Agency Report of:
Ceremonial Role 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

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass</th>
<th>12.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Alameda County Fair</td>
<td>Provide Title/Explanation</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
<td>Date(s)</td>
<td>6 / 17 / 15 7 / 5 / 15</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Agency</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>Treasurer-Tax Collector</td>
<td>2</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 (list, name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
I have read and understand FPPC Resolutions 18941 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

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

Provide Title/Explanation

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

Dato(s) 07 / 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.

<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 (Ex: Fred)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Heinl, Lukas</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>
</tbody>
</table>

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

4. Verification

I have read and understand EPPC 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

08.06.2015

(TeND, 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
   Date(s) 7 / 21 / 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 a(n)... event held at a County facility in order to maximize potential County revenue...

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   08.06.2015
   (Month, Day, Year)

Comment: __________________________

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

### 1. Agency Name
- **Alameda County**

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

### Designated Agency Contact (Name, Title)
- Steven Jones

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

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

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

#### Event Description
- **Baseball game**

#### Face Value of Each Ticket/Pass $: $32

#### Event Date
- 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?
- No ☑ Yes ☑

#### Official's Name (Last, First)
- Chan, Wilma

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

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

<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>Hirotta, Sherry</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></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

18944.1 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**
  - Print Name
  - Title

- **Date**
  - 08/06/2015

**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)
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

Event Description: Baseball game

Provide Title/Explanation

Date(s) 7 / 30 / 15

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

If no: Oakland A's

Name of Source

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

If yes: Chan, Wilma

Official's Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (L.M.N. F.H)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>
|                                      |                              | If checking "Ceremonial Role" or "Other" 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>Oakland Junior Giants Baseball League</td>
<td>250 Frank H. Ogawa Plaza, 94612</td>
<td>18/4 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
</table>
| "I have verified that the distribution set forth above, is in accordance with the requirements."

Signature of Agency Head or Designee

Print Name

Central District Director

Title

08.06.2015

(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) 272-6893 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 $90 
Date(s) 07/31/15
If no: Oakland A's
Name of Source
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 (Enter Full)
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
Alameda County Meals on Wheels | 80 Swan Way, Suite 120, Oakland, 94621
3/1 To reward a non-profit organization for its contributions to the community
Delivers warm, nutritious meals daily to homebound seniors

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

Steven Jones Central District Director 08/06/2015
Print Name Title (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

Area Code/Phone Number 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
Event Description
Baseball game

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)

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.

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

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

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

Oakland Citywide Girls' Sports | 250 Frank H. Ogawa Plaza, 94612
18/4 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County...
Youth athletics with a focus on teamwork and character development

4. Verification
I declare under penalty of perjury that the information set forth above is true and correct. Steven Jones
Signature of Agency Head or Designee
Central District Director
Print Name
Title
08.06.2015 (Month, Day, Year)

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

**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 $**
- **Event Description**
  - Baseball game

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

- **Name of Source**
  - Oakland A's

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

- **Name of Source**
  - Chan, Wilma

**Date(s)** 7 / 22 / 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**

<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>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>Leslie, Barbara</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>
</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

944.1 and 18042.1 have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**
Steven Jones

**Central District Director**

**Print Name**

**Title**

**Date of Original Filing:** (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 [X]
   Face Value of Each Ticket/Pass $ 32
   Event Description [Baseball game]
   Date(s) 07/30/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   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>Ceremonial Role [ ] Other [ ] Income [ ] Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amgott-Kwan, Jared</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ] 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 [ ] If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

   - Signature of Agency Head or Designee
   - Print Name
   - Central District Director
   - Title
   - Date (Month, Day, Year) 08/06/2015

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description Athletics vs. Indians
   Face Value of Each Ticket/Pass $ 90.00
   Date(s) 07 / 31 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   If yes: Carson, Keith

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

   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
   Alameda County Meals on Wheels 80 Swan Way, Suite 120 Oakland, CA 9462
   4 To reward a school or nonprofit organization for its contributions to the community.

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

   Signature of Agency Head or Designee

   Amy Shrago
   Supervisor's Assistant
   06-03-15 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Amy Shrago
   (510) 272-6695
   E-mail: amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Athletics vs. Blue Jays
   Face Value of Each Ticket/Pass $ 90.00
   Date(s) 07/22/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source: Carson, Keith
   If yes: Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization
      (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
      East Bay Women's Political Caucus 484 Lake Park Ave., #305 Oakland CA 94610 | 18 | To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have read all of FPPC and FPPC Regulations 18944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Supervisor's Assistant
   08-03-15
   (Month, Day, Year)

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No X
Face Value of Each Ticket/Pass $ 90.00
Event Description Athletics vs. Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Oakland Athletics
Name of Source
Was ticket distribution made at the behest of agency official? No □ Yes X
If yes: Carson, Keith
Official's Name (Last, First)

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

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

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

   Ceremonial Role □ Other X Income □

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

   To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev

   Ceremonial Role □ Other □ Income □

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

   18

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
3944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Supervisor's Assistant
08-03-15
Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No ☒ Face Value of Each Ticket/Pass $ 90.00
   Event Description Athletics vs. Mariners Date(s) 07 / 03 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Oakland Athletics Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes ☒ If yes: Carson, Keith Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Brown, Elaine</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>To promote attendance at a County sponsored event or event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>held at a County facility in order to maximize potential County rev</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head/Designee

Amy Shrago  Supervisor's Assistant  08-03-15
Print Name  Title  (Month, Day, Year)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ 32.00
Event Description Athletics vs. Indians
Provide Title/Explanation
Date(s) 07 / 31 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source
If yes: Carson, Keith
Official's Name (Last, First)

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

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

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

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
1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Supervisor's Assistant 08/03/15
Print Name Title (Month, Day, Year)

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>2</td>
<td></td>
</tr>
<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>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev</td>
</tr>
</tbody>
</table>

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

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

Amy Shrago
Print Name
Supervisor’s Assistant
Title
08/03/15 (Month, Day, Year)

Comment:  

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 32.00
Event Description Athletics vs. Blue Jays Date(s) 07/21/15
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland Athletics
Was ticket distribution made at the behest Name of Source
of agency official? No ☐ Yes ☒ If yes: Carson, Keith
Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Spencer, Scott</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 or event held at a County facility in order to maximize potential County rev</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

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

Amy Shrago Supervisor's Assistant 08/03/15
Print Name Title (Month, Day, Year)

0
Comment: ____________________________________________________________________________
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
     - Board of Supervisors

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

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

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

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

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

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

   **B. Name of Individual (Last, First)**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role □ Other X Income □
       - **if checking "Ceremonial Role" or "Other" describe below:**
     - To reward a County employee for his or her exemplary service to the public or to encourage staff development.
     - **Number of Ticket(s)/Pass(es)** 4
     - **Ceremonial Role □ Other □ Income □**
       - **if checking "Ceremonial Role" or "Other" describe below:**

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

4. **Verification**
   - **I declare under penalty of perjury under the laws of the State of California and the United States of America, that the statements made above are true and correct to the best of my knowledge and belief.**

   - **Amy Shrago**
     - **Print Name**
     - **Supervisor's Assistant**
     - **Title**
     - **08/03/15**
     - **(Month, Day, Year)**

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

#### 1. Agency Name
Alameda County

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

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

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

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

#### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☐ No ☒</th>
<th>Face Value of Each Ticket/Pass</th>
<th>$32.00</th>
</tr>
</thead>
</table>

**Event Description** Athletics vs. Twins

**Provide Title/Explanation**

**Date(s)** 07 / 17 / 15

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

**If no:**

**Name of Source**

**If yes:**

**Name of Source** Carson, Keith

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

#### 3. Recipients

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

**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**

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

**Brooks, Rodney**

4

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

Ceremonial Role ☐ Other ☐ Income ☐

4

**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

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

**Amy Shrago**

**Supervisor's Assistant**

**08/03/15**

**Print Name**

**Title**

**(Month, Day, Year)**

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $ 32.00
Event Description Athletics vs. Mariners
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland Athletics
If yes: Carson, Keith
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Official's Name (Last, First)
Date(s) 07 / 03 / 15

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

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

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

<table>
<thead>
<tr>
<th>McWilson, Marlon</th>
<th>4</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public.</td>
</tr>
</tbody>
</table>

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

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

Amy Shrago Supervisor's Assistant 09/03/15
Print Name Title (Month, Day, Year)

Comment:

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

## 1. Agency Name
Alameda County

**Division, Department, or Region (If Applicable)**
Board of Supervisors
**Designated Agency Contact (Name, Title)**
Amy Shrago

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

## 2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☐ No ☒ | Face Value of Each Ticket/Pass $ | 32.00 |
| Event Description | Athletics vs. Mariners | Date(s) | 07/02/15 |
| 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 ☒ | Official's Name (Last, First) | Carson, Keith |

## 3. Recipients

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

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

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

Shrago, Amy  
4

<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

1844.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Supervisor's Assistant  
08/03/15

Comment:

---

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 81.43
   Event Description Kevin Hart
   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: Carson, Keith
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   
   Sanchez, Mina | 4 | Ceremonial Role ☐ Other ☒
                     | 4 | If checking "Ceremonial Role" or "Other" describe below:
                     |            | To reward a County employee for his or her exemplary service to the public or to encourage staff development.
                     |            | Ceremonial Role ☐ Other ☐ Income ☐
                     |            | If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have 1944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   06/03/15
   Print Name
   Title
   (Month, Day, Year)

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

#### 1. Agency Name
- Alameda County
- Board of Supervisors

#### Designated Agency Contact (Name, Title)
- Amy Shrago

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☐ No ☑
- **Face Value of Each Ticket/Pass** $36.75
- **Event Description** Hello Kitty Festival
- **Date(s)** 07/10/15
- **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:** Carson, Keith
  - **Official's Name (Last, First)**

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

- **B. Name of Individual**
  - **Name of Individual** Simpson, Michelle
  - **Number of Ticket(s)/Pass(es)** 8
  - **Identify one of the following:**
    - **Ceremonial Role** ☐  
    - **Other** ☑
    - **Income** ☐
    - **If checking "Ceremonial Role" or "Other" describe below:**
    - **To promote attendance at an event held at a County facility in order to maximize potential County revenue**

- **C. Name of Outside Organization**
  - **Number of Ticket(s)/Pass(es)** 8
  - **Describe the public purpose made pursuant to the agency's policy**

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

- **Amy Shrago**  
  - **Print Name**
  - **Supervisor's Assistant**
  - **Title**
  - **07/15/15**
  - **(Month, Day, Year)**

**Comment:** ☑

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

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

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 Festival
Date(s) 07 / 11 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Carson, Keith

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

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:

Valentine, Valerie | 6 | 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 ha
Amy Shrago | Supervisor's Assistant | 07/15/15
Print Name | Title | (Month, Day, Year)

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

#### 1. Agency Name
Alameda County

Board of Supervisors

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

Amy Shrago

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

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

**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 $36.75
- **Event Description** Hello Kitty Festival
- **Date(s)** 07/12/15
- **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:** Carson, Keith
  **Official’s Name (Last, First)**

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

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

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

#### 4. Verification
- **19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.**
- **Amy Shrago**
- **Supervisor’s Assistant**
- **(Month, Day, Year)**

### Comment:

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) 08 / 03 / 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
   Board of Supervisors 2 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 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

4. Verification
   144.1 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
   Print Name Title
   Date 08/03/2015 (Month, Day, Year)

Comment:
Agency Name: Alameda County
Division, Department, or Region (If Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Joe Gordon, Supervisor's Assistant
Area Code/Phone Number: (510) 272-6691
E-mail: Joe.Gordon@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)

1. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 36.33
- Event Description: Ringling Bros. Circus
- Date(s): 08/01/2015
- Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: 
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: 
  Name of Source: Supervisor Scott Official's Name (Last, First)

2. Recipients
- Use Section 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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Income&quot; describe below:</td>
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<tr>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Income&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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>Give Teens 20</td>
<td>A</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

39270 Paseo Park, #446 Premont, CA 94538

Verification: 544.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Joe Gordon Supervisor's Assistant 08/09/15
(Parties)

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 [x]
   Face Value of Each Ticket/Pass $______
   Event Description Circus
   Date(s) 8/17/15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: GSW
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Agency Department</th>
<th>Individual Name</th>
<th>Number of Tickets (Passes)</th>
<th>Purpose of the ticket distribution pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paula Wells</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></td>
<td></td>
<td></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 Tickets (Passes)</th>
<th>Purpose of the ticket distribution pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name Title

   Comment: ____________

   (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $ 32.00
Event Description Oakland Athletics
Date(s) 8/3/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: __________ __________ __________
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

B. Name of Individual (Last, First)
Number of Ticket(s)/ Pass(es)
Identify one of the following:
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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
344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Lee Ann Ferguson Supervisor's Assistant
Print Name Title

Comment: __________________________________________

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-6691 leeann.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 ☐
   Event Description: [Provide Title/Explanation]
   Face Value of Each Ticket/Pass $ 32.00
   Date(s): 8/31/15
   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.

   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

   Verification
   I and 16949, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant
   Print Name Title
   8/3/15 (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 leecann.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 Basebrell
   Date(s) 8/5/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source Oakland Athletics
   If no: If yes: Alameda County Supervisor Scott Haggerty, District 1
   Name of 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)
      Identify one of the following:
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions and parking sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I, Lee Ann Fergerson, have read and understood FPPC Regulations 18941 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 E-mail  
(510) 272-6691  
leeann.fergerson@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☐ No ☑  
Face Value of Each Ticket/Pass $  
Date(s) 8/4/15  
Event Description  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☑  
If no:  
Name of Source  
Oakland Athletics  
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☑  
If yes:  
Alameda County Supervisor Scott Haggerty, District 1  
Official's Name (Last, First)

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

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

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

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

Lee Ann Fergerson  
Supervisor's Assistant  
Print Name  
Title  
(510) 272-6691  
leeann.fergerson@acgov.org

Date of Original Filing: (Month, Day, Year)  
(8/4/15)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-8691
   E-mail lecann.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) 8.12.15
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☐
   Name of agency: Oakland Athletics
   Was ticket distribution made at the behest of agency officials?
   No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
   Number of Tickets/Passes
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
   Number of Tickets/Passes
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
   Number of Tickets/Passes
   Describe the public purpose made pursuant to the agency's policy

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

   Lee Ann Fergerson
   Supervisor's Assistant
   Print Name
   Title
   Date 8.12.15
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ 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
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Vallee, Richard
   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
      Assessor's Office 13
      To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
      Community Development Agency 7
      To promote attendance at a County sponsored event or event held at a County facility to maximize potential County revenue
   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

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

Comment:
### 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>
<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>Treasurer-Tax Collector's Office</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>General 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</td>
<td>18</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
<td>Ceremonial Role □ Other □</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td>Ceremonial Role □ Other □</td>
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<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>
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</tbody>
</table>

**FFPC Form 802 (4/12)**
FFPC Toll-Free Helpline: 866/ASK-FFPC (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 E-mail
   (510) 272-6692 michelle.dianda@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ____________________________
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ _____________ 161.15
   Event Description Aretha Franklin Concert
   Provide Title/Explanation
   Date(s) 08 / 10 / 15 _____________
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:
      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. Verification
   44.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda Supervisor's Aide
   Print Name Title (Month, Day, Year)

Comment: _

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 $36.35
   Event Description: Ringling Brothers Circus
   Provide Title/Explaination
   Date(s) 08/14/15 08/15/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

      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.

4. Verification
   I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Dianda Supervisors Aide
   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):**
   - Michelle Dianda

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

   **E-mail:**
   - michelle.dianda@agov.org

   **Date Stamp:**
   - California Form 802

   **For Official Use Only**

   **Amendment (Must provide explanation in Part 3):**
   - [ ] Yes

   **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:**
   - $36.35

   **Event Description:**
   - Ringling Brothers Circus

   **Provide Title/Explanation:**
   - Provide title/explanation

   **Date(s):**
   - 08 / 16 / 15

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

   **If no:**
   - Golden State Warriors

   **Name of Source:**
   - [ ]

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

   **Official's Name [Last, First]:**
   - [ ]

3. **Recipients**

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

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

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

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

   **B. Name of Individual [Last, First]**

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

   **Ceremonial Role [ ] Other [X] Income [ ]**

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

   - To 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 purpose made pursuant to the agency's policy:**

4. **Verification**

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

   **Michelle Dianda**

   **Supervisor's Aide**

   [Signature]

   **Print Name**

   **Title**

   **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)
   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 $ 35.40
   Event Description Ringling Brothers Circus
   Date(s) 08 / 13 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)
   If no: Golden State Warriors

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

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

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

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

4. Verification
   and 6942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Michelle Archuleta ☑ Supervisor's Aide ☐
   (Month, Day, Year) 8/12/15

Comment: ________________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $25.00
   Event Description Oakland A's vs. Los Angeles Dodgers
   Date(s) 08 / 18 / 15 08 / 19 / 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: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)

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

   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.

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

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

Comment: ________________________________________________________________
Agency 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. Tampa Bay Rays
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 $25.00
Date(s): 08 / 22 / 15
If no: [ ]
Name of Source: [ ]
If yes: [ ]
Valle, Richard- Supervisor District 2
Official's Name (Last, First): [ ]

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

B. Name of individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role [ ] Other [X] 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 have verified that the distribution set forth above, is in accordance with the requirements.
Michelle Dianda [ ]
Supervisor's Aide [ ]
Print Name [ ]
Title [ ]
Date: 08/13/15
Month, Day, Year [ ]

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No   Face Value of Each Ticket/Pass $140.00
   Event Description Black and Brown Comedy
   Date(s) 08/28/15
   Ticket(s)/Pass(es) provided by agency? Yes X No   If no: Golden State Warriors
   If yes: Valle, Richard- Supervisor District 2
   Name of Source
   Name of Source
   Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role X 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. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: Michelle Archuleta
   Supervisor's Aide
   Print Name

Comment: 

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)
   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 $159.15
   Event Description Los Inquilinos Del Norte
   Provide Title/Explanation
   Date(s) 08 / 29 / 15
   Ticket(s)/Pass(es) provided by agency? [Yes ☑ No ☐]
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $222.00
Event Description Oakland Raiders Pre-Season Game
Date(s) 08 / 14 / 15 08 / 30 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If yes: Vallee, Richard- Supervisor District 2
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Name of Source
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>McAvoy, Zion</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a student for outstanding scholastic achievement.</td>
</tr>
<tr>
<td>Goldino, Mona</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/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
☐ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta Supervisor's Aide
Print Name Title

Comment: Includes 2 parking passes at the value of $35 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.diaanda@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 $  
67.40  

Event Description  
ETD: Love  
Provide Title/Explanation  

Date(s)  
08 / 22 / 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>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>Robles, James</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification  

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

- Michelle Archuleta  
  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
   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 $80.00
   Event Description: Oakland A's vs. Los Angeles Angels
   Date(s): 09/01/15
   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: Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I, ____________________________, have verified that the distribution set forth above, is in accordance with the requirements of FPPC Regulations 1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements of FPPC Regulations 1944.1 and 1942.
   Michelle Archuleta ☑ Supervisor's Aide ☑
   Print Name ____________________________
   Title ____________________________
   (Month, Day, Year) 8/27/15
   Comment: ____________________________

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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
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 $90 ticket/$20 parking
Date(s) 08 / 23 / 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

<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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>
|                                  |                             | If checking "Ceremonial Role" or "Other" describe below:
|                                  |                             |                               |

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls Inc of Alameda County</td>
<td>510 16th Street</td>
<td>Oakland, CA 94612</td>
</tr>
<tr>
<td>Offers academic enrichment activities, skill-building programs, and counseling</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
08.31.2015
(Month, Day, Year)
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
Alameda County

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

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

**Area Code/Phone Number**
(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

**Event Description**
Baseball game

**Date(s)**
08 / 23 / 15

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

If no:
**Name of Source**
Oakland A's

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

If yes:
**Official's Name (Last, First)**
Chan, Wilma

---

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

**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>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Elderts, JorDona

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐</th>
<th>Other ☐</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description**
To reward a community volunteer for his or her service to the public

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

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

---

#### 4. Verification

**I certify under penalty of perjury under the laws of 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

**Print Name**

**Central District Director**

**Title**

**Date**
08.31.2015

**(Month, Day, Year)**

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

**1. Agency Name**
- Alameda County
- Board of Supervisors
- Designated Agency Contact: 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 ☑
- **Date(s):** 08 / 09 / 15
- **Face Value of Each Ticket/Pass:** $90
- **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**
- **Name:** Wellman, Ashley
- **Number of Ticket(s)/Pass(es):** 4
- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐
  - Income ☐
  - To promote attendance at an event held at a County facility in order to maximize potential County revenue...

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

**4. Verification**
- **Signature of Designated Agency Contact:** Steven Jones
- **Central District Director:**
  - Print Name:
  - Title:
  - Date: 08.31.2015
  - (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) 08 / 07 / 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>

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

     Number of Ticket(s)/Pass(es) 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, Steven Jones, the Central District Director, certify that the distribution set forth above, is in accordance with the requirements.

   Signature of agency head or director

   Steven Jones  Central District Director  08.31.2015
   (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 $32
Event Description Baseball game
Provide Title/Explanation
Date(s) 08 / 06 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Lloyd</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</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
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 08.31.2015
Signature of Agency Head or Designee 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

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 $ 222 ticket/$35 parking
Event Description  Football Game
Date(s)  08/14/15
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
If no: Oakland Raiders
Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

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

B. Name of Individual  (Last, First)

Number of Ticket(s)/Pass(es)

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

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

3+1park

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

3+1park

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

Number of Ticket(s)/Pass(es)

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

4. Verification

5944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Steven Jones  Central District Director  08.31.2015

Print Name  Title  (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $222 ticket/$35 parking
Event Description Football Game
Date(s) 08 / 30 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Raiders
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

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

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

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

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

4. Verification
I declare under penalty of perjury under Section 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones
Central District Director
08.31.2015
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 32
   Event Description Baseball game
   Date(s) 08 / 02 / 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   3944.1 and 19042, I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   (Signature of Agency Head or Designee) (Print Name) (Title) (Month, Day, Year)
   08.31.2015

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 32
Event Description Baseball game
Provide Title/Explanation
Date(s) 08/04/15
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
A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

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

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

Steven Jones  Central District Director  08.31.2015
Print Name  Title  (Month, Day, Year)

Comment:

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $35
   Event Description Baseball game
   Date(s) 08 / 18 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franz, Jim</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>Ceremonial Role ☐ Other ☐ Income ☐</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>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>Include address and description</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   '8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 08.31.2015
   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
steinen.jones@acgov.org

Date Stamp

A Public Document
California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

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

Provide Title/Explanation

Date(s) 08 / 09 / 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:

Ceremonial Role ☐ Other ☐

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

Income ☐

Ceremonial Role ☐ Other ☐

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

Income ☐

B. Name of Outside Organization

(Include address and description)
Rose of Sharon Senior Homes | 1600 Lakeshore Ave, Oakland, CA 94606

Number of Ticket(s)/Pass(es)
8/2

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

To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as... seniors.

4. Verification

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

Steven Jones Central District Director 08.07.2015
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
   Face Value of Each Ticket/Pass $90 ticket/$20 parking
   Date(s) 08 / 09 / 15

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 ☒
   Event(s) Provide Title/Explanation
   If no: Oakland A's
   Name of Source 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)
         Identify one of the following:
         Ceremonial Role ☐ Other ☐ Income ☐
         Williams, Latoya 4/1
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking "Ceremonial Role" or "Other" describe below:
         To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...
         Ceremonial Role ☐ Other ☐ Income ☐
         If checking "Ceremonial Role" or "Other" describe below:
         4/1

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director 08.31.2015
   Print Name Title
   (Month, Day, Year)

Comment: 

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

### 1. Agency Name

Alameda County

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

Board of Supervisors

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

Steven Jones

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

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

### 2. Function or Event Information

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

Yes ☑️ No ☐

**Face Value of Each Ticket/Pass** $90

**Event Description** Baseball game

**Provide Title/Explanation**

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

08.31.2015

**Print Name**

**Title**

(Month, Day, Year)

**Comment:**
## 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**: $35 ticket/$20 parking
- **Event Description**: Baseball game
- **Date(s)**: 08 / 09 / 15
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If no:** Oakland A's
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
  
  **If yes:** Chan, Wilma
  **Official's Name (Last, First)**

### 3. Recipients

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

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

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

- **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

44.1 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**: Central District Director

**Date**: 08.31.2015

**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**

<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 [x]  No [ ]
- Face Value of Each Ticket/Pass $32
- Event Description: Baseball game
- Date(s) 08/08/15
- Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
- Name of Source: Oakland A's
- Was ticket distribution made at the behest of agency official?  No [ ]  Yes [x]
- 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

<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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [x]  Other [ ]  Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Joe</td>
<td>2</td>
<td>Ceremonial Role [x]  Other [ ]  Income [ ]</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>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>

#### 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>
</tr>
</thead>
</table>

### 4. Verification

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

<table>
<thead>
<tr>
<th>Steven Jones</th>
<th>Central District Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
</tr>
</tbody>
</table>

08.31.2015

(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 90
   Event Description: Baseball game
   Date(s) 08 / 23 / 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:
   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
   Alameda Little League | 2201 Encinal Ave | Alameda, CA 4 To promote attendance at an event held at a County facility...to maximize potential...revenue from parking & concessions
   Youth athletics and character development

4. Verification
   I hereby certify under penalty of perjury under the laws of the State of California, Sections 44.1 and 18942, that I have verified that the distribution set forth above is in accordance with the requirements.
   Steven Jones    Central District Director 08.31.2015
   Print Name    Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $35
   Date(s) 08 / 23 / 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 ☐
      Other: To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

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

4. Verification
   I, Steven Jones, (Last, First) Central District Director, verify that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   Date 08.31.2015

Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   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 $140.00
   Event Description Black & Brown Comedy Get Down
   Date(s) 08 / 28 / 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   If yes: 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)
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Belton, Jason
      2

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

   Steven Jones Central District Director 08.31.2015
   Print Name Title (Month, Day, Year)

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

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

Date Stamp
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $159.15
Event Description Los Inquietos del Norte
Provide Title/Explanation
Date(s) 08/29/15
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, Print)

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:

B. Name of Individual

(Number, Print)

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)
La Familia Counseling Service | 26081 Mocine Ave | Hayward, CA 94544

Number of Ticket(s)/ Pass(es)

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

focus on individual emotional wellness and the preservation of families

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

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

Steven Jones Central District Director 08.31.2015
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 $183.15
   Event Description Fusion (Madhuri Dixit)
   Provide Title/Explanation
   Date(s) 08 / 23 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☑
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below: 4

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

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   Print Name Title
   (Month, Day, Year) 08.31.2015

   Comment: __________________________

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

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Steven Jones

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $140.00
   Event Description
   Black & Brown Comedy Get Down
   Date(s) 08 / 28 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

      Murphy, Eric
      2
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

      2

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

4. Verification
   1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   08.31.2015

   (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
   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 $ $36.35
   Event Description: Ringling Bros. Circus
   Date(s): 08 / 17 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

   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 §8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones
   Central District Director
   08.31.2015
   Print Name
   Title

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ $67.40
   Event Description Electro Techno Disco Love
   Date(s) 08 / 22 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

   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
   08.31.2015
   Print Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass $36.35
   Event Description Ringling Bros. Circus Date(s) 08 / 16 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan

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

<table>
<thead>
<tr>
<th>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>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urzuza, Sebastian</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</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>

8044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 08.31.2015
Print Name Title

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 $35.40
Event Description Ringling Bros. Circus
Provide Title/Explanation
Date(s) 08/13/15
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? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan
Name of Agency, Department or Unit: Alameda County Board of Supervisors
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
Describe the public purpose made pursuant to the agency's policy

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

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

<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>Phillips, Juanika</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Steven Jones
Central District Director
Print Name
Title
08.31.2015
(Month, Day, Year)

Comment: 

Federal Election Commission
FFPC 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 $32
   Event Description Baseball game
   Date(s) 08 / 31 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Chan, Wilma Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</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
   4.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 08.31.2015
   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 Aretha Franklin
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official’s Name (Last, First)
Face Value of Each Ticket/Pass $ 161.15
Date(s) 08/10/15

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

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

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

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

4. Verification
4.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 08.31.2015
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)
   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: Alameda County Fair
   Provide Title/Explanation
   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
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Agency</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Assessor's Office</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

4. Verification
   18644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: ____________________________________________________________

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

- Use Section 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>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>
<tr>
<td>Treasurer Tax Collector</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>General Services Agency</td>
<td>26</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>Sheriff's Office</td>
<td>10</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>

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

<table>
<thead>
<tr>
<th>Name of Individual (Last First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Continued: Information Technology</td>
<td>30</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization (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>

---

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
(Must provide explanation in Part 3.)

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

### 2. Function or Event Information

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

**Face Value of Each Ticket/Pass $:** 25

**Event Description** Baseball Game

**Provide Title/Explanation**

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

**If no:**

**Name of Source**

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

**If yes:**

**Name of agency official:** 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

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

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

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

#### 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.</td>
<td>2</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

* Manual form 5/17/15*  
I have verified that the distribution set forth above, is in accordance with the requirements.

**Anna Gee**

**Operations Chief**

**Print Name**

**Title**

**08/03/15**

**(Month, Day, Year)**

**Comment:** Kim given 7/17 game

---

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

1. Agency Name
   Alameda County

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $: 25
   Event Description  Baseball Game
   Date(s) 07 / 19 / 15  07 / 21 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: ____________________________________________
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251.
      4
      To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

4. Verification
   I have read and understood FPPC Regulations 18441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Anna Gee  Operations Chief  08/03/15
   Print Name  Title  (Month, Day, Year)

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

#### 1. Agency Name
Alameda County

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

#### Designated Agency Contact (Name, Title)
Anna Gee

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No □
- **Event Description** Baseball Game
  - **Face Value of Each Ticket/Pass** $25
  - **Date(s)** 07/22/15 07/30/15
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No ☑
- **Was ticket distribution made at the behest of agency official?** No □ Yes ☑

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

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

- United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251.
  - **Number of Ticket(s)/Pass(es)** 4
  - **Describe the public purpose made pursuant to the agency's policy** To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

##### 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

- United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251.
  - **Number of Ticket(s)/Pass(es)** 4
  - **Describe the public purpose made pursuant to the agency's policy** To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

---

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

Anna Gee

Operations Chief

Print Name

Title

08/03/15

(Month, Day, Year)

Comment: 

---

FPCC Form 802 (4/12)
FPCC 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)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball Game
   Face Value of Each Ticket/Pass $: 90/25
   Date(s) 08 / 01 / 15 08 / 02 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Miley, Nate
   Official's Name (Last, First)

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

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

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251. 4
   To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

4. Verification
   1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee Operations Chief 08/03/15
   Print Name Title
   Comment: USOAC given 8/1 and 8/3 games

FPFP Form 802 (4/12)
FPFP 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></td>
<td></td>
<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>REACH - 16335 E. 14th Street, San Leandro, 94578</td>
<td>18</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
<tr>
<td>AFTER SCHOOL PROGRAMS FOR ASHLAND YOUTH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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