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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Justin Bieber
   Face Value of Each Ticket/Pass $126.00
   Date(s) 3/18/16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: GSW
   Name of Source
   Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

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

   | Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Amador</td>
<td>Y</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I hereby certify, pursuant to Government Code Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Lee Ann Fergerson Supervisor's Assistant
   First Name                Title
   (Month, Day, Year)        Feb 25, 2016

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $30.50
   Event Description: Disney on Ice Frozen
   Date(s): 1/24/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ____________________________
   Name of Source: Alameda County Supervisor Scott Haggerty, D1
   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
   16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson  Supervisor's Assistant
   Signature of Agency Head or Designee Print Name (Month, Day, Year)

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 55.50
Event Description DIS simple on Ice Frozen ☐ Provide Title/Explanation Date(s) 2, 25, 16
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, 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</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lavanya Gupta</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

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

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

Lee Ann Fergerson
Print Name
Supervisor’s Assistant
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 ☑
   Event Description: Disney on Ice Frozen
   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 $55.50
   Date(s) 2/26/15
   Name of Source:
   Alameda County Supervisor Scott Haggerty, D1

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   District 1 | 4 | To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

4. Verification
   944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   Date 2-18-15

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description Disney on Ice - Frozen
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
Face Value of Each Ticket/Pass $55.50
Date(s) 2/27/16
If no: CTSW
Name of Source
Alameda County Supervisor Scott Haggerty, D1
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 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
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
Print Name Title
(510) 272-6691 leeann.fergerson@acgov.org

Comment:

18-8-16

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description Disney on Ice - Frozen
   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 $55.50
   Date(s) 2.28.16
   If no: □
   If yes: GSW
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   Official's Name (Last, First)

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   (Month, Day, Year)
   Signature of Agency Head or Designee
   Print Name
   (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)
   - 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
   - **Date(s)**: 3/16 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?**
     - No ☐ Yes ☑
   - **If yes:**
     - **Name of Source**
     - Alameda County Supervisor Scott Haggerty, D1
     - **Official’s Name (Last, First)**

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

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

   **B. Name of Individual**
   | Last Name |
   | Frances Hewitt |
   | Number of Ticket(s)/Pass(es) |
   | 4 |

   **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**
<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**
   - 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
   - **Lee Ann Fergerson**
   - **Supervisor’s Assistant**
   - **(Month, Day, Year)** 2-4-16

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

2. Function or Event Information
   - Does the agency have a ticket policy? Yes ☐ No ☑
   - Event Description: WARRIORS
   - Face Value of Each Ticket/Pass$: $100.00
   - Date(s): 4.5.16
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   - Name of Source: (GSW)
     - Name of Source: Alameda County Supervisor Scott Haggerty, District 1
     - Official’s Name (Last, First)

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

   B. Name of Individual
      Last Name: Illingworth
      Number of Ticket(s)/Pass(es): 4
      Identify one of the following:
      - To reward a community volunteer for his or her service to the public.
      - Ceremonial Role ☐ Other ☐

   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 18642: I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson ☑  Supervisor's Assistant ☑
   Print Name ☑  Title 2-19-14  (Month, Day, Year)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Supervisor's Assistant
Area Code/Phone Number (510) 272-6691
E-mail leeann.fergerson@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ 30.00
Event Description Monster Truck Jam
Date(s) 2/20/16
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, D1

3. Recipients
* Use Section 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>Guillermo Molina</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
8944 1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson
Supervisor's Assistant
2-17-16
(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 Ferguson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail leeann.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $75.00
   Event Description Legends of Love
   Provide Title/Explanation
   Date(s) 2/14/16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: ( )
   Name of Source Alameda County Supervisor Scott Haggerty, D1
   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 District 5
      Alameda County Supervisor Keith Carson
      Number of Ticket(s)/Pass(es) 4
      Describe the public purpose made pursuant to the agency's policy
      We could not use them- passed along to another office.

   B. Name of Individual (last first) Lee Fergerson
      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, Lee Ann Fergerson, Supervisor's Assistant, have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee Lee Ann Fergerson
   Print Name
   Supervisor's Assistant
   Title
   Date (Month, Day, Year) Feb. 10, 2016

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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No □  
   Event Description Warriors/Spurs  
   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 $ 1200
   Date(s) 4/7/16  
   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 (Last, First)
      Number of Ticket(s)/Pass(es)  
      Identify one of the following:
      Ceremonial Role □ Other □ Income □  
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson
   Supervisor's Assistant
   Signature of Agency Head or Designee  
   Print Name  
   Title (Month, Day, Year)
   Comment:
   "A non-profit org that operates in 3 spaces. A vibrant cultural community"
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

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

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

A Public Document

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $125.00
   Event Description La Arrolladora
   Provide Title/Explanation
   Date(s) 2, 13, 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? No ☐ Yes ☐
   If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerk of the Board</td>
<td>4</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>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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</tr>
</tbody>
</table>

4. Verification

I, Lee Ann Fergerson, Supervisor’s Assistant, 2-5-11, have verified that the distribution set forth above, is in accordance with the requirements.

Comment: [Signature]

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)
   Nancy Sa
   Area Code/Phone Number E-mail
   (510) 272-6692 nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $55.50
   Event Description Disney on Ice
   Date(s) 02 / 25 / 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>Ascunciones, Logan</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency official or designee
   Nancy Sa
   Print Name
   Supervisor's Assistant
   Title
   Date (Month, Day, Year)

   Comment: ____________________________________________________________

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

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (If Applicable)</strong></td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td>Nancy Sa</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-6692</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:nancy.sa@acgov.org">nancy.sa@acgov.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

<table>
<thead>
<tr>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

2. **Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** Disney on Ice
- **Face Value of Each Ticket/Pass $**: 55.50
- **Date(s)**: 02/28/16
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no: Name of Source**: Golden State Warriors
- **If yes: Name of Source**: Valle, Richard - Supervisor District 2

3. **Recipients**

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nieves, Lucinda</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

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

Signature of Agency Head or Designee: Nancy Sa

Print Name: Supervisor's Assistant

Title: (Month, Day, Year)

Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Sa

   Area Code/Phone Number E-mail
   (510) 272-6692 nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Warriors vs. Knicks
   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
   Date(s) 03/16/16
   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 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 reward a community volunteer for his service to the public.
      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 hereby certify that the distribution set forth above is in accordance with the requirements.
   Nancy Sa Supervisor's Assistant
   Print Name Title
   (Month, Day, Year)

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

1. **Agency Name**
   - Alameda County

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

3. **Designated Agency Contact (Name, Title)**
   - Nancy Sa

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

5. **E-mail**
   - nancy.sa@acgov.org

---

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [X]
- **Event Description**
  - Warriors vs. Mavericks
- **Face Value of Each Ticket/Pass** $700
- **Date(s)**
  - 03 / 25 / 16

---

### 3. Recipients

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

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

- **Signature of Agency Head or Designee**
  - Nancy Sa

- **Print Name**
  - Supervisor's Assistant

- **Title**
  - (Month, Day, Year)

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

---

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

1. Agency Name
Alameda County

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

A Public Document
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 $ 30.50

Event Description Disney on Ice

Date(s) 02 / 24 / 16

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

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

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

If yes: Valle, Richard - Supervisor District 2

Name of Source

Official's Name (Last, First)

3. Recipients

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

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

Gonzalez, Ivy | 4 | Ceremonial Role ☐ Other ☑ Income ☐

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

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

4. Verification

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

Michelle Archuleta | Director of Operations
Print Name | Title
(2/16/16)

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)
Michelle Archuleta

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

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 125.00
Event Description La Arrolladora Banda El Limón
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Valle, Richard - Supervisor District 2
Official’s Name (Last, First)

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

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

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

   Ceremonial Role ☐ Other ☒ Income ☐

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

Ramos, Carmen 4

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

   Ceremonial Role ☐ Other ☐ Income ☒

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

   4

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

4. Verification

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

Signature of Agency Head or Designee
Michelle Archuleta

Print Name
Director of Operations

Title

(Month, Day, Year)

Comment:

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Archuleta

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

Date Stamp California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 55.50
Event Description Disney on Ice Frozen
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Golden State Warriors
If yes: Valle, 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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camacho, Soledad</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria, Mangee</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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, Michelle Archuleta, the Agency Head or Designee, certify that the distribution set forth above, is in accordance with the requirements.

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

Comment: 

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)**  
   Nancy Sa  
   **Area Code/Phone Number** (510) 272-6692  
   **E-mail** nancy.sa@acgov.org  

2. **Function or Event Information**  
   **Does the agency have a ticket policy?** Yes ☑ No ☐  
   **Face Value of Each Ticket/Pass $** 30  
   **Event Description** Monster Jam  
   **Provide Title/Explanation**  
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑  
   **Date(s)** 02 / 20 / 16  
   If no: **Oakland Athletics**  
   **Name of Source**  
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑  
   **If yes:** Valle, Richard - Supervisor District 2  
   **Official’s Name (Last, First)**  

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

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

   **B. Name of Individual (Last, First)**  
   **Number of Ticket(s)/Pass(es)**  
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☑  
   - Income ☐  
   - If checking “Ceremonial Role” or “Other” describe below:
   - To 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**  
   4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  
   **Signature of Agency Head or Designee**  
   **Print Name**  
   **Supervisor’s Assistant**  
   **Title**  
   **(Month, Day, Year)**  

   **Comment:**

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

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

### 1. Agency Name
- Alameda County

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

**Designated Agency Contact (Name, Title)**
- Nancy Sa

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

**E-mail**
- nancy.sa@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass** $600
- **Event Description** Warriors vs. Suns
- **Date(s)** 03 / 12 / 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

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

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

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

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

<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>Flores, Carla</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To reward a community volunteer for his service to the public.

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

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<tr>
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<tr>
<td></td>
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### 4. Verification

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

Signature of Agency Head or Designee

Nancy Sa

Print Name

Supervisor’s Assistant

Print Name

Title

(2/23/10)

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

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

1. Agency Name
Alameda County

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

Designated Agency Contact (Name, Title)
Michelle Archuleta

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

---

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Warriors vs. Clippers</td>
</tr>
</tbody>
</table>

Face Value of Each Ticket/Pass $1,300

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>03/23/16</th>
</tr>
</thead>
</table>

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.

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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aro Valle, Barbara</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To review the ability of a facility to participate in the County's job creation goals.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income □</td>
</tr>
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4. Verification

I 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                        (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>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Michelle Archuleta</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td></td>
</tr>
<tr>
<td>(510) 272-6692</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:michelle.archuleta@acgov.org">michelle.archuleta@acgov.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
</tr>
<tr>
<td>Event Description</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
<th>$1,300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s)</td>
<td>03/23/16</td>
</tr>
<tr>
<td>Event Name</td>
<td>Golden State Warriors</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Valle, Richard - Supervisor District 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Agency</td>
<td>2</td>
<td>To reward a County employee for her exemplary service to the public.</td>
</tr>
<tr>
<td>Health Care Services Agency</td>
<td>3</td>
<td>To reward a County employee for her exemplary service to the public.</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>Cutter, Clayton</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Devine, Rick</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

4. 14 and 16942, I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Archuleta
Director of Operations

Includes 4 parking passes at the value of $30 each.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $1100.00
   Event Description Basketball game
   Date(s) 1/25/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no, GSW
   Name of Source
   If yes, Miley, Nate
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Description of the public purpose made pursuant to the agency’s policy
      BOS district 4 staff 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Alexander, Toni 1 Ceremonial Role ☐ Other ☑ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

      Pete, Geoffrey 2 Ceremonial Role ☐ Other ☐ Income ☑
      If checking “Ceremonial Role” or “Other” describe below:
      C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Description of 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.
   Anna Gee Operations Chief
   (Print Name Title)
   (Month, Day, Year)

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

**Agency Name**
Alameda County

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

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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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</table>
| Marquardt Norris, Judi            | 4                           | Ceremonial Role ☐ Other ☒ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales. |

| Washington, Tanya                 | 2                           | Ceremonial Role ☐ Other ☒ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
|                                  |                             |                                                               |
| Menu, Nate                        | 1                           | Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
|                                  |                             |                                                               |

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<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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