Agency Report of:
Ceremonial Role 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 leaann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Event Description: Wild '99 Jingle Ball
If no: ____________________________
If yes: Alameda County Supervisor Scott Haggerty, D1
Face Value of Each Ticket/Pass $139.50
Date(s) 12/3/15
Ticket(s)/Pass(es) provided by agency? Yes □ No □
Was ticket distribution made at the behest of agency official? No □ Yes □
Name of Source: GSW
Official's Name (Last, First): ____________________________

3. Recipients
• Use Section 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:
Julie Watson 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
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson Supervisor's Assistant
Signature of Agency Head or Designee Print Name Title
12-1-15
(Month, Day, Year)

Comment: ____________________________

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

1. Agency Name
Alameda County
Board of Supervisors
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 $450.00
Date(s): 11.14.15
Ticket(s)/Pass(es) provided by agency? Yes □ No □
Was ticket distribution made at the behest of agency official? No □ Yes □

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

A. Name of Agency, Department or Unit

<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>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamsters Local 356 \n453 San Mateo Ave \nSan Bruno, CA 94066</td>
<td>4</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
I, Lee Ann Fergerson, have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee
Print Name: Lee Ann Fergerson
Title: Supervisor's Assistant
Date: 11/2/15

Comment: To help the victims of the Lake County Fires - Fundraiser
Solidarity Fundraiser
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 350.00
   Event Description Basketball Games
   Date(s) 12/25/15
   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: [Signature]

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Matt Lillard 4/1 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
   [Blank]

4. Verification
   944.1 and 189-42. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson Supervisor's Assistant 11/24/15
   Signature of Agency Head of Designee
   Print Name
   Title
   Date (Month, Day, Year)

Comment: left out event description on previous
Agencies Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes☐ No☐
   Event Description Whimsical Jazz concert
   Face Value of Each Ticket/Pass $700.00
   Date(s) 3/7/16
   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☐

3. Recipients
   Use Section 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
      To Reward a school or nonprofit organization for its contributions to the community.

4. Verification
   1994: 1 and 1994: 2, I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson Supervisor’s Assistant
   Signature of Agency Head or Designee
   Comment: Holiday Auction Dec. 9, 2015 Fundraiser

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

1. **Agency Name**
   - Alameda County
   - 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 $ 450.00
   - Event Description WARRIORS
   - Date(s) 11/9/15
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   - Name of Source
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   - Name of Source: 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**
   | 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: |
   | To obtain oversight of facilities or events that have received county funding or support ☐ |
   | Ceremonial Role ☐ Other ☐ |
   | Income ☐ |

4. **Comment**
   - I, Lee Ann Fergerson, Supervisor’s Assistant, approve of the distribution set forth above, is in accordance with the requirements.

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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description:** Raiders
- **Face Value of Each Ticket/Pass:** $222.00
- **Date(s):** 11/15/15
- **Ticket(s)/Pass(s) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Haggerty</td>
<td>4/1</td>
<td>To obtain oversight of facilities or events that have received county funding or support</td>
</tr>
</tbody>
</table>

### 4. Verification
- **Signature of Agency Head or Designee:** Lee Ann Fergerson
- **Supervisor's Assistant:** [Title]
- **Date:** 11/13/15

**Comment:**

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $75.00
   Event Description Concert - Muse
   Date(s) 12/15/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   If yes: Alameda County Supervisor Scott Haggerty, D1
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Dist 1
      4
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

4. Verification
   1944.1 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
   12/15/15 (Month, Day, Year)

Comment: ____________________________________________________________

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

1. Agency Name
   - Alameda County
   - Division, Department, or Region (If Applicable)
     - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Lee Ann Fergerson, Supervisor's Assistant
   - Area Code/Phone Number
     - (510) 272-6891
   - 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 $ 1.00
   - Event Description: Basketball
     - Provide Title/Explanation
   - Date(s)
     - 12, 16, 18
   - If no:
     - Name of Source: (Signature)
     - Scott Haggerty, Dist. 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 ☐
      - 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**
      - BAWAR Bay Area Women Against Rape
        - 470 27th St. Oakland CA 94612
        - 4/1

4. Verification
   - Signature of Agency Head or Designee
     - Lee Ann Fergerson
     - Supervisor's Assistant
     - 10/9/15
   - Comment:
     - Sexual Assault Counseling for Rape Victims
     - 4th Annual Latino Gala

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

**Face Value of Each Ticket/Pass $100.00**

**Date(s) 3.7.12**

**Name of Source**
GSW

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

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Event Description** Warriors vs Orlando Magic
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
- **Was ticket distribution made at the behest of agency official?** Yes [ ]

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>Tri-Valley Conservancy</td>
<td>4/1</td>
<td>To Reward a school or nonprofit organization for its contributions to the community.</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>1457 1st. St. Livermore, CA 94550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

9944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**
Lee Ann Fergerson

**Print Name**

**Title**

**Date (Month, Day, Year)** 10/28/15

**Comment:** To protect wildlife habitats

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

1. Agency Name
Alameda County

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐  No ☐
   Face Value of Each Ticket/Pass $222.00
   Event Description: 
   Ticket(s)/Pass(es) provided by agency? Yes ☐  No ☐
   Date(s) 11/1/15
   If no: 
   If yes: 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
      DISTRICT 1
      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
   Signature of Agency Head or Designee
   Lee Ann Fergerson  Supervisor's Assistant
   (Month, Day, Year)
   Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $89.50
Event Description: HOT WINTER NIGHTS
Date(s) 11.7.15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If yes: Alameda County Supervisor Scott Haggerty, District 1
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
CBS 4 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:

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
'8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Lee Ann Fergerson
Print Name
Supervisor's Assistant
Title
Date (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
   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 $700.00
   Date(s) 1/16/16
   If no: 6/20
   Name of Source
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description N una Heat Basketball
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Date of Original Filing: _____/_____/_____

3. Recipients
   * Use Section 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
   District 1
   To reward a county employee for his or her exemplary service to the public

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

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

4. Verification
   44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson ☑ Supervisor's Assistant ☑
   Signature of Agency Head or Designee
   Title
   Date 11/10/15

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description Raiders
   Face Value of Each Ticket/Pass $222.00
   Date(s) 11/15/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Name of Source
   Name of Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First)

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

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

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

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

4. Verification
   1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Official or Designee Lee Ann Fergerson
   Supervisor's Assistant

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Hot Winter Night Concert
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ 89.50
   Date(s) 11/07/15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

<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>Maxie, Mike</td>
<td>4</td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I [ ] have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Director of Operations

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 Archuleta
Area Code/Phone Number (510) 272-6692
E-mail michelle.archuleta@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. Phoenix Suns
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 12/16/15
If no: Golden State Warriors
Name of Source
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Rotary Club P.O. Box 105, Newark CA 94560</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Provides support to local non-profits organizations and humanitarian efforts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, [Signature], hereby certify that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta  Supervisor's Aide
Post Name: Title: [Signature and title]

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 350.00
Event Description Warriors vs. Utah Jazz
Date(s) 12 / 23 / 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
Officer's Name (Last, First)

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose move pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of Chabot College 25555 Hesperian Blvd, Hayward 94545</td>
<td>4</td>
<td>To reward a school for its contributions to the community.</td>
</tr>
<tr>
<td>Supports students by fundraising for programs and scholarships</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, 1994.1 and 1994.2, have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Michelle Archuleta
Print Name
Supervisor's Aide
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 (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Michelle Archuleta
   Area Code/Phone Number (510) 272-6892
   E-mail michelle.archuleta@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description Warriors vs. Denver Nuggets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 450.00
   Date(s) 11 / 06 / 15
   If yes: Valle, Richard - Supervisor District 2
   Name of Source Golden State Warriors
   Official's Name (Last, First)

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

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

      Name of Individual
      Last, First
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☑ Income ☐
      Income Date
      Description

      Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      Income Date
      Description

4. Verification
   Signature of Agency Head or Designee Michelle Archuleta
   Director of Operations
   Date
   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 Archuleta

**Area Code/Phone Number**
- (510) 272-6602

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

**Date Stamp**
- California Form 802

**A Public Document**

**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. Detroit Pistons**

**Date(s)**
- 11 / 09 / 15

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

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

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

**Official’s Name (Last, First)**

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

**A. Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es)** 4

- **Describe the public purpose made pursuant to the agency’s policy**
  - To reward a County employee for his exemplary service to the public

**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**

- As 19944.1 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

**Print Name**
- Director of Operations

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 350.00
Event Description Warriors vs. Sacramento Kings
Date(s) 12 / 28 / 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Women Voters- Eden Area P.O. Box 2234, Castro Valley, CA 94546</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Informs and encourages active participation in government by citizens.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Michelle Archuleta, Director of Operations, have verified that the distribution set forth above, is in accordance with the requirements. (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 Archuleta
Area Code/Phone Number (510) 272-6692
E-mail michelle.archuleta@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 $ 350.00
Event Description Warriors vs. Sacramento Kings
Provide Title/Explanation
Date(s) 11 / 28 / 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.

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tbody>
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</tbody>
</table>

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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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balderas, Ruben</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To evaluate the ability of a local sports team to attract business and contribute to the local economy</td>
</tr>
<tr>
<td>Chui-Valle, Rebecca</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To evaluate the ability of a local sports team to attract business and contribute to the local economy</td>
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</tbody>
</table>

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

4. Verification
I, [Signature of Agency Head or Designee] have verified that the distribution set forth above is in accordance with the requirements.

Michelle Archuleta                              Director of Operations
Print Name                                      Title
( ) (Month, Day, Year)

Comment: Includes 2 parking passes at the value of $30 each
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Warriors vs. Sacramento Kings
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Wes ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $350.00
   Date(s): 11 / 28 / 15
   Name of Source: Golden State Warriors
   Official's Name (Last, First): Valle, Richard- Supervisor District 2

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To evaluate the ability of a local sports team to attract business and contribute to the local economy

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Director of Operations
   Date: 11/23/15
   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 Archuleta
Area Code/Phone Number (510) 272-6692
E-mail michelle.archuleta@acgov.org

**2. Function or Event Information**
Does the agency have a ticket policy? Yes [x] No [ ]

**Event Description**
Warriors vs. Sacramento Kings
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass $ 350.00
Date(s) 11 / 28 / 15 / / /

If no: Golden State Warriors
Name of Source
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)

**3. Recipients**

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

<table>
<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>Valle, Richard</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To evaluate the ability of a local sports team to attract business and contribute to the local economy</td>
</tr>
<tr>
<td>Alexander, Rosemary</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To evaluate the ability of a local sports team to attract business and contribute to the local economy</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>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**4. Verification**

rs 18944.1 and 18942.1 I have verified that the distribution set forth above is in accordance with the requirements.

Michelle Archuleta
Director of Operations

Signature of Agency Head or Designee
Print Name
Title

[Signature]

Comment:

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass $** 350.00
   - **Event Description** Warriors vs. Denver Nuggets
   - **Date(s)** 01 / 02 / 16
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   - **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   - **Name of Source**
     - **Name of Source**
     - **Name of Source**
     - **Name of Source**
   - **Official's Name (Last, First)**

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

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

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

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

4. **Verification**
   - **Michelle Archuleta**
   - **Director of Operations**
   - **Print Name**
   - **Title**
   - **Date** 11/23/15

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description**: Football 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 $**: $222 ticket/$35 parking
- **Date(s)**: 11/01/15
- **If yes: Oakland Raiders**
- **Name of Source**: Alameda County Supervisor Wilma Chan
- **Official's Name (Last, First)**

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

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

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

#### 4. Verification
- **I have read and understand FPPC Regulations 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**: 11.25.2015

---

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

   □ 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
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [X]
   Date(s)  11  /  15  /  15
   If no: Oakland Raiders
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

   B. Name of Individual (Last, First)  Number of Ticket(s)/ Pass(es)  Identify one of the following:
   Franz, Jim  2+1park
   Ceremonial Role [ ]  Other [ ]
   Income [ ]
   If checking “Ceremonial Role” or “Other” describe below:
   To reward a community volunteer for his service to the public
   2+1park
   Ceremonial Role [ ]  Other [ ]
   Income [ ]
   If checking “Ceremonial Role” or “Other” describe below:

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

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

   [Signature of Agency Head or Designee]  Steven Jones  Central District Director  11.25.2015
   (Print Name)  (Title)  (Month, Day, Year)

Comment: ____________________________

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ $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
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source
   Official's Name (Last, First)

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

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

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

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

   Signature of Agency Head or Designee Steven Jones Central District Director
   Post Name 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
   E-mail: steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Family Bridges 2015 Benefit Concert
   Date(s): 11/21/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $112.38
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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
   A.

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

   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
   C.

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

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   Print Name
   Title
   11.25.2015
   (Month, Day, Year)
   Comment:

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

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

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

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

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

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

### 2. Function or Event Information

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

**Event Description**
- Basketball Game

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

**Face Value of Each Ticket/Pass $**
- $450

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

**If no:**
- Golden State Warriors

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

### 3. Recipients

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

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

<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>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akella, Arjun</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

#### C. Name of Outside Organization

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

### 4. Verification

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

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

**Central District Director**
- 11.25.2015

**Print Name**
- Title

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

1. Agency Name
   Alameda County

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


2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $450
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 11 / 02 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      No ☐ Yes ☑

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

4. Verification
   I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Steven Jones
   Central District: Director
   Print Name
   Central Distric: Director
   Title
   (Month, Day, Year)
   11.25.2015

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 X No □
   Event Description  Basketball Game
   Face Value of Each Ticket/Pass $   $450/$30 parking
   Date(s)  11 / 17 / 15
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Officials Name (Last, First)

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

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

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:
   Chang, Emily  2+1park
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   2+1park

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

4. Verification
   I have read and understood 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  11.25.2015
   Print Name  Title  (Month, Day, Year)

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

### 1. Agency Name
Alameda County

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

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

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

---

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**: Basketball Game
- **Face Value of Each Ticket/Pass**: $600/$30 parking
- **Date(s)**: 11/24/15

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes [ ] No [x]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If no:</strong> Golden State Warriors</td>
<td></td>
</tr>
<tr>
<td><strong>Name of Source</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was ticket distribution made at the behest of agency official?</th>
<th>No [ ] Yes [x]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If yes:</strong> Alameda County Supervisor Wilma Chan</td>
<td></td>
</tr>
<tr>
<td><strong>Official’s Name (Last, First)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Recipients

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

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

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

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

- **Schaff, Bill**
  - 2+1park
  - **Ceremonial Role** [ ] **Other** [ ] **Income** [ ]
  - *If checking "Ceremonial Role" or "Other" describe below:*
  - To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2+1park</td>
<td><strong>Ceremonial Role</strong> [ ] <strong>Other</strong> [ ] <strong>Income</strong> [ ]</td>
</tr>
</tbody>
</table>
|                            | *If checking "Ceremonial Role" or "Other" describe below:*

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

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

---

### 4. Verification

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

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Steven Jones</th>
<th>Central District Director</th>
<th>11.25.2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Print Name</strong></td>
<td><strong>Title</strong></td>
<td></td>
<td><strong>(Month, Day, Year)</strong></td>
</tr>
</tbody>
</table>

**Comment:**

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

1. Agency Name
   Alameda County

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $450
   Event Description Basketball Game
   Provider Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 11 / 06 / 15
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

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

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

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

   Signature ☉ Agency Head or Designee
   Print Name

   Steven Jones  Central District Director  11.25.2015
   (Month, Day, Year)

Comment: ____________________________

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes □ No □
- **Face Value of Each Ticket/Pass $** $450/$30 parking
- **Event Description** Basketball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
- **Date(s)** 11 / 09 / 15
- **Name of Source** Golden State Warrior's
- **Was ticket distribution made at the behest of agency official?** No □ Yes □
- **If yes:** Alameda County Supervisor Wiima Chan

### 3. Recipients

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<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>Douthred, Clarissa</td>
<td>2+1park</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2+1park</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

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

### 4. Verification

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

- **Signature of Agency Head or Designee**
- **Print Name**
- **Central District Director**
- **Title**
- **Date** 11.25.2015 (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 $  $450
   Event Description  Basketball Game
   Date(s)  11 / 14 / 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>
</thead>
</table>

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

<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>Deputy Sheriffs’ Activities League (DSAL) 16335 E 14th St, San Leandro</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
</tbody>
</table>

   Provides recreational/educational opportunities for children in Unincorp. AICo

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  11.06.20415
   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
   E-mail: steven.jones@acgov.org
   Area Code/Phone Number: (510) 272-6693

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 600
   Event Description: Basketball Game
   Date(s): 11/24/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source:
   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
   If yes: Alameda County Supervisor Wilma Chan
   Officer's Name (Last, First):

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

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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      Describe the public purpose made pursuant to the agency's policy
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

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

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

   Signature of Agency Head or Designee: Steven Jones
   Print Name: Central District Director
   Title: 11.25.2015
   (Month, Day, Year)

Comment:

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

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

Date Stamp

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

   Face Value of Each Ticket/Pass $450/$30 parking
   Date(s) 11/02/15
   If no. Golden State Warriors
   If yes. Alameda County Supervisor Wilma Chan

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

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

      Cluver, Andreas 2+1park
      Ceremonial Role ☐ Other ☐ Income ☐
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

      2+1park
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   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 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Steven Jones
   Central District: Director
   11.25.2015

Comment:

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 450
Event Description Basketball Game
Date(s) 11 / 09 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Who? Alameda County Supervisor Wilma Chan
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

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

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

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

Signature of Agency Head or Designee: Steven Jones
Central District: Director: 11.25.2015
Comment: 
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   Date Stamp
   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 $ 450
   Event Description Basketball Game
   Date(s) 11 / 17 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source
   Official’s Name (Last, First)

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

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

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

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

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   11.25.2015
   (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

   □ 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 Basketball Game

   Provide Title/Exploration

   Date(s) 11/14/15

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

   If no: Golden State Warriors

   Name of Source

   If yes: Alameda County Supervisor Wilma Chan

   Officer's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Padilla Johnson, Rose</td>
<td>2+1park</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>
<tr>
<td></td>
<td>2+1park</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) | 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 1994.1 and 1994.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Steven Jones Central District Director: 11.25.2015

   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 Raiders
   Face Value of Each Ticket/Pass $ 222
   Date(s) 12 / 20 / 15 12 / 24 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: __________
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Miley, Nate
   Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
   Social Services Agency
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency's policy
   To reward a County employee for their exemplary service to the public

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

Hunt, Clarence
   Number of Ticket(s)/Pass(es) 2
   Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   Signature of Agency Head or Designee Anna Gee
   Date 11/2/15
   Print Name Operations Chief
   Title
   (Month, Day, Year)

Comment: Dones received parking pass

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

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

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

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

**Event Description:**
Raiders

**Provide Title/Explanation:**

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

**Date(s):**
10 / 11 / 15
11 / 1 / 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:**
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.
<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.
<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>Pete, Geoffrey</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>For promoting 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>Gee, Patricia</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
<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
Operations Chief
Pint Name
Title
11/2/15 (Month, Day, Year)

Comment: Pete received 10/11 tix

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

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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Raiders
   Face Value of Each Ticket/Pass $ 222
   Date(s) 11/15/15 12/6/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Miley, Nate

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

   **A. Name of Agency, Department or Unit**
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency's policy

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

   **C. Name of Outside Organization (Include address and description)**
   Number of Ticket(s)/Pass(es) 4
   Ceremonial Role ☐ Other ☒ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a non profit organization for their contributions to the community.

4. **Verification**
   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
   (Month, Day, Year) 11/2/15
   Comment: St. Mary's received 12/6 tix

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes ☑ No ☐**
   - Face Value of Each Ticket/Pass $124.75/109.05
   - Event Description Gabriel Iglesias/One Kapamilya
   - Date(s) 10 / 3 / 15 10 / 25 / 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 ☑**
   - Name of Official Miley, Nate

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

   **A. Name of Agency, Department or Unit**
   - County Administrator's Office 4 To reward a County employee for their exemplary service to the public
   - Information Technology Department 2 To reward a County employee for their exemplary service to the public

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

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

4. **Verification**
   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
   Anna Gee
   Operations Chief
   11/2/15 (Month, Day, Year)

   Comment: CAO received 10/26 fax.
### 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>BOS District 4 staff</td>
<td>2</td>
<td>To reward a County employee for their exemplary service to the public</td>
</tr>
</tbody>
</table>

#### B. Name of Individual
- Use for individuals

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

#### C. Name of Outside Organization
- Provide address and description

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

☐ 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 $ 37.45
Event Description Disney on Ice
Date(s) 10 / 8 / 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: ________________________________

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Ste 251</td>
<td>8</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

4. Verification
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: 11/2/15

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

**1. Agency Name**
Alameda County

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

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

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

**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**

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

**Event Description**
Disney on Ice

**Face Value of Each Ticket/Pass $**
37.45

**Date(s)**
10 / 9 / 15
10 / 10 / 15

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

**If no:**
[Golden State Warriors]

**Name of Source**

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

**If yes:**
Miley, Nate

**Official’s Name (Last, First)**

---

**3. Recipients**

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

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

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

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>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:

---

**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>United Seniors of Oakland &amp; Alameda County-7200 Bancroft Ave, Ste 251</td>
<td>8</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.</td>
</tr>
</tbody>
</table>

**Oakland 94605**
**SENIOR ADVOCACY**

---

**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  11/2/15

Signature of Agency Head or Designee  First 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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description Disney on Ice/Julion Alvarez
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 $ 37.45/99
Date(s) 10 / 11 / 15 10 / 23 / 15
If no: ___________________________ Name of Source
If yes: Miley, Nate Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramirez, Joceilyn</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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>
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<tr>
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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.
Anna Gee
Operations Chief
11/2/15
(Month, Day, Year)

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 89.50/139.50
   Event Description Hot Winter Nights/Jingle Bell
   Provide Title/Explanation
   Date(s) 11/7/15 12/3/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ________________ Name of Source __________________________
   Was ticket distribution made at the behest of agency official? 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

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

Comment: Malapaie received 12/3 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  E-mail
(510) 272-6694  anna.gee@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 $ 100/114.30
Date(s)  12 / 8 / 15  12 / 11 / 15
Event Description  The Weekend/Silent Night
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
If no:  Findin State Wardro
Was ticket distribution made at the behest of agency official?  No ☐ Yes ☒
If yes:  Miley, Nate

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

<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 | Number of Ticket(s)/ Pass(es) | Ceremonial Role ☐ Other ☒ Income ☐
|-----------------------|-------------------------------|---------------------------------------------------------------|
| Seary, Charyce        | 4                             | Ceremonial Role ☐ Other ☒ Income ☐
|                       |                               | To promote attendance at an event held at a County facility in |
|                       |                               | order to maximize potential County revenue from parking and |
|                       |                               | concession sales                                             |
| Garchar, Randy        | 4                             | Ceremonial Role ☐ Other ☒ Income ☐

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

4. Verification
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment:
Garchar received 12/11 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 (510) 272-6694
E-mail anna.gee@acgov.org

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 75
Event Description Muse
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: [Signature]
If yes: Miley, Nate
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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

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

A. Name of Individual (Last, First)

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

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
(Month, Day, Year) 11/2/15

Comment: _____________________________

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

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Warriors vs. Grizzlies
- **Face Value of Each Ticket/Pass:** $450.00
- **Date(s):** 11 / 02 / 15
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If no:** Golden State Warriors
- **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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</tbody>
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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></td>
<td></td>
<td>Ceremonial Role [ ] Other [x] 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>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Praxis Project 1001 42nd St. Suite 105 Oakland, CA 94605 nonprofit move</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

#### 4. Verification
- **Signature of Agency Head or Designee:** Amy Shrago
- **Supervisor’s Assistant:**

*Signature*

- **Title:**

*Title*

- **Date:** 11/30/15

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $1,100.00
   Event Description Warriors vs. Clippers
   Date(s) 11/04/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? 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:
      Carson, Keith 2 Ceremonial Role Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote tourism as a form of economic development
      Brooks, Rodney 2 Ceremonial Role Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

4. Verification
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   11/30/15
   (Month, Day, Year)

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

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

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td>Sanchez, Mina</td>
<td>4</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 reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Brown, Aisha</td>
<td>4</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 reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Shrago, Amy</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 reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Brown, Elaine</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 reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
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</tr>
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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
3. Recipients

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Carter, Shomari</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Mariam, Abigail</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

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 $**

450.00

**Event Description**

Warriors vs. Nets

**Provide Title/Explanation**

**Date(s)**

11 / 09 / 15

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

Yes ☐ No ☑

**If no:** Golden State Warriors

**Name of Source**

Carson, Keith

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

## 3. Recipients

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

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

<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>

### 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>Carson, Keith</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

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

To review the ability of a facility or its operator to participate in the County’s job creation goals or job training programs

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

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

### C. Name of Outside Organization

(include address and description)

<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>
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<tbody>
<tr>
<td>...</td>
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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.

**Signature of Agency Head or Designee**

Amy Shrago

**Print Name**

**Title**

**Supervisor's Assistant**

11/30/15

**(Month, Day, Year)**

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

1. **Agency Name**
   Alameda County

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

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

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

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

   **Date Stamp**
   California Form 802

   **For Official Use Only**

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. Raptors
   **Provide Title/Explanation**
   Date(s) 11 / 17 / 15
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
   **If no:** Golden State Warriors
   **Name of Source**
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑
   **If yes:** Carson, Keith
   **Official’s Name (Last, First)**

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

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

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

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

   Baranco, Lauren
   2

   Rodriguez, Danny
   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**

   *8644.1 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
   **Print Name**
   **Supervisor’s Assistant**
   **Title**
   **(Month, Day, Year)**
   11/30/15

   **Comment:**

   FPPC Form 802 (4/12)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 600.00
   Event Description Warriors vs. Lakers
   Provide Title/Explanation
   Date(s) 11 / 24 / 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.

<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>Brown, Elaine</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

   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:

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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
Print Name
Supervisor's Assistant
Title
Date: 11/30/15 (Month, Day, Year)

Comment: