miley, Nate
   Name of Source
   If no: Name of Source

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

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role [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
   United Seniors of Oakland & Alameda County-7200 Bancroft Ave, Ste 251, 4
   Oakland, 94605 SENIOR ADVOCACY
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

4. Verification
   18944 1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Operations Chief
   7/2/15
   Signature of Agency Head or Designee
   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)
   Anna Gee
   Area Code/Phone Number        E-mail
   (510) 272-6694                anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball game
   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 $80/25

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   
<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors District 4</td>
<td>18</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☑</td>
<td>Other ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Ceremonial Role ☑</td>
<td>Other ☐</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>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Ste 251, Oakland, 94605 SENIOR ADVOCACY</td>
<td>2</td>
<td>To reward a non profit organization for their contribution to the community</td>
</tr>
</tbody>
</table>

4. Verification
   18944. 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency/Department Official: Anna Gee
   Operations Chief: Anna Gee
   Date: 7/2/15
   Comment: USOAC 6/10 tickets

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

**1. Agency Name**  
Alameda County

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

Board of Supervisors

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

Anna Gee  

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

**Date Stamp**

[California Form 802](#)  
For Official Use Only

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

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

---

**2. Function or Event Information**

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

- **Event Description** Baseball game

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

- **Date(s)** 5/30/15 5/31/15

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

- **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>Last First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arritola, Kathy</td>
<td>2</td>
<td>Ceremonial Role [x] Other [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</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>Men of Valor - 6118 International Blvd, Oakland 94621</td>
<td>4</td>
<td>To reward a non profit organization for their contribution to the community</td>
</tr>
</tbody>
</table>

| TRANSITIONAL HOUSING AND EMPLOYMENT TRAINING FOR MEN |

---

**4. Verification**

1994:1 and 1994:2: I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**  
Anna Gee  
**Operations Chief**  
[Last 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)
Anna Gee
Area Code/Phone Number (510) 272-6694
E-mail anna.gee@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Basketball game
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 $ ________________
Date(s) 6 / 4 / 15 6 / 7 / 15
If no: ___________________________________________
Name of Source __________________________________
If yes: Miley, Nate
Official’s Name (Last, First) ____________________________

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

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
Miley, Nate 1
To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Ceremonial Role ☐ Other ☑ Income ☐
Rogers, Samantha 2
If checking ‘Ceremonial Role’ or ‘Other’ describe below:
To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

Alexander, Toni 2
If checking ‘Ceremonial Role’ or ‘Other’ describe below:
To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

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

Signature of Agency Head or Designee
Anna Gee
Print Name
Operations Chief
Title
7/2/15 (Month, Day, Year)

Comment: ________________________________

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball game
   Face Value of Each Ticket/Pass $ ______________
   Date(s) 6 / 14 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: __________________________________
   Name of Source Miley, Nate
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: Official’s Name (Last, First)

3. **Recipients**
   Use Section B to identify an individual. Use Section C to identify an outside organization.
   [Table]
<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>Dunlap, Kamika</td>
<td>2</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Neola, Aquil</td>
<td>2</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>FEEDS HOMEBOUND SENIORS</td>
<td>4</td>
<td>To reward a non profit organization for their contributions to the community</td>
</tr>
</tbody>
</table>

4. **Verification**
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Operations Chief
   7/2/15

Comment: _________________________________________________________________

Signature of Agency Head or Designee

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
### Agency Name
Alameda County\n
### 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 $ $5,000

Event Description Basketball Game

Provide Title/Explanation

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

Yes ☐ No ☑️

Date(s) 06 / 07 / 15

If no:

Name of Source

Golden State Warriors

If 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

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Include address and description</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

### 4. Verification

I have read and understood FPPC Regulations 18042, 18043, 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:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Basketball Game
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   Face Value of Each Ticket/Pass $5,000/$60.75 parking
   Date(s) 06 / 14 / 15
   Name of Source Golden State Warriors
   Name of 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.
   
<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: |
   | Cravalho, Brian                     | 2/1park                     | Ceremonial Role ☐ Other ☐ Income ☐ |
   |                                      |                             | To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. |
   |                                      | 2/1park                     | 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

I, [Name], 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

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 [x] No [ ]

Face Value of Each Ticket/Pass $15

Event Description Basketball Game Watch Party

Provide Title/Explanation

Date(s) 06 / 16 / 15

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

If no: Golden State Warriors

Name of Source

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

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>Chan, Carl</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>

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

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

| 2                           | Ceremonial Role [ ] Other [ ] |

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

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

4. Verification

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

Steven Jones Central District Director
Post Name Title

07.02.2015 (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
   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/$60.75 parking
   Event Description Basketball Game
   Provide Title/Explanation
   Date(s) 06/04/15
   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.

<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>Kelso, Jennifer</td>
<td>2/park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2/park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
   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
   Yes ☐ No ☒ Face Value of Each Ticket/Pass $15
   Event Description Basketball Game Watch Party
   Date(s) 06 16 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes, provide Title/Explanation
   Name of Source
   If no, provide Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   If yes, provide 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>
<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>Elliott, Laura</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I, Steven Jones, the Central District Director, certify as required by §§18941 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
   (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

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☑ No □
- **Face Value of Each Ticket/Pass $** $5,000
- **Event Description** Basketball Game
- **Date(s)** 06/14/15
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No ☑
- **Name of Source** Golden State Warriors
- **If yes:** Alameda County Supervisor Wilma Chan
- **Official’s Name (Last, First)**

**3. Recipients**

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Health Services</td>
<td>818 Webster St, Oakland, CA 94607</td>
<td>2</td>
</tr>
<tr>
<td>community health center that offers primary health care services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

Approved: 07/02/2015

Steven Jones  Central District Director

Comment: and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Area Code/Phone Number (510) 272-6693
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
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
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. 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>Young, Eddie</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at 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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Form 802. 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 [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:**

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

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

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

**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)

<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>

**Alameda County Fire Department, St. 22 427 Paseo Grande, San Lorenzo, 94580**

**20**

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

**Protects life and property in the community of San Lorenzo**

---

### 4. Verification

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

Steven Jones  Central District Director  07.01.2015

Print Name  Title  (Month, Day, Year)

**Comment:**

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $32
   Date(s) 06/11/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I, and 19942, 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:
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
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☑  No ☐
   Was ticket distribution made at the behest of agency official?  No ☐  Yes ☑
   Face Value of Each Ticket/Pass $ $32
   Date(s) 06 / 17 / 15
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.  + Use Section B to identify an individual.  + Use Section C to identify an outside organization.
   
   **A.** Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   **B.** Name of Individual
   (Last, First) | Number of Ticket(s)/ Pass(es) | Ceremonial Role  ☑  Other  ☐ | Income  ☐
   (Describe below)
   (Describe below)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I, Steven Jones, Central District Director, declare under penalty of perjury under the laws of the State of California and 18 U.S.C. 1001 that the distribution set forth above is in accordance with the requirements.

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90
   Event Description Baseball game
   Event Date(s) 06 / 19 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

   3
   To promote attendance at an event held at a County facility in order to maximize potential County revenue...

   3
   If checking "Ceremonial Role" or "Other" describe below:

4. Verification
   I declare 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:
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 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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ $32
   Date(s) 06 30 15
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   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) 272-6893
   E-mail steven.jones@acgov.org

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass: $32
   Event Description: Baseball game
   Date(s): 06 / 29 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Event:
   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 ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      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, Steven Jones, Central District Director, certify that the information stated above is true in all material respects.
   Steven Jones  Central District Director  07.02.2015
   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $32
   Event Description: Baseball game
   Date(s) 06/28/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I, and 10942, 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
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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $80/$20 parking
Date(s) 06 / 26 / 15
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

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

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

4. Verification
1 and 1942, 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 ☐
Event Description
Baseball game
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Face Value of Each Ticket/Pass $  $32
Date(s)  06 / 27 / 15
If no: Oakland A's
Names of Source
If yes: Chan, Wilma
Official's Name [Last, First]

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

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

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

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

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

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

Steven Jones
Central District Director
07.02.2015
(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
   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 $80/$20 parking
   Event Description: Baseball game
   Date(s): 06/26/15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Oakland A’s Name of Source
   If yes: Chan, Wilma Akinola’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:
   Cravalo, Brian | 5/1 park | Ceremonial Role [x] Other [ ]
   + If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an(n)... event held at a County facility in order to maximize potential County revenue.
   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

4. Verification
   Steven Jones | Central District Director | 07/02/2015
   (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)
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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $80/$20 parking
Date(s) 06 / 26 / 15
If no: Oakland A's Name of Source
If yes: Chan, Wilma Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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>Yungert, Andrew</td>
<td>4/1park</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
</table>

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

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

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

Steven Jones Central District Director 07/02/2015
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 (Most provides explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $32

Event Description Baseball game

Date(s) 06/21/15

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

If yes: Oakland A's

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

If yes: Chan, Wilma

Official’s Name (Last, First)

3. Recipients

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

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

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

Ceremonial Role ☐ Other ☐ Income ☐

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

Ceremonial Role ☐ Other ☐ Income ☐

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

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

4. Verification

I have 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: 800/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**
Baseball game

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

**Date(s)**
06/10/15

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

**If no:**
Oakland A's

**Name of Source**
Chan, Wilma

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

---

**3. Recipients**

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

<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>Chavez, Darwin</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

---

**4. Verification**

I have read and understand FPPC regulations 18991.1 and 18992. I 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:**

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 $32
   Event Description: Baseball game
   Date(s) 06 / 09 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☑
   If yes: Chan, Wilma Official's Name (Last, First)

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

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

   Dektar, Ellen 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
   4.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 07.02.2015
   (Last, First) (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 Boxing: Ward vs. 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: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

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

   Steven Jones
   Central District Director
   07.02.2015
   (Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Baseball game
   Face Value of Each Ticket/Pass $32
   Date(s): 06/20/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland A's
   Names of Source:
   If yes: Chan, Wilma
   Official's Name (Last, First):

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

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

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

      1. Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...

      2. Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I, Steven Jones, hereby declare under penalty of perjury under the laws of the State of California and 18 U.S.C., that the distribution set forth above, is in accordance with the requirements.
   Central District Director
   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
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Baseball game
Face Value of Each Ticket/Pass $32
Date(s): 06/19/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland A's
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
Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

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

4. Verification
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
   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 of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description KMEL Summer Jam 2015
   Provide Title/Explaination
   Face Value of Each Ticket/Pass $ 188
   Date(s) 06 / 13 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Event
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

4. Verification
   I have 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
   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 $188
   Event Description KMEL Summer Jam 2015
   Date(s) 06 / 13 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

4. Verification

(Handwritten: I 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
   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 Boxing - Ward vs. Smith
   Face Value of Each Ticket/Pass $154.35
   Date(s) 06 / 20 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

   B. Name of Individual
      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.

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

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

4. Verification
   I, Steven Jones, Central District Director, have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   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
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $32
   Event Description Baseball game
   Event Date(s) 06/18/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Ticket(s)/Pass(es) provided by agency official? Yes ☑ No ☐
   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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<tr>
<td></td>
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<td></td>
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</tbody>
</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>Wydler, Art</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 declare under penalty of perjury under Sections 81041 and 18942 that the information set forth above is true to the best of my knowledge, information and belief.

   Steven Jones
   Central District Director
   07.02.2015

   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)
   Vener Bates, Supervisor's Assistant
   Area Code/Phone Number: 925-551-6995
   E-mail: vener.bates@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
   Face Value of Each Ticket/Pass: $12.00
   Date(s): 6/17/15, 7/5/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Haggerly, Scott
   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:
      For community service for the good of the public
      Maryalice Fallings
      4
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking 'Ceremonial Role' or 'Other' describe below:
      For community service for the good of 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
   8944.1 and 10942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Vener Bates
   Supervisor's Assistant
   Supervisor's Assistant
   Signatures of Agency Head or Designee

Comment:

RECEIVED
JUL 28 2015
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tr>
</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>Leyte Reyes</td>
<td>8</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
</tbody>
</table>

  - If checking "Ceremonial Role" or "Other" describe below:
  - For community service for the good of the public

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Kopell</td>
<td>8</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
</tbody>
</table>

  - If checking "Ceremonial Role" or "Other" describe below:
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<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryanne Tracy-Baker</td>
<td>4</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
</tbody>
</table>

  - If checking "Ceremonial Role" or "Other" describe below:
  - For community service for the good of the public

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Eriene de Marcus</td>
<td>6</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
</tbody>
</table>

  - If checking "Ceremonial Role" or "Other" describe below:
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<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
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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)  
Vener Bates, Supervisor’s Assistant  
Area Code/Phone Number  
925-551-6895  
E-mail  
vener.bates@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  
Provide Title/Explanation  
Date(s)  
6 / 17 / 15  
7 / 5 / 15  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no:  
Alameda County Fair Association  
Name of Source  
If yes:  
Hagerty, Scott  
Official's Name (Last, First)  

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Val Bettencourt</td>
<td>8</td>
<td>For community service for the good of the public</td>
</tr>
<tr>
<td>Gilbert Amador</td>
<td>6</td>
<td>For community service for the good of the public</td>
</tr>
</tbody>
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<table>
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<tr>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification  

I, the undersigned, certify that the information set forth above is true and correct to the best of my knowledge.  

Signature of Agency Head or Designee  

Vener Bates  
Signature  

Supervisor’s Assistant  
Print Name  
Title  
(Month, Day, Year)  

Comment:  

Date Stamp  
California Form 802  
For Official Use Only  

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

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

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

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

### B. Name of Individual

#### Mark Bernardin

- Name: Mark Bernardin
- Number of Ticket(s)/Pass(es): 4
- Identify one of the following:
  - Ceremonial Role
  - Other
  - Income
- For community service for the good of the public

#### Arturo del Rio

- Name: Arturo del Rio
- Number of Ticket(s)/Pass(es): 6
- Identify one of the following:
  - Ceremonial Role
  - Other
  - Income
- For community service for the good of the public

#### Saki Kavouniaris

- Name: Saki Kavouniaris
- Number of Ticket(s)/Pass(es): 4
- Identify one of the following:
  - Ceremonial Role
  - Other
  - Income
- For community service for the good of the public

#### Martel Green

- Name: Martel Green
- Number of Ticket(s)/Pass(es): 10
- Identify one of the following:
  - Ceremonial Role
  - Other
  - Income
- For community service for the good of the public

### C. Name of Outside Organization

#### (include address and description)

<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>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)
   Vener Bates

   Area Code/Phone Number   E-mail
   925-551-6995   vener.bates@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

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

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

   Event Description
   Alameda County Fair

   Face Value of Each Ticket/Pass $ 12.00

   Date(s)  6 / 17 / 15  7 / 5 / 15

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   if no: Alameda County Fair Association

   Was ticket distribution made at the behest of
   agency official? No ☐ Yes ☒
   if yes: Haggerty, Scott

3. Recipients
   * Use Section 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>Thelma Cabrera</td>
<td>8</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>For community service for the good of the public</td>
</tr>
<tr>
<td>Mel Luna</td>
<td>20</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>For community service for the good of the public</td>
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</tbody>
</table>

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<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

4. Verification
   I, 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
   Vener Bates

   Supervisor's Assistant
   Print Name
   Title

   (Month, Day, Year)

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

**Agency Name**

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marilyn Greenwood</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ For community service for the good of the public</td>
</tr>
<tr>
<td>Thomas McCarthy</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ For community service for the good of the public</td>
</tr>
<tr>
<td>Nick Nardolillo</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ For community service for the good of the public</td>
</tr>
<tr>
<td>Gloria Olson</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ For community service for the good of the public</td>
</tr>
</tbody>
</table>

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

1. Agency Name
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Vener Bates, Supervisor's Assistant
Area Code/Phone Number 925-551-6995
E-mail vener.bates@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Alameda County Fair
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 $ 12.00
Date(s) 6/17/15 7/5/15
If no: Alameda County Fair Association
Name of Source
If yes: Haggerty, Scott
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>Public Works</td>
<td>44</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue.</td>
</tr>
<tr>
<td>General Services Agency</td>
<td>50</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue.</td>
</tr>
</tbody>
</table>

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

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

4. Verification
I hereby certify under penalty of perjury under the laws of the State of California that the information set forth above is true and correct to the best of my knowledge, information, and belief.

Signature of Agency Head or Designee
Vener Bates
Print Name
Supervisor's Assistant
Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
3. Recipients
   * Use Section 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>Alameda County Sheriff’s Office</td>
<td>20</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
<tr>
<td>Department of Child Support Services</td>
<td>12</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
<tr>
<td>Community Development Agency</td>
<td>6</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</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 □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
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<td>Income □</td>
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<td></td>
<td></td>
<td>Income □</td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp California Form 802
802
For Official Use Only

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

Event Description Alameda County Fair

Provide Date/Explanation

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 $ 12.00

Date(s) 6 / 17 / 15 7 / 5 / 15

If no: Alameda County Fair Association

If yes: Haggerty, Scott

Official's Name (Last, First)

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

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
<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>Auditor Controller</td>
<td>22</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
<tr>
<td>Assessor's Office</td>
<td>9</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
</tbody>
</table>

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

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>
</table>

4. Verification
18644.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson

Signature of Agency Head or Designee

Supervisor's Assistant

Petit Name

Title

Date (Month, Day, Year) 7/12/15

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/325-7772)
### Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td>General Services Agency</td>
<td>4</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
<tr>
<td>Health Care Services Agency</td>
<td>6</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
<tr>
<td>Information Technology Department</td>
<td>9</td>
<td>To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (not for: Agency, Department or Unit)</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>
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<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<td>Ceremonial Role □ Other □ Income □</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
</table>
## 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):** Vener Bates, Supervisor's Assistant
- **Area Code/Phone Number:** 925-551-6995
- **E-mail:** vener.bates@acgov.org

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Alameda County Fair
- **Face Value of Each Ticket/Pass:** $ 12.00
- **Date(s):** 6/17/15, 7/5/15 (MM/DD/YY)
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **Name of Source:** Alameda County Fair Association
- **Official's Name (Last, First):** Haggerty, Scott

### 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 [ ]
  - **For community service for the good of the public:**

- **Bill Yeoman:**
  - **5**

- **Fred Gotthardt:**
  - **5**

- **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:**

  - **Vener Bates:**
  - **Supervisor's Assistant:**

  **Signature of Agency Head or Designee:**

  **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
Continuation Sheet

Agency Name
Alameda County

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (last, first)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Dunlap</td>
<td>5</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>For community service for the good of the public</td>
</tr>
<tr>
<td>Chris Camacho</td>
<td>5</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>For community service for the good of the public</td>
</tr>
<tr>
<td>Joe Freitas</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For community service for the good of the public</td>
</tr>
<tr>
<td>Joe Davis</td>
<td>15</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
<td>For community service for the good of the public</td>
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</tbody>
</table>
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 ☑
   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.

<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>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mallorca, Mary</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. [4.1 and 18942] I have verified that the distribution set forth above is in accordance with the requirements.
   Michelle Dianda
   Supervisor’s Aide
   (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
   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
   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
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in
      order to maximize potential revenue from sales.
      Ries, Karen 3
      Veronesi, Kristina 6

   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, Michelle Dianda, have verified that the distribution set forth above,
   is in accordance with the requirements.
   Supervisor's Aide
   7/2/15
   Comment: Includes 3 parking passes at the value of $10 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

**2. Function or Event Information**

| Does the agency have a ticket policy? | Yes ☒ No ☐ |
| Face Value of Each Ticket/Pass $ | $25.00 |
| Event Description | Oakland A's vs. Minnesota Twins |
| Date(s) | 07 / 17 / 15, 07 / 19 / 15 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☒ |
| Was ticket distribution made at the behest of agency official? | No ☐ Yes ☒ |

**3. Recipients**

*Please use Section 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>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**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:

<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>Union City Apostolic Church 33700 Alvarado-Niles Rd, Union City</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

| Provides services to low income residents and the homeless |
| --- | --- |

### Verification

8941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Dianda ☐ Supervisor's Aide ☐

Signature of Agency Head or Designee (Print Name) (Month, Day, Year)

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
   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 $ 36.75
   Event Description Hello Kitty Friendship Festival
   Provided Title/Explanation
   Date(s) 07 / 10 / 15 7 / 11 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source:
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

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

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

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

Comment: ____________________________

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Michelle Dianda

Area Code/Phone Number  E-mail
(510) 272-6692  michelle.diana@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  Hello Kitty Friendship Festival

Face Value of Each Ticket/Pass $  36.75

Date(s)  07 / 11 / 15  7 / 12 / 15

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

If no: Golden State Warriors

Name of Source

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

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First)

3. Recipients

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

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

B. Name of Individual  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

Hung, Vivien  4

Ceremonial Role ☐  Other ☑  Income ☐

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

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

4. Verification

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

(510) 272-6692  michelle.diana@acgov.org

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
   Email michelle.dianda@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Kevin Hart Comedy Tour
   Face Value of Each Ticket/Pass $ 81.43
   Date(s) 07 / 18 / 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
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<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>Hildreth, Jakon</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>if checking “Ceremonial Role” or “Other” describe below.</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</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
   7/17/15 I have verified that the distribution set forth above, is in accordance with the requirements.

   Michelle Dianda  Supervisor's Aide
   Paid Name  Title

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** Oakland A's vs. Toronto Blue Jays

**Face Value of Each Ticket/Pass:** $25.00

**Date(s):** 07/23/15

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

**Name of Source:**
- If no: Oakland A's
- If yes: Valle, Richard- Supervisor District 2

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

**Officer's Name (Last, First):**

### 3. Recipients

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

<table>
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<tr>
<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>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [X] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mott, Gilbert</td>
<td>2</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

### 4. Verification
- M & A 1 and 1994: 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):** 7/2/15

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

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

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

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 Game
   Event Date(s) 07/23/15, 07/31/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Name of Source Valle, Richard - Supervisor District 2

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

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

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

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

4. Verification
   I hereby verify that the distribution set forth above is in accordance with the requirements.
   Michelle Dianda
   Supervisor's Aide
   Print Name
   Date (Month, Day, Year) 07/15/15
   Comment: 

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agencies 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 $ 81.43
   Event Description Kevin Hart "What Now?!" Tour
   Event Date(s) 07 / 18 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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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<tr>
<td></td>
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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>
</table>
   | Thomas, Lee                      | 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 ☐
   |                                  |                             | If checking "Ceremonial Role" or "Other" describe below: |

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   07.09.2015

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description  Kevin Hart "What Now?!" Tour
   Face Value of Each Ticket/Pass $81.43
   Date(s) 07/18/15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   If no: Golden State Warriors
   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.

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

4. Verification
   I have read and understood FPPC Regulations 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones  Central District Director  07.09.2015
   (Last, First)  Title  (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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
   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) 7/31/15
   Name of Source Oakland Athletics
   Name of Issuer 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>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward Perez</td>
<td>1</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>Scott Martinez</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bill Wheatley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Pinto</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organisation</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. Comment:

Lee Ann Fergerson Supervisor's Assistant

Date of Original Filing: 7/31/15

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

1. Agency Name
   Oakland/Alameda County Coliseum Authority
   (Division, Department, or Region if Applicable)
   Lee Ann Ferguson, Ticket Administrator
   (Designated Agency Contact Name, Title)
   Area Code/Phone Number: 510-272-4661
   E-mail: leeann.fergerson@acca.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: B & B Circus
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency official? No □ Yes □
   Face Value of Each Ticket/Pass $ 35.40
   Date(s): 6-15-15
   If no: GSW
   Official Name Last, First: Scott Haggerty

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:
         — To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
         — Ceremonial Role □ Other □
         — Other description:
   
      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
   39441 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Ferguson, Ticket Administrator
   (Print Name)
   Title
   (Month, Day, Year)

Comment:

FPPC Form 892 (9/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/375-7727)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $32.00
Event Description Baseball Date(s) 8/22/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Name of Source Oakland Athletics
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ Name of Source Alameda County Supervisor Scott Haggerty, 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
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
Give Teens 20 2
To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
Lee Ann Fergerson Supervisor's Assistant 7/29/15
Post Name Title

Comment: Encourages and equips teens by providing no-cost, easy-to-use tools and resources to help them find their career fit.
Agency Name: Alameda County

Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Ferguson, Supervisor's Assistant

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

2. Function or Event Information
- Does the agency have a ticket policy? Yes [ ] No [ ]
- Event Description: Baseball
- Face Value of Each Ticket/Pass: $32.00
- Date(s): 8-23-15
- Ticket(s)/Pass(es) provided by agency? Yes [ ] 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

3. Recipients
- A. Name of Agency, Department or Unit: DIST 1
- Number of Tickets/Passes: 2
- Describe the public purpose made pursuant to the agency's policy: To reward a County employee for his or her exemplary service to the public or to encourage staff development

- B. Name of Individual (Last, First)
- Number of Tickets/Passes: 
- Identify one of the following:
  - Ceremonial Role [ ]
  - Other [ ]
- Income [ ]

- C. Name of Outside Organization (include address and description)
- Number of Tickets/Passes: 
- Describe the public purpose made pursuant to the agency's policy:

4. Verification
- Lee Ann Ferguson, Supervisor's Assistant
- Date: 7/29/15

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) 272-6691
   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 $3200
   Date(s) 7/31/15
   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:
      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 and 16942, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson  Supervisor's Assistant  7/23/15
   (Last, First) (Title)  (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Name of Source
   Date(s) 7/23/15

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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 Fergerson Supervisor's Assistant 7-23-15
   (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
   leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Basketball
   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) 9.2.15
   Name of Source: Oakland Athletics
   Official's Name (Last, First): Alameda County Supervisor Scott Haggerty, 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)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   c. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Fremont MLS
      34931 Fairwell Drive
      Fremont  CA  94536
      7299
      To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
   1944.1 and 1944.2: I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   (Month, Day, Year)
   7.23.15

Comment: All proceeds from this bequest will go towards their Major Project which Benefits Handicapped Children.
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Oakland/Alameda County Coliseum Authority
   Designated Agency Contact: Scott Haggerty, D1
   Lee Ann Ferguson, Ticket Administrator.
   510-272-1691, LeeAnn.Ferguson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass: $32.00
   Date(s): 2-1-15
   If no: Oakland Athletics
   Name of Source:
   If yes: HAGGERTY, SCOTT
   Officer/Name (Last, First)

3. Recipients
   Use Section 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)
      Dist
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification
   I have read and understood the FPPC regulations and I verify that the distribution of the above is in accordance with the requirements.
   Ann Ferguson, Ticket Administrator
   7-20-15
   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)
   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 (Provide Title/Explanation)
   Face Value of Each Ticket/Pass $ 32.00
   Date(s) 1/1/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Names of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.
   * Use Section B to identify an Individual.
   * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es):
      Describe the public purpose made pursuant to the agency's policy
      DIST 1
      2
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification
   A. I, [Signature], declare under penalty of perjury, that I, [Signature], have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   1/11/15
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Oakland Athletics
   Face Value of Each Ticket/Pass $90.00
   Date(s): 7-14-15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Athletics
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes □ No □
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   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
      | Alameda County Fire
      | Alameda County Sheriff
      | Both Departments will Split Seats & parking passes
      | 18/4

4. Verification.
   I, (Lee Ann Ferguson and Supervisor's Assistant) 7-14-15

Comment: 2000 150th Ave, San Leandro

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Event Description**: Hello Kitty Concert
   - **Face Value of Each Ticket/Pass**: $34.75
   - **Date(s)**: 7.12.15
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **Was ticket distribution made at the behest of agency official?** No ☐ 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)**: 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

4. **Verification.**
   - I and 18842, I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Lee Ann Fergerson**, Supervisor's Assistant
   - **7-10-15**

   **Comment:**

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 36.75
   Event Description: Hello Kitty concert
   Event Date(s) 7-10-15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No  ☐
   Name of Source:
   If no:  CGW
   Was ticket distribution made at the behest of agency official?  No  ☐  Yes  ☑
   If yes:  Alameda County Supervisor
   Scott Haggerty, District 1

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

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

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

   C. Name of Outside Organization (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.
   Lee Ann Fergerson
   Supervisor's Assistant

   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 $ 36.75
   Event Description Hello Kitty Concert
   Date(s) 7/11/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ☐
   Name of Source ☐
   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, District 1

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patty Avila</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>
<tr>
<td>Ahrela Corona</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 1942. I have verified that the distribution set forth above is in accordance with the requirements.

   Lee Ann Fergerson ☐ Supervisor's Assistant ☐
   Print Name ☐
   Title ☐
   Date 7-16-15 (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
leann.fergerson@acgov.org

Date Stamp

California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 1620.00
Event Description "A's Suite"
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Date(s) 8/1/15
If no: Oakland Athletics
Name of Source
Alameda County Supervisor Scott Haggerty

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>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>
</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></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>Fertile Ground Works</td>
<td>18/4</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification.
1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Fergerson ☐ Supervisor's Assistant ☐
Phyllis Name ☐ Title ☐

Comment: Teaching Sustainable agriculture and growing healthy organic food for our neighbors in need.