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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 700.00
   Event Description Warriors/Celtics
   Date(s) 4/1/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ☐
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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

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

   B. Name of Individual
   Number of Ticket(s)/Pass(es)
   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
   Washington Hospital
   2000 Monterey Ave
   Fremont CA 94538
   20/14

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

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 ☐
   Print Name ☐ Title ☐ 4/1/16 (Month, Day, Year)

   Comment: Serving Alameda County, CA communities with complete hospital emergency, womens childbirth, heart, cancer
   joint replacement, surgery & social services care.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 600.00
   Event Description Warriors / Portland
   Date(s) 3/11/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes:
   Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

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

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

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Fremont Family Resource Center
      4/1
      To Reward a school or nonprofit organization for its contributions to the community.

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

Comment: The FRC has over 25 state, county, city and nonprofit agencies providing a variety of integrated services.
Agency Report of:
Ceremonial Role 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 lleeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $700.00
   Event Description: DALLAS MAVERICKS | GOLDEN STATE WARRIORS
   Date(s) 1/27/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, D 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. Vérification
   I, Lee Ann Fergerson, Supervisor's Assistant, certify that the information set forth above is true and correct.

Lee Ann Fergerson  Supervisor's Assistant
Print Name  Title

1/27/16
(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 leeanne.fergerson@acgov.org

Date Stamp

California Form 802
For Official Use Only

[Blank]

[Blank]

[Blank]

[Blank]

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 Supervass

Provide Title/Explanation

Face Value of Each Ticket/Pass $ 35.00

Date(s) 1/20/16

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

If no: Name of Source

If yes: Name of Source

Alameda County Supervisor Scott Haggerty, D 1

Official's Name (Last, First)

3. Recipients

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Rubineau</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

4. Verification.

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

Lee Ann Fergerson
Print Name

Supervisor's Assistant
Title

1-27-16
(Month, Day, Year)

Comment: __________________________

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

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

   Board of Supervisors
   Designated Agency Contact (Name, Title)

   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [□] Face Value of Each Ticket/Pass $350.00
   Event Description Warriors / Nuggets
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [□] Date(s) 1/2/16
   Was ticket distribution made at the behest of agency official? No [□] Yes [X] If no: GSW
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First) if yes: 

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

   A. Name of Agency, Department or Unit
      Number of 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 [X] Other [□] Income [□]
      if checking "Ceremonial Role" or "Other" describe below:

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

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

   Lee Ann Fergerson Supervisor's Assistant
   Print Name
   Title

Comment:                            (Month, Day, Year)

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

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

   Date Stamp
   California Form 802
   For Official Use Only
   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 $ 100.00
   Event Description
   Warriors/Mavericks
   Provide Title/Explanation
   Date(s) 3/25/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: GSW
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, D 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 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
   944.1 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
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □ Face Value of Each Ticket/Pass $55.00
   Event Description: Globoffeas
   Ticket(s)/Pass(es) provided by agency? Yes □ No □ Date(s) 1/16/16
   Was ticket distribution made at the behest of agency official? No □ Yes □ Name of Source: GSW
   If yes: Alameda County Supervisor Scott Haggerty, D 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 (Full Name)
      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
   944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson
   Supervisor's Assistant
   Print Name
   Title
   Date Stamp 1-25-16

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)

LeAnn Fergerson, Supervisor's Assistant

Area Code/Phone Number (510) 272-6691

E-mail leann.fergerson@acgov.org

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □ Face Value of Each Ticket/Pass $ 233.60

Event Description Football

Date(s) 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: Alameda County Supervisor Scott Haggerty, District 1

Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 1</td>
<td>2</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
</tbody>
</table>

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

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

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

4. Verification
1944.1 and 16042. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson Supervisor's Assistant
Print Name Title

Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description: WARRIORS / LAKERS
   Provide Title/Explanation
   Date(s): 1/14/16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source: GSU
   If no: ☐
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
      
   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identity 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
   5944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson ☑ Supervisor’s Assistant ☑
   Print Name
   Title
   Date: 1-20-16
   (Month, Day, Year)
   Signature

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leean.fergerson@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)

2. Function or Event Information
   Face Value of Each Ticket/Pass $55.00
   Event Description Harlem Globetrotters
   Date(s) 1/23/16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Name of Source GSW
   If no: [ ]
   If yes: Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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

   B. Name of Individual
      Leif McCarey
      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
   18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Ferguson Supervisor's Assistant 1-19-16
   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)
   Alameda County Supervisor Scott Haggerty, Dist. 1
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fergerson, Supervisor's Assistant
   Area Code/Phone Number  (510) 272-6691
   E-mail  leeanne.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐
   Event Description  PBR Professional Bull Riding
   Face Value of Each Ticket/Pass $ 47.25
   Date(s)  1-9-16
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐
   If no:  GSW
   Name of Source
   If yes:  Alameda County Supervisor Scott Haggerty, D 1
   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: Scott Haggerty
      Board of Supervisors, D1
      Number of Ticket(s)/Pass(es): 4
      Describe the public purpose made pursuant to the agency's policy:
      To obtain oversight of facilities or events that have received county funding or support.

   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:
   I have verified that the distribution set forth above is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant  1-8-16
   Print Name  Title

Comment:  

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lee Ann Fargerson, 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 $ 94.00
   Event Description Pop NYE
   Date(s) 12, 31, 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: GSNW
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes:
   Name of Source Alameda County Supervisor Scott Haggerty, D 1
   Official's Name (Last, First)

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

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

B. Name of Individual Number of Ticket(s)/Pass(es) Identify one of the following:
   Renee Beaudoin 4 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 Outlier Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   (include address and description)

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fargerson Supervisor's Assistant 1-7-16
   Print Name Title

Comment: 

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

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

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 222.00
Event Description □ Raiders □
Provide Title/Explanation
Date(s) 12/24/15
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☐
If no:
Name of Source
Alameda County Supervisor Scott Haggerty, D 1
Was ticket distribution made at the behest of agency official?
No ☐ Yes ☐
If yes: Official's Name (Last, First)

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

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
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 1-7-16
Print Name Title (Month, Day, Year)

Comment:

FPFCC Form 802 (4/12)
FPFCC 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 $ 600.00
   Event Description Warriors vs. Orlando Magic
   Provide Title/Explanation
   Date(s) 03/07/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jahan, Farbod</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
<td>To reward a student for outstanding scholastic achievement</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

   Michelle Archuleta
   Director of Operations

   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) 272-6692
   E-mail michelle.archuleta@acgov.org
   Date Stamp
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Los Angeles Lakers
   Face Value of Each Ticket/Pass $ 1,100.00
   Date(s) 01 / 14 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angelito, David</td>
<td>4</td>
<td>Other ☒ Income ☐ 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>4</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

4. Verification
   5944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Michelle Archuleta
   Director of Operations
   Print Name
   Title
   Date (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)
### 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**
  - $500.00

- **Event Description**
  - Warriors vs. Indiana Pacers

- **Provide Title/Explanation**

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

- **Name of Source**
  - Golden State Warriors

- **Date(s)**
  - 01 / 22 / 16

- **Was ticket distribution made at the behest of agency official?**
  - No ☑ 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 (First, Last)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thompson, Gary</td>
<td>2</td>
<td>To reward a County employee for his exemplary service to the public.</td>
</tr>
<tr>
<td>Bremond, Kevin</td>
<td>2</td>
<td>To reward a County employee for his exemplary service to the public.</td>
</tr>
</tbody>
</table>

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

5944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta

Print Name

Director of Operations

Print Name

Title

1/21/16

(Month, Day, Year)

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

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
   - 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: Monster Energy Supercross
   - Face Value of Each Ticket/Pass $35.00
   - Date(s) 1/30/16
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Oakland Athletics
   - Name of Source: Valerie, Richard - Supervisor District 2
   - 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>
<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>Cabrera, Stephanie</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary service to the public.</td>
</tr>
<tr>
<td></td>
<td>3</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>

   **C. Name of Outside Organization**

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

4. Verification

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

   Signature or Agency Head or Designee: Michelle Archuleta
   Print Name: Michelle Archuleta
   Title: Director of Operations
   Date: 1/28/16 (Month, Day, Year)

Comment: __________________________
**Agency Report of:**
Ceremonial Role Events and Ticket/Pas 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. Atlanta Hawks
   - Face Value of Each Ticket/Pas $ 700.00
   - Date(s) 03 / 01 / 16
   - 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 (Last, First): Valle, Richard - Supervisor District 2

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

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

   **B. Name of Individual (Last, First)**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☑ Income ☐
   - If checking "Ceremonial Role" or "Other" describe below: 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**
   - 8944.1 and 19942.1 have verified that the distribution set forth above, is in accordance with the requirements.
   - Michelle Archuleta
   - Director of Operations
   - (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
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Michelle Archuleta

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6692</td>
<td><a href="mailto:michelle.archuleta@acgov.org">michelle.archuleta@acgov.org</a></td>
</tr>
</tbody>
</table>

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Face Value of Each Ticket/Pass: **$700.00**
   - Event Description: Warriors vs. Utah Jazz
   - Date(s): **03/09/16**
   - Ticket(s)/Pass(es) provided by agency? **No**
   - If no: Golden State Warriors
   - Name of Source: **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: <strong>No</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: <strong>No</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income: <strong>Yes</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Chamber of Commerce 22561 Main Street, Hayward, CA 94541</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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

   - Michelle Archuleta
   - Director of Operations

   - 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 ☐
   Event Description Warriors vs. Utah Jazz
   Face Value of Each Ticket/Pass $600.00
   Date(s) 03 / 09 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? 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>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></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward,CA94545</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Raises funds to continue hospital mission of providing quality health care</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.

   Signature of Agency Head or Designee: Michelle Archuleta
   Print Name: 
   Title: Director of Operations
   Date (Month, Day, Year): 1/21/16

   Comment: Includes 1 parking pass at the value of $30.

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)
   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. Portland Trail Blazers
   Face Value of Each Ticket/Pass $ 600.00
   Date(s) 03 / 11 / 16
   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: 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>Sunol Business Guild P.O. Box 94, Sunol, CA 94586</td>
<td>4</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Raises funds for Sunol Glen Elementary School and CERT programs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Michelle Archuleta, Director of Operations, certify that the information set forth above is true to the best of my knowledge.

   Date of Original Filing: (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

   Date Stamp

   California Form 802
   For Official Use Only

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

   Face Value of Each Ticket/Pass $  700.00

   Event Description  Warriors vs. Washington Wizards

   Provide Title/Explanation

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

   Date(s)  03 / 29 / 16

   If no:  Golden State Warriors

   Name of Source

   If yes:  Valle, Richard- Supervisor District 2

   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit

   Number of Ticket(s)/Pass(es)

   Describe the purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)

   Number of Ticket(s)/Pass(es)

   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 purpose made pursuant to the agency’s policy

   Intero Foundation, East Bay
   32145 Alvarado-Niles Rd, Union City CA

   4

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

   Raises funds for children’s programs in communities they serve

4. Verification
   I, Michelle Archuleta, Director of Operations, hereby certify that the attached report is true and correct.

   I, as the Head of Agency or Designee, attest to the accuracy of the information provided.

   Signature of Agency Head or Designee

   Michelle Archuleta
   Print Name

   1/27/16
   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
   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 $ $700/$30 parking
   Event Description Basketball Game
   Date(s) 01 / 27 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>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>Tam, Judy</td>
<td>4+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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>4+1park</td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Central District Director
   Title
   Date (Month, Day, Year) 02.01.2016
Agency Report of:
Ceremonial Role 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 $350
Event Description Basketball Game
Date(s) 01 / 04 / 16
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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Recipients

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

3. Recipients

<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>Food Shift</td>
<td>2150 Allston Way, Suite 460 Berkeley, CA 94704</td>
<td>2</td>
</tr>
<tr>
<td>Works to reduce food waste, feed the hungry, and build resilient communities</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
Print Name
Central District Director
Title
02.01.2016
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Steven Jones
   Area Code/Phone Number (510) 272-6653
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Basketball Game
   Face Value of Each Ticket/Pass $ 350
   Date(s) 01 / 02 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

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

   **B.** Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   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 the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Steven Jones Central District Director 02.01.2016
   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) 272-6933  steven.jones@ac gov.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
Event Description Basketball Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
Date(s)  01 / 04 / 16
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
(Wit. & Aff.)
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 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
02.01.2016  (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 1. Agency Name

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

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description** Basketball Game  
  Provide Title/Explanation
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
  - **Face Value of Each Ticket/Pass** $700  
  - **Date(s)** 01/11/16
  - **Name of Source** Golden State Warriors (Official’s Name, Last, First)
- **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.

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

#### C.

<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 FPCC 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  
02.01.2016  
(Month, Day, Year)

Comment:  

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

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description 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 $1,100/$30 parking
Date(s) 01/14/16
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>2+1park</td>
<td></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></td>
<td></td>
</tr>
</tbody>
</table>

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

**4. Verification**
I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Steven Jones
Central District Director:
02.01.2016
(Month, Day, Year)

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

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

Date Stamp California 802
For Official Use Only

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

2. Function or Event Information
 Does the agency have a ticket policy?  Yes ☒ No ☐
Face Value of Each Ticket/Pass $700/$30 parking
Event Description  Basketball Game
Provide Title/Explanation
Date(s) 01/11/16
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
If no:  Golden State Warriors
Name of Source
If yes:  Alameda County Supervisor Wilma Chan
Official’s Name (Last, First)

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

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

<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  Number of Ticket(s)/Pass(es)  Identify one of the following:
Burrows, Sean  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.

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

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

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

Steven Jones  Central District Director  02.01.2016
Print Name  Title  (Month, Day, Year)

Comment: ____________________________

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Steven Jones

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

Date Stamp
California Form 802
For Official Use Only

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

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

Face Value of Each Ticket/Pass $ 1,100

Event Description Basketball Game

Provide Title/Explanation

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

Date(s) 01 / 14 / 16

If no: Golden State Warriors

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

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.

<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>Cutter, Scott</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

02.01.2016
(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

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Public Document</td>
</tr>
</tbody>
</table>

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☐ No ☐
- **Event Description**: Basketball Game
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☐
- **Face Value of Each Ticket/Pass $**: $500
- **Date(s)**: 01/22/16
- **Name of Source**: Golden State Warriors
- **Name of Source**: Alameda County Supervisor Wilma Chan

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

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

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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>Print Name</th>
<th>Title</th>
<th>Date (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Jones</td>
<td></td>
<td>Central District Director</td>
<td>02.01.2016</td>
</tr>
</tbody>
</table>

**Comment:**

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

1. Agency Name
   - Alameda County
   - 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 ☒ 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 $500 / $30 parking
   - Date(s) 01/22/16
   - 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.

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

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

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

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

   Signature of Agency Head or Designee: __________________________
   Print Name: __________________________
   Central District Director: __________________________
   Date: 02.01.2016 (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 $ $35.00
Event Description Monster Energy AMA Supercross
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 01 / 30 / 16
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Golden State Warriors
Name of Source
If no: Alameda County Supervisor Wilma Chan
Name of Source
Official's Name (Last, First)

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

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

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

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
San Lorenzo Jr. Rebels | PO Box 133
San Lorenzo, CA | 94580
Youth athletics regardless of a child’s weight, size or capabilities
4 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County...

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

Signature of Agency Head or Designee: __________________________
Print Name: __________________________
Title: __________________________
(Month, Day, Year) 02/01/2016

Comment: __________________________

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

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

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

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

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

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

   **C.** Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Junior Warriors Basketball League | 250 Frank H. Ogawa Plaza, 94612 | 4
   Youth athletics with a focus on teamwork and character development
   To promote health, motivate and provide expanded opportunities to vulnerable populations in the County...

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 Lessee: Steven Jones
   Print Name: Central District Director
   Title: 02/01/2016
   (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 $ $55.00
   Event Description Harlem Globetrotters
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Date(s) 01 / 16 / 16
   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 (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Steven Jones Central District Director 02/01/2016
   Signature of Agency Head or Designee 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
   - Board of Supervisors
   - Designated Agency Contact: Steven Jones
     - Area Code/Phone Number: (510) 272-6693
     - E-mail: steven.jones@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes** ☑ **No** ☐
   - Face Value of Each Ticket/Pass: $47.25
   - Event Description: Professional Bull Riders
     - Event Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? **Yes** ☐ **No** ☑
   - Date(s) of Option: 01/09/16
   - Ticket(s)/Pass(es) provided by agency? **Yes** ☑ **No** ☐
   - Name of Source:
     - Golden State Warriors
     - Alameda County Supervisor Wilma Chan
       - Name of Source: Wilma Chan
       - Official's Name (Last, First): Alameda County Supervisor Wilma Chan

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

   **A. Name of Agency, Department or Unit**
   - Describe the public purpose made pursuant to the agency’s policy

   **B. Name of Individual**
   - Describe the public purpose made pursuant to the agency’s policy
     - Torres, Sandra
       - Number of Ticket(s)/Pass(es): 4
       - Ceremonial Role ☑ Other ☐
       - Income ☐
       - Description:
         - 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)
   - 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**: 02/01/2016
   - **(Month, Day, Year)**

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

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

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

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To obtain oversight of facilities or events that have received
      County funding or support
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago Supervisor's Assistant 02/01/16
   Print Name Title (Month, Day, Year)
   Comment: ____________________________

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

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☐ No X
Face Value of Each Ticket/Pass $350.00
Event Description  Warriors vs. Hornets
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No X
If no: Golden State Warriors
Name of Source
Was ticket distribution made at the behest of agency official?  No ☐ Yes X
If yes: Carson, Keith
Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariam, Abigail</td>
<td>2</td>
<td>Ceremonial Role ☐ Other X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Community Collaborative 300</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Lakeside Dr. Oakland, CA 94612</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Amy Shrago
Supervisor’s Assistant
02/01/16

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ✗
   Face Value of Each Ticket/Pass $ 700.00
   Event Description Warriors vs. Heat
   Provide Title/Explanation
   Date(s) 01 / 11 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ✗
   If no: Golden State Warriors
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ✗
   If yes: Carson, Keith
   Official’s Name (Last, First)

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

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

   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
      Peter Pan Cooperative Nursery School
      4618 Allendale Ave., Oakland CA 94619
      4
      To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have signed 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions 

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Amy Shrago

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

Date Stamp

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

Event Description    Warriors vs. Lakers

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 $1100.00

Date(s)    01 / 14 / 16

If no: Golden State Warriors

If yes: Carson, Keith

3. Recipients

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

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

    Shrago, Amy    4

    Ceremonial Role ☐ Other ☒ Income ☐

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

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

    Ceremonial Role ☐ Other ☐ Income ☐

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

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

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

Amy Shrago
Print Name

Supervisor’s Assistant    Title    02/01/16

(Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 500.00
   Event Description Warriors vs. Pacers
   Date(s) 01 / 22 / 16
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Other □</td>
<td>To evaluate the ability of a facility, its operator, or 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>
</tr>
</thead>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Supervisor's Assistant
   02/01/16
   Comment: 

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 700.00
   Event Description Warriors vs. Mavericks
   Date(s) 01 / 27 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   Name of Source Carson, Keith
   If yes:
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Official’s Name (Last, First)

3. Recipients

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

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

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

   Bates, Tom
   4
   To promote tourism as a form of economic development.

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

4. Verification

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

   _______ _______ _______ 
   Amy Shrago Supervisor’s Assistant 02/01/16
   (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)
     - Amy Shrago
     - Area Code/Phone Number: (510) 272-6695
     - E-mail: amy.shrago@acgov.org
   - Date Stamp
   - California Form 802
     - For Official Use Only
     - Amendment (Must provide explanation in Part 3.)
   - Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes □ No ☒
   - Face Value of Each Ticket/Pass $ 47.25
   - Event Description: PBR Blue DEF Tour
   - Provide Title/Explanation
   - Ticket(s)/Pass(es) provided by agency? Yes □ No ☒
   - If no: Golden State Warriors
   - Name of Source
   - If yes: Carson, Keith
   - Official's Name (Last, First)
   - Date(s) 01 / 09 / 16

3. **Recipients**
   - Use Section A to identify the agency's department or unit.  
   - Use Section B to identify an individual.  
   - Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency’s policy**
   - **B. Name of Individual**
     - **(Last, First)**
     - **Number of Ticket(s)/Pass(es)**
     - **Identify one of the following:**
       - Ceremonial Role □ Other ☒ Income □
     - If checking "Ceremonial Role" or "Other" describe below:
       - To reward a County employee for his or her exemplary service to the public or to encourage staff development
       - Ceremonial Role □ Other □ Income □
     - If checking "Ceremonial Role" or "Other" describe below:
   - **C. Name of Outside Organization**
     - (Include address and description)
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - I have read regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Certification
     - Amy Shrago
     - Supervisor’s Assistant
     - 02/01/16
     - Print Name
     - Title
     - (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Event Description AMA Supercross
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Face Value of Each Ticket/Pass $ 35.00
   Date(s) 01/30/16
   If no: Golden State Warriors
   Name of Source
   If yes: Carson, Keith
   Official's Name (Last, First)

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shr ago
   Supervisor’s Assistant
   02/01/16
   (Month, Day, Year)
   Comment:

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