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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 500.00
   Event Description Football
   Date(s) 12/20/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ________________________________
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

   ____________________________________________________________________________

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

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

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

   ____________________________________________________________________________

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

   Lee Ann Fergerson
   Supervisor’s Assistant
   Title
   10/19/15
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 350.00
   Event Description WARRIORS
   Provide Title/Explanation
   Event Date(s) 1/4/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Social Services</td>
<td>4/1</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

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

4. Verification
   144.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant  10/19/15
   (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 leeanne.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description WARLORS
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 $45.00
Date(s) 11/9/15
Name of Source
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

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

B. Name of Individual
Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Laura Winter 2
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

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

Lee Ann Fergerson Supervisor's Assistant 10/19/15
(Title)

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description WORLDS
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 250.00
   Date(s) 10/15/15
   If no: _______________________________
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   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:
      Alma Amuzca 4
      To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

4. Verification
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 10/14/15
   (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 E-mail
(510) 272-6691 leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description WARRIORS
Provide Title/Explanation
Face Value of Each Ticket/Pass $500.00
Date(s) 12-18-15 12-23-15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: [Signature]
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.

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<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<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>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIKE EAST BAY P.O. Box 1736 Oakland, CA</td>
<td>9/24/04</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
14.1 and 186-42, I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson Supervisor's Assistant 10/14/15 (Month, Day, Year)

Comment: \text{BIKE East Day Promotes healthy, sustainable, communities by making bicycling safe, fun and accessible}
Agency Report of:
Ceremonial Role 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@ecgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: WARRIORS
Face Value of Each Ticket/Pass $ 350
Date(s) 11-11-15
If no: (GSA)
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)/Passes
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
Number of Ticket(s)/Passes
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)/Passes
Describe the public purpose made pursuant to the agency's policy

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

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

Comment: 3500 Capital Ave. Fremont CA 94536 - For homebound seniors
to enjoy a night out with an escort.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $250.00
   Event Description WARRIORS NUGGETS
   Provide Title/Explanation
   Date(s) 10/3/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source GSJ
   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): Pat Gorman
   Number of Ticket(s)/Pass(es): 4
   Describe the public purpose made pursuant to the agency's policy:
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name Lee Ann Fergerson
   Title Supervisor's Assistant
   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):**
- **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?** No
- **Event Description:** WARRIORS
- **Face Value of Each Ticket/Pass:** $450.00
- **Date(s):** 11/2/15
- **Ticket(s)/Pass(es) provided by agency?** No
- **If yes:** Alameda County Supervisor Scott Haggerty, District 1
- **Official’s Name (Last, First):**

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

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐</th>
<th>Other ☐</th>
<th>Income ☐</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacy Wise</td>
<td>4</td>
<td>Ceremonial Role ☐</td>
<td>Other ☐</td>
<td>Income ☐</td>
<td>To promote attendance at a county sponsored event to maximize concession &amp; parking sales</td>
<td></td>
</tr>
</tbody>
</table>

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

### 4. Verification
- **Lee Ann Ferguson**
- **Supervisor’s Assistant**
- **Date:** 10/12/15

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

1. Agency Name
   Alameda County
   Board of Supervisors

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number (510) 272-6691
E-mail 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 □
   Face Value of Each Ticket/Pass $ 600 / 500.00
   Event Description Ball Game
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Date(s) 3/12/16
   If no: 650
   Ticket(s)/Pass(es) made at the behest of agency official? No □ Yes □
   Name of Source
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Ticket/Roll</th>
<th>Number of Tickets/Passes</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></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>First Street Alcove</td>
<td>8/4</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>2108 First Street, Livermore</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C/O 94550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification.
   1994.1 and 1994.2 I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant  10/9/15
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: WARRIORS
   Face Value of Each Ticket/Pass: $1000
   Date(s): 11/24/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Name of Source: [Signature]
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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

   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:

   C. Name of Outside Organization
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Dublin Rotary
   4/1
   To Reward a school or nonprofit organization for its contributions to the community.

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

   Lee Ann Fergerson
   Supervisor’s Assistant
   Date (Month, Day, Year): 10/12/15

Comment:
- Inspiring by supporting local students, Honoring Community Heroes, Veterants, being good stewards of our planet
- Participating in local & international service projects and supporting local charities.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: WARRIORS
   Face Value of Each Ticket/Pass $450.00
   Date(s) 11/17/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   If no: (GSW) Name of Source
   Was ticket distribution made at the behest of agency official? Yes □ No □

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role □ Other □ Income □
   Steven Belcher 4/1 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 10/12/15
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 100
Event Description Basketball
Provide Title/Explanation
Date(s) 12, 16, 15
If no: GSW
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If yes: Alameda County Supervisor
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Scott Haggerty, District 1

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

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

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:
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 EPPC Regulations 1994.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson
Supervisor’s Assistant

Comment: Sexual Assault Counseling for Rape Victims
14th Annual Latino Gala
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp
California Form 802
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 $100
Event Description Basketball
Provide Title/Explanation
Date(s) 12/16/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Name of Source
If yes: Alameda County Supervisor
Official's Name Last, First

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<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; describes 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; describes 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>(BAWAK) Bay Area Women Against Rape 470 27th St, Oakland CA 94612</td>
<td></td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand Title 18, Health and Safety Code Sections 19841 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

10/9/15 (Month, Day, Year)

Comment: Sexual Assault Counseling for Rape Victims 11th Annual Latino Festival
**Agency Report of:**

**Ceremonial Role 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) 272-6661
   - E-mail leeann.fergerson@acgov.org

   **Date Stamp**
   - For Official Use Only
   - California Form 802
   - (Month, Day, Year)

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes □ No □
   - Event Description: Basketball
   - Ticket(s)/Pass(es) provided by agency? Yes □ No □
   - Face Value of Each Ticket/Pass $600/500.00
   - Date(s) 3/12/16 1/22/16
   - Was ticket distribution made at the behest of agency official? No □ Yes □
   - If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

<table>
<thead>
<tr>
<th>C. 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>First Street Althouse 2106 First Street, Livermore 8/4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car 94350</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

   I, Lee Ann Fergerson, Supervisor's Assistant, declare under penalty of perjury that the distribution set forth above is in accordance with the requirements.

   **Date:** 10/4/15 (Month, Day, Year)

   **Comment:** www.rooms-of-hope.org - to decorate spaces of terminally ill children
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description Basketball OKC Thunder
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $1100
   Date(s): May 3, 2015
   If no: GSW
   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.

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

   **Section B**
   Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   - Ceremonial Role □ Other □ Income □
     If checking "Ceremonial Role" or "Other" describe below:
     Ceremonial Role □ Other □ Income □
     If checking "Ceremonial Role" or "Other" describe below:

   **Section C**
   Name of Outside Organization (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the purpose made pursuant to the agency's policy
   Washington Hospital Health Care System
   2000 Monterey Ave, Fremont CA 94538
   Top Hat Event
   20/4
   To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
4.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson □ Supervisor's Assistant □
Print Name □ Supervisor's Assistant □
Title □ (Month/Day/Year) □

Comment: Top Hat event raises funds that enables Wash. Hosp. to support the healthcare needs of our community through medical services, education, & research.

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)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number: (510) 272-6661
   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: $ 100
   Event Description: Basketball OKC Thunder
   Date(s): May 3, 2015
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: [Name of Source]
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   □ Ceremonial Role □ Other □ Income
   □ Ceremonial Role □ Other □ Income
   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Washington Hospital Health care system 20/4

4. Verification
   Lee Ann Fergerson ☐ Supervisor's Assistant ☐
   Print Name ☐ Title ☐ (Month/Day/Year) 10/4/15
   Comment: Top Hat event raises funds that enables Wash. Hosp. to support the health care needs of our community through medical services, education & research.

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

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

Date Stamp
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 $600 / 500.00
Event Description: Basketball
Date(s) 3/12/16 1/22/16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ ...
If no: GSU
Name of Source:
Alameda County Supervisor Scott Haggerty, District 1
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ ...
If yes: Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</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>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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Street Buchon 2106 First Street, Livermore</td>
<td>8/4</td>
<td></td>
</tr>
<tr>
<td>CD# 96350</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification.

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

Lee Ann Fergerson Supervisor's Assistant 10/9/15
Print Name Title

Comment: www.rooms of hope.org - to decorate spaces of terminally ill children
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**

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

**Date Stamp**

California Form 802  
For Official Use Only

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

**2. Function or Event Information**

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

Face Value of Each Ticket/Pass $ 37.50  
Event Description: Disney on Ice  
Date(s): 10/8/15  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no:  
Name of Source:

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

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

**3. Recipients**

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

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

<table>
<thead>
<tr>
<th>Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lavanya Gupta</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>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

**4. Verification**

1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson  
Print Name  
Supervisor's Assistant  
Title  
(10/8/15)  
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number
   (510) 272-6691
   E-mail
   leeann.fergerson@acgov.org
   Date Stamp
   California Form 802
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing:
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 37.50
   Event Description
   Disney on Ice
   Event Title/Explaination
   Date(s) 10, 10, 15
   (Firms)
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

   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 reward a community volunteer for his or her service to the public.
   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
   14.1 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)
   Date: 10/7/15

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

1. Agency Name
   Alameda County
   Board of Supervisors

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

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: DISNEY ON ICE
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $37.45
   Date(s): 10/7/15
   If no: (Name of Source)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

   B. Name of Individual
      Number of Ticket(s) or Pass(es)
      To reward a community volunteer for his or her service to the public.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 100.00
   Event Description ABHIT SINGH
   Date(s) 9/26/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Was ticket distribution made at the behest of agency official? No □ Yes □
   If 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 Tickets/Passes
      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.
      CITY OF FREMONT SENIORS NIGHT OUT 4
      To reward a school or nonprofit organization for its contributions to the community.

4. Verification.
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 9/25/15
   Program Name
   Comment: To help homebound seniors enjoy a night out.

Contact:
FPPC Form 802 (4/12)
FPPC Toll-Free Halpline: 866/ASK-FPPC (866/275-7772)
# 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)**
Lee Ann Fergerson, Supervisor's Assistant

**Area Code/Phone Number**
(510) 272-6691

**E-mail**
leeann.fergerson@acgov.org

**Face Value of Each Ticket/Pass**
$96.80

**Date(s)**
10-2-15

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

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

## Function or Event Information
- **Does the agency have a ticket policy?** Yes □ No □
- **Event Description**
  - R Kelly
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
- **Was ticket distribution made at the behest of agency official?** Yes □ No □

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

- **B. Name of Individual**
  - Marla Nata
  - Describe the public purpose made pursuant to the agency's policy

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

- **C. Name of Outside Organization**
  - Describe the public purpose made pursuant to the agency's policy

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

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

Lee Ann Fergerson
Supervisor's Assistant

Date: 9/30/15

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

### 1. Agency Name
- Alameda County
- Board of Supervisors
- Lee Ann Fergerson, Supervisor's Assistant

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description** Kevin Hart
- **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 $** 81.43
- **Date(s)** 7-18-15
- **Name of Source** Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Tickets/Passes</th>
<th>Public Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Lourdes</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Chris Paxton</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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


### 4. Verification
- **Date** 10/5/15
- **Lee Ann Fergerson**
  - **Title** Supervisor's Assistant

---

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

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (855/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 81.43
   Event Description Kevin Hart
   Date(s) 7/18/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no:
   If yes: Name of Source
   Was ticket distribution made at the behest of agency official? No □ Yes □
   If yes: 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>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<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: me □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joshua Rozal &amp; Guest</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>Mario Navarro</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Chris Paxton</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Lee Ann Fergerson       Supervisor's Assistant
   Signatures
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $109.05
   Event Description Choe Kang Kim A Go
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 10.25.15
   If no:
   Name of Source
   If yes:
   Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

3. Recipients

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

   B. Name of Individual (Last, First)
      Number of 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
   I, Lee Ann Fergerson, have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson, Supervisor's Assistant
   (510) 272-6691
   San Francisco, California 94111
   October 5, 2015

Comment:
### 2. Function or Event Information

**Does the agency have a ticket policy?** Yes ☒ No ☐  
**Event Description:** Oakland Raiders vs. Kansas City Chiefs  
**Face Value of Each Ticket/Pass:** $222.00  
**Date(s):** 12 / 06 / 15  
**Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒  
**Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒  
**Name of Source:**  
- If yes: Valle, Richard- Supervisor District 2  
- If no: Oakland Raiders

### 3. Recipients

- Use Section 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

| Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
|--------------------|-----------------------------|---------------------------------------------------------------|
| E.EXT, FIRST       |                             | 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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Democratic Central Committee</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>P.O. Box 3937, Hayward, CA 94540</td>
<td></td>
<td>To encourage people to volunteer &amp; vote</td>
</tr>
</tbody>
</table>

### 4. Verification

I, Michelle Archuleta, Supervisor’s Aide, certify pursuant to Government Code Sections 18441 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta  
Supervisor’s Aide  
10/9/15

**Comment:** Includes 1 parking pass at the value of $30
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $450.00
   Event Description Warriors vs. Memphis Grizzlies
   Date(s) 11/02/15
   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

<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>Identify one of the following:</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the public.</td>
</tr>
</tbody>
</table>

   Provides meals to low-income families and seniors

4. Verification
   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
   Michelle Archuleta
   Supervisor's Aide
   Print Name
   Title
   (Month, Day, Year)

Comment:
**Agency Report of:**

Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   
   Alameda County

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

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

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

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

2. **Function or Event Information**

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

   **Face Value of Each Ticket/Pass $**
   
   600.00

   **Event Description**
   
   Warriors vs. Los Angeles Lakers

   **Date(s)**
   
   11/24/15

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

   **Name of Source**
   
   Golden State Warriors

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

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

3. **Recipients**

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

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

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

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

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

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

   **Identify one of the following:**

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

   - 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**

   Hayward Arts Council
   22394 Foothill Ave. Hayward CA 94541

   4

   To reward a non-profit organization for its contributions to the public.

   Supports art programs and student scholarships

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
   
   (Month, Day, Year)

   **Comment:**

   "Additional comments if any."

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 250.00
   Event Description
   Golden State Warriors Pre-Season
   Date(s) 10 / 13 / 15
   10 / 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
      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 ☐
      To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

4. Verification
   344.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Supervisor’s Aide
   (Month, Day, Year)
   Includes 1 parking pass at the value of $30
   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 Dandi
   Area Code/Phone Number: (510) 272-6692
   E-mail: michelle.dandi@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 700.00
   Event Description: Warriors vs. Miami Heat
   Date(s): 01 / 11 / 16
   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 ☐
      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
      New Haven Schools Foundation
      33377 Western Ave. Union City 94587
      4
      To reward a non-profit organization for its contributions to the community.
      Support schools with extra-curricular activities and scholarships

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

Comment: Includes 1 parking pass at the value of $30
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable):
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 450.00
   Event Description Warriors vs. Brooklyn Nets
   Date(s) 11/14/15
   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:
      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
      Teamsters 856
      453 San Mateo Ave, San Bruno 94066
      4
      To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.
      Represents members from over 150 employers for safe and fair workplaces

4. Verification
   I, Michelle Archuleta, have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Supervisor’s Aide
   10/19/15
   Comment: Includes 1 parking pass at the value of $30
Agencies 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 Warriors vs. Charlotte Hornets
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 350.00
   Date(s) 01 / 04 / 16

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☑ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for her service to the public.
      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
   944.1 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: Includes 1 parking pass at the value of $30.

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

**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 $ __________

Event Description
Raiders vs. San Diego Chargers

Provide Title/Explanation

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

If no: Oakland Raiders

Name of Source

If yes: Valle, Richard- Supervisor District 2

Official’s Name (Last, First)

Date(s) __________/__________/__________

### 3. Recipients

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellis, Lorrin</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

### 4. Verification

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

Michelle Archuleta
Print Name

Supervisor’s Aide
Title

10/29/15 (Month, Day, Year)

Comment: Includes 1 parking pass at the value of $35.

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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒</th>
<th>No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>37.45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Disney on Ice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐</td>
<td>No ☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐</td>
<td>Yes ☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date(s)
- 10 / 09 / 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>Lara, Daisy</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

Michelle Archuleta
- Print Name

Supervisor's Aide
- Title

10/7/15
- Month, Day, Year

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (896/275-7772)
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 $ 37.45
   Event Description One Kapamilya Go
   Date(s) 10 / 25 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

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

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

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

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. **Agency Name**  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Steven Jones  
Area Code/Phone Number  
(510) 272-6693  
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  
Provide Title/Explanation  
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): 09 / 24 / 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>

| B. Name of Individual (incl. Title) | 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: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Community Food Bank</td>
<td>2+1p</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>7900 Edgewater Dr, Oakland, CA 94621</td>
<td></td>
<td>distributes nutritious food to low income county residents</td>
</tr>
</tbody>
</table>

**4. Verification**  
18044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones  
Central District Director  
10.06.2015  
(Month, Day, Year)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)  
Steven Jones

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

Date Stamp  
California Form 802  
For Official Use Only

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

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

Date(s)  
09 / 23 / 15

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>
<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: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Palmer, Sarah</td>
<td>4+1p</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>
|                                    |                             | Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below: |
|                                    |                             | 4+1p                                                             |

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

4. Verification

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

Steven Jones  
Central District Director

Print Name  
Title

10.06.2015  
(Month, Day, Year)

Comment:  

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Area Code/Phone Number 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
Event Description Baseball game Provide Title/Explanation
Date(s) 09 / 23 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's Name of Source
Was ticket distribution made at the behest of agency official? 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>
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</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>Hernández, Josié</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “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, [Agency's Name], certify under penalty of perjury under Sections 18.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 10.06.2015
Print Name Title (Month, Day, Year)

Comment: ____________________________

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

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

2. Function or Event Information
- Does the agency have a ticket policy? Yes [x] No [ ]
- Event Description Baseball game
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
- Face Value of Each Ticket/Pass $32
- Date(s) 09 / 27 / 15

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

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

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

   C. Name of Outside Organization
   (Include address and description)
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   SOS/Meals on Wheels | 2235 Polvorosa Dr, San Leandro, CA 94577
   2
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
   deliver nutritious, balanced meals to homebound seniors

4. Verification
I have read and understand FPPC Regulations 4444.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   10.06.2015

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)
Steven Jones

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

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

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

### 2. Function or Event Information

| Does the agency have a ticket policy? | Yes ☒ | No ☐ |
| Face Value of Each Ticket/Pass $ | $80 |
| Event Description | Baseball game |
| Date(s) | 09 / 23 / 15 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ | No ☒ |
| If no: | Oakland A's |
| Name of Source | Chan, Wilma |
| If yes: | Official's Name (Last, First) |

### 3. Recipients

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

#### A.

<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.

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

<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

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

Steven Jones  
Central District Director  
10.06.2015  

(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 ☐
   Face Value of Each Ticket/Pass $32
   Event Description Baseball game
   Date(s) 09 / 26 / 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
   I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   10.06.2015
   P.O. Name Title
   (Month, Day, Year)

Comment: ____________________________________________________________________________________________________________________________
### 1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Steven Jones

Area Code/Phone Number E-mail

(510) 272-6693 steven.jones@acgov.org

### 2. Function or Event Information

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

Event Description Baseball game

Face Value of Each Ticket/Pass $ 32

Date(s) 09 / 25 / 15

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

If no: Oakland A's

Name of Source

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

If yes: Chan, Wilma

Official's Name (Last, First)

### 3. Recipients

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

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

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

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

### 4. Verification

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

Steven Jones Central District Director 10.06.2015

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

1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Steven Jones

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $222 ticket/$35 parking
   Event Description: Football Game
   Provide Title/Explanations
   Date(s): 09 / 13 / 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.
      4+1 park

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

   Steven Jones
   Central District Director
   10.06.2015
   (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $222 ticket/$35 parking

Event Description Football Game

Provide Title/Explanation

Date(s) 09 / 20 / 15

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

If no: Oakland Raiders

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 (Last, First) Number of Ticket(s)/Pass(es)

Zhu, Dana 4+1 park 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 18044.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Steven Jones Central District Director 10.06.2015
Print Name Title (Month, Day, Year)

Comment: ____________________________

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

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

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 109.00

Event Description Bay Area Latino Fest

Provide Title/Explanation

Date(s) 09 / 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: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
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</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></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
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<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>La Clinica de La Raza Inc.</td>
<td>P.O. Box 222210, Oakland, CA 94623-2210</td>
<td>4</td>
</tr>
<tr>
<td>Provides culturally appropriate, high quality, and accessible health care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Signature of Agency Head or Designee Steven Jones Central District Director

Pool Name Title

10.06.2015 (Month, Day, Year)

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

#### 1. Agency Name
Alameda County

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

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

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

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

**Face Value of Each Ticket/Pass:** $160.00

**Date(s):** 09 / 26 / 15

---

### 2. Function or Event Information

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

**Event Description**
Arijit Singh

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

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

---

### 3. Recipients

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

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

<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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banerjee, Kinkini</td>
<td>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 an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

---

### 4. Verification

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

**Signature of Agency Head or Delegate**

**Print Name**
Steven Jones

**Title**
Central District Director

**Date:** 10.06.2015

**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)**
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** Ricky Martin

**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 $** $148.00

**Date(s)**
09/17/15

**If no:** Golden State Warriors

**Name of Source**

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

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

### 3. Recipients

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

<table>
<thead>
<tr>
<th>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>Padilla Johnson, Rose</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

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

### 4. Verification

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

**Signature of Agency Head or Designee**

**Central District Director**

**Date of Original Filing:**

(Month, Day, Year)

**10.06.2015**

(10.06.2015)

**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 $: $80 ticket/$20 parking
   Event Description
   Baseball game
   Provide Title/Explanation
   Date(s) 09 / 23 / 15

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source

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

   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  10.06.2015
   (Print Name)  (Title)  (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   steven.jones@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) __09 __08 __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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
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<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archuleta, Justin</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)… event held at a County facility in order to maximize potential County revenue…</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, the undersigned, as provided in CCP Code Sections 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
   10.06.2015
   (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 $ 32
   Event Description Baseball game
   Date(s) 09 / 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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 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
   Central District Director
   09.01.2015

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number 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
   Event Description Baseball game
   Date(s) 09 / 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:
   Frasz, Dana 2
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...

   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, do hereby certify that the information set forth below is true to the best of my knowledge.
   Central District Director
   10.06.2015
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number 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
   Date(s) 09/23/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   Was ticket distribution made at the behest of agency official? 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>Gonzalez, Courtney</td>
<td>4+1p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td>4+1p</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

   Steven Jones  Central District Director  10.06.2015
   Print Name  Title  (Month, Day, Year)

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

**1. Agency Name**
Alameda County

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

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

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

**E-mail**
steven.jones@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
- **Date(s)** 09/23/15
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no: Oakland A's**
- **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **If yes:** Chan, Wilma
  - **Official's Name (Last, First)**

**3. Recipients**

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

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

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

**B. Name of Individual**

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Community Food Bank 7900 Edgewater Dr, Oakland, CA 94621</td>
<td>2+1p</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>distributes nutritious food to low income county residents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

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

**Steven Jones**
Print Name

**Central District Director**
Title

10.06.2015
(Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

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

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

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

   **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) 09 / 22 / 15**
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   - **If no: Oakland A's**
   - **Name of Source**
   - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐
   - **If yes: Chan, Wilma**
   - **Official's Name (Last, First)**

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

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

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

   **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 19042, I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Steven Jones**
   - **Central District Director**
   - **9.01.2015**
   - **(Month, Day, Year)**

   **Comment:**

---

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

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

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) 09 / 04 / 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)
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   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
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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, 1 and 19042. I have verified that the distribution set forth above, is in accordance with the requirements.

   Steven Jones
   Central District Director
   Print Name
   Title
   10.06.2015
   (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Area Code/Phone Number 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) 09 / 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.

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

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

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

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

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

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

Steven Jones Central District Director 09.01.2015
Print Name Title (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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: __/__/____

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $90/25
   Event Description Baseball Game
   Date(s) 9/2/15 9/5/15
   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: 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>BOS District 4 Staff</td>
<td>4</td>
<td>To reward a County employee for his exemplary service to the public or to encourage staff development</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>Ceremonial Role □ Other □ Income □</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>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>
<tr>
<td>Oakland 94605 SENIOR ADVOCACY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Validation
   Anna Gee Operations Chief 10/20/15
   (Month, Day, Year)
   Comment: USOAC received 9/2 game
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $: 80/25
   Event Description: Baseball Game
   Date(s): 9 / 6 / 15
   Ticket(s)/Pass(es) provided: Yes ☑ No ☐
   If no: Oakland Athletics
   Name of Source:
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Miley, Nate
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      GSA
      20
      To reward a County employee for his exemplary service to the
      public or to encourage staff development

   B. Name of individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      If choosing Ceremonial Role or Other, describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      If choosing Ceremonial Role or Other, describe below:

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

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

   Anna Gee
   Operations Chief

   Print Name
   Title
   10/20/15
   (Month, Day, Year)

   Comment: USOAC received 9/22 game
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [✓] No [ ]
- **Face Value of Each Ticket/Pass $**: 80/25
- **Event Description**: Baseball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [✓]
- **Name of Source**: Oakland Athletics
- **Was ticket distribution made at the behest of agency official?** Yes [✓] No [ ]
- **Official’s Name (Last, First)**: Miley, Nate
- **Date(s)**: 9/23/15, 9/24/15

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

### 4. Verification
- **Anna Gee**
- **Operations Chief**
- **Date**: 10/20/15
- **Print Name**
- **Title**

---

Comment: 

---

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)  
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ ________105
   Event Description  Baseball Game  
   Date(s)  9 / 27 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  If no: ____________________________
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐  
   If yes: Miley, Nate  
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit  
      Number of  
      Ticket(s)/  
      Pass(es)  
      Describe the public purpose made pursuant to the agency's policy
      BOS District 4 Staff  
      4  
      To reward a County employee for their exemplary service to the public or to encourage staff development

   B. Name of Individual  
      Date, First  
      Number of  
      Ticket(s)/  
      Pass(es)  
      Identify one of the following:
      Miley, Nate  
      2  
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
      Tangren, Linda  
      4  
      Ceremonial Role ☐  Other ☑  Income ☐

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

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

   Anna Gee  
   Print Name  
   Operations Chief  
   Title  
   10/20/15  
   (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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Individual (last, first) | Number of Ticket(s)/ Pass(es) | Identify one of the following:  
- Ceremonial Role  
- Other  
- Income  

**Name of Individual**

- **Gailain, Concha**
  - Number: 2
  - Description: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

- **Sbiendario, Sblend**
  - Number: 4
  - Description: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

- **Dobbins, Christopher**
  - Number: 2
  - Description: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

1. Agency Name
Alameda County

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $: 80/25
Event Description Baseball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: ___________
No ☐ Yes ☑ If yes: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑ Official’s Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
Board of Supervisor, District 4 2 To reward a County employee for their exemplary service to the public or to encourage staff development

B. Name of Individual Title/Position Number of Ticket(s)/Pass(es) Identify one of the following:
Griffin, Justin 2 Ceremonial Role ☐ . Other ☑ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and

2 Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
concession sales.

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
REACH-16335 E. 14th St, San Leandro, 94578 16 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and
AFTER SCHOOL PROGRAM FOR ASHLAND YOUTH concession sales

8944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee Operations Chief 10/5/15
Print Name Title (Month, Day, Year)

Comment: Griffin received 9/1 tix

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors
   Face Value of Each Ticket/Pass $ 250
   Date(s) 10 / 13 / 15 10 / 15 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   If yes: Miley, Nate
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit.
   * Use Section B to identify an individual.
   * Use Section C to identify an outside organization.
   
   A. Name of Agency, Department or Unit
      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 parking and concession sales
      
   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Acts Full Gospel Church-1034 66th Ave, Oakland 94621
      4
      To reward a nonprofit organization for its contributions to the community

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Operations Chief
   Print Name
   Title
   (Month, Day, Year)
   Dunlap received 10/13 tix
   Signature of Agency Head or Designee

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

1. Agency Name
   Alameda County

   Date Stamp

   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 of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 222

   Event Description Raiders
   Date(s) 9 / 13 / 15 9 / 20 / 15
   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? 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:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

      Chew, Chonita 2
      Arrospide, Angelica 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
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee
   Operations Chief
   10/1/15
   (Month, Day, Year)
   Signature of Agency Head or Designee (Print Name)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Comment:
Chew received 9/13 tix. Linton received parking pass.
### 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></td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

| Ceremonial Role ☐ Other ☒ Income ☐ |

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

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

FPFP 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:** $109/148

**Event Description:** Latino Festival/Ricky Martin

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

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

**Date(s):** 9/12/15

### 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>

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramirez, Coco</td>
<td>4</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Walker, Christina</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (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.**

- **Signature of Agency Head or Designee:** Anna Gee
- **Print Name:**
- **Operations Chief:**
- **Title:**

- **Date:** 10/1/15
- **(Month, Day, Year):**

**Comment:** Ramirez received 9/12 tix.
Agency Report of:
Ceremonial Role 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 Arjit Sinh/ R. Kelly
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 $ 160/96.80
Date(s) 9 / 26 / 15 10 / 2 / 15

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS District 4 Staff</td>
<td>2</td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galeena, Ganga</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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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
16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee Operations Chief
Signature of Agency Head or Designee Print Name Title
(GP) 10/1/15 (Month, Day, Year)

Comment: Galeena received 9/26 tix

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

Agency Name
Alameda County

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

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

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 96.80
   Event Description R. Kelley and Giniwine
   Date(s) 10 / 02 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role □ Other X Income □
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a County employee for his or her exemplary service to the public or to encourage staff development.
   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
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Agency Head or Designee
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   10/30/15 (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Amy Shrago
   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 $ 124.75
   Event Description Gabriel Iglesias
   Date(s) 10 / 23 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<table>
<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>Valentine, Alexander</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 reward a County employee for his or her exemplary service to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the public or to encourage staff development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
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<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Amy Shrago
   Supervisor's Assistant:
   Date: 10/30/15
   (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $  35.00
   Event Description
   Disney on Ice: Dare to Dream
   Event Description/Provide Title/Explanation
   Date(s)  10 / 08 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes [ ] No [ ]
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes [ ] No [ ]
   If yes: 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 facility in order to maximize potential County revenue from parking and concession sales.
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   18944.1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.
   [Signature]
   Amy Shrago
   Supervisor's Assistant
   10/30/15
   (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)
   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 $ 35.00
   Event Description  Disney on Ice: Dare to Dream
                      Provide Title/Explanation
   Date(s)  10 / 09 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no:  Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official?  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:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

4. Verification
   I 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
   Print Name  Title
   10/30/15
   (Month, Day, Year)
   Comment:

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

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

Date Stamp 802
California Form
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No ❌
Face Value of Each Ticket/Pass $ 35.00
Event Description Disney on Ice: Dare to Dream
Provide Title/Explanation
Date(s) 10 / 10 / 15
Ticket(s)/Pass(es) provided by agency? Yes □ No ❌
If yes: 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:
Ceremonial Role □ Other ❌ Income □
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking
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
18944.1 and 18942: I have verified that the distribution set forth above, is in accordance with the requirements.

1844.1 and 1842: I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Amy Shrago
Print Name
Supervisor's Assistant
Title
10/30/15
(Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
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   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 $ 35.00
   Event Description Disney on Ice: Dare to Dream
   Date(s) 10 / 11 / 15
   Ticket(s)/Pass(es) provided by agency?  Yes □  No X
   If no: Golden State Warriors
   If yes: Carson, Keith
   Was ticket distribution made at the behest of agency official?  No □  Yes X

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

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

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

   C. Name of Outside Organization
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   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
   10/30/15
   Date
   Comment:

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

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ ____________
   Event Description The ONE Kapamiliya Go
   Provide Title/Explanation
   Date(s) 10 / 25 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role □ Other □ Income □
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a event held at a County facility in order to maximize potential County revenue from parking
      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
   ☑ 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
   Supervisor’s Assistant
   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 $**  89.50
   - **Event Description**  Hot Winter Nights
   - **Date(s) 11/07/15**
   - **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:**
   - Ceremonial Role ☐  Other ☑
   - Income ☐
   - If checking “Ceremonial Role” or “Other” describe below:
   - To reward a County employee for his or her exemplary service to the public or to encourage staff development
   - Ceremonial Role ☐  Other ☐  Income ☐
   - If checking “Ceremonial Role” or “Other” describe below:

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

4. **Verification**
   - 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature**
   - **Print Name**
   - **Title**
   - **(Month, Day, Year)**

   **Amy Shrago**
   **Supervisor's Assistant**
   **11/30/15**
Agency Report of:
Ceremonial Role 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 Shrargo
   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 $139.50
   Event Description Wild 94.9 Jingle Ball
   Date(s) 12 / 03 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

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

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor’s Assistant
   Title
   Print Name
   (Month, Day, Year)

Comment:

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

### 1. Agency Name
- **Alameda County**
- **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 $** 114.30
- **Event Description** Not So Silent Night
- **Date(s) 12 / 11 / 15**
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
  - **If no:** Golden State Warriors
  - **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
  - **If yes:** Carson, Keith
  - **Official's Name (Last, First)**

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

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

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

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☒ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simpson, Sam</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

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

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Supervisor's Assistant</th>
<th>Title</th>
<th>Date (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Shrago</td>
<td></td>
<td></td>
<td>12/18/15</td>
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</tr>
</tbody>
</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)**
Amy Shrago

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

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

**Date Stamp**

<table>
<thead>
<tr>
<th>California Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>802</td>
</tr>
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**Date of Original Filing:**

(Month, Day, Year)

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**2. Function or Event Information**

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

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

75.00

**Event Description**
Muse

**Provide Title/Explanation**

---

**Date(s)**
12 / 15 / 15 / 15

---

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

**Name of Source**
Golden State Warriors

**If no:**
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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

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

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

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

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

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Pan Coop Nursery School 4618 Allendale Ave., Oakland CA 94619 Non-r</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

---

**4. Verification**

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

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Amy Shrago</th>
<th>Supervisor’s Assistant</th>
<th>12/18/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td></td>
<td>Title</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

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

1. Agency Name
   Alameda County
   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 $ 250.00
   Event Description Warriors vs. Nuggets
   Provide Title/Explanation
   Date(s) 10 / 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: Carson, Keith
   Official’s Name (Last, First)

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

   B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Carter, Shomari | 3 | Ceremony 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

   Mariam, Abigail | 3 | Ceremony Role ☐ Other ☒ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

4. Verification
   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
   10/30/15
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago
   Area Code/Phone Number | 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 $ 250.00
   Event Description: Warriors vs. Rockets
   Event Date(s) 10/15/15
   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.

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

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitchell, Vincent</td>
<td>4</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

4. Verification
   I, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Supervisor's Assistant 10/30/15
   Signature: Amy Shrago

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