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 ☐ Baseball
   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 $ 35.00
   Date(s) 4/4/16
   If no: ☐ Oakland Athletics

3. Recipients
   * Use Section A to identify the agency's department or unit.
   * Use Section B to identify an individual.
   * Use Section C to identify an outside organization.
   Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   District 1 | 2 | To reward a county employee for his or her exemplary service to the public

4. Verification
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Supervisor's Assistant
   Title
   3-30-11
   (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 Fergerson, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6891
   E-mail leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $100.00
   Event Description Baseball Opening Day
   Date(s) 4-4-16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1

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

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

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

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

4. Verification
   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
   (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 ☐
Event Description Andrew Ward
Face Value of Each Ticket/Pass $105.00
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐
Date(s) 3_26_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

| District 4 | 4 | To reward a county employee for his or her exemplary service to the public |

B. Name of Individual Number of Ticket(s)/Pass(es) Ceremonial Role ☐ Other ☐ Income ☐

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee Ann Fergerson</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
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
   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 $3500
   Event Description [Warriors]
   Provide Title/Explanation
   Date(s) 3/27/16
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: [ ]
   Name of Source
   If yes: [ ]
   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
   "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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   '8944.1 and 19942, 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
   Print Name Supervisor's Assistant
   Title
   (Month, Day, Year) 3-24-16
   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)
Lee Ann Fergerson, Supervisor's Assistant

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

Date Stamp
A Public Document
California Form 802
For Official Use Only

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

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☐  No ☐
Face Value of Each Ticket/Pass $ 156.00
Event Description  Bruce Springsteen
Date(s) 3-13-16
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.

<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>Scott Haggerty</td>
<td>4</td>
<td>To obtain oversight of facilities or events that have received county funding or support</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>
</table>

4. Verification

s 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 3-17-16
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)
   Lee Ann Fergerson, Supervisor's Assistant

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

   Date Stamp
   California Form 802

   Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 1,200
   Event Description WARRIORS/ San Antonio
   Provide Title/Explaination
   Date(s) 4-7-16
   If no: (Name of Source)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   No ☐ Yes ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   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)

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

      Livermore Performing Arts 1/4
      2400 First St, Livermore CA 94550
      To reward a school or non-profit organization for
      it's contributions to the community.

4. Verification
   8944.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.
   Lee Ann Fergerson ☐ Supervisor's Assistant ☐
   (Name, Title)
   Comment: non profit livermore performing arts center
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 vs. Celtics
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 $: 700.00
Date(s): 4/1/16
Source: GSW
Name of Source: Alameda County Supervisor Scott Haggerty, D 1
Official's Name (Last, First): Scott Haggerty

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

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

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

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Hospital HealthCare System</td>
<td>20/4</td>
<td>To reward a non profit organization for its contributions to the Community</td>
</tr>
</tbody>
</table>

4. Verification

Signature of Agency Head or Designee: uju
Print Name: Lee Ann Fergerson
Title: Supervisor's Assistant
Date: 3-10-16
(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)
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: Prince
Provide Title/Explaination
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 $100.00
Date(s) 3/11/16
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 Alameda County Supervisor Scott Haggerty
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:

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

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
Title 3-9-16

Comment: ____________________________
# 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@ac.gov

**Date Stamp**

**California Form 802**
For Official Use Only

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass** $105
- **Event Description** Andre Ward vs. Sullivan Barrera (Provide Title/Explanation)
- **Date(s)** 3 / 26 / 16
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If yes:** Golden State Warriors
- **Name of Source**
- **If no:**
- **Ticket(s)/Pass(es) provided by agency?** No [ ] Yes [x]
- **If yes:** Valle, Richard - Supervisor District 2
- **Official's Name (Last, First)**

### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farjado, Carlos</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [x] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td><strong>To reward a community volunteer for his service to the public.</strong></td>
</tr>
</tbody>
</table>

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

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

Nancy Sa

**Print Name**

**Supervisor's Assistant**

**Title**

(Date, Month, 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          E-mail
   (510) 272-6692                  nancy.sa@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 126
   Event Description Justin Bieber
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Golden State Warriors
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)
   Date(s) 3/18/16

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.

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Robert</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [X] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Payment to reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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: Nancy Sa
   Supervisor’s Assistant: Print Name
   Title: Supervisor
   Date: 3/24/16

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)
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 ☐
Event Description Warriors vs. 76ers
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $ 350
Date(s) 3 / 27 / 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 ☐
   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
I have read and understood FPPC Regulations 844.1 and 19942. 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: 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)
   Nancy Sa

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

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function or Event Information

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

   Event Description Prince

   Provide Title/Explanation

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

   If yes: Golden State Warriors

   If no: __________________________
   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 her service to the public.

   __________________________

   __________________________

   C. Name of Outside Organization

   (include address and description)

   Number of Ticket(s)/Pass(es)

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

   __________________________

4. Verification

   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

   Nancy Sa

   Supervisor’s Assistant

   Print Name

   Title

   (Month, Day, Year)

   Comment: __________________________

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

**1. Agency Name**
- Alameda County
- Board of Supervisors
- Designated Agency Contact (Name, Title): 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 ☐
- **Event Description:** Bruce Springsteen
- **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:** $158
- **Date(s):** 03/13/16
- **If yes:** Valle, Richard - Supervisor District 2
- **Name of Source:** Golden State Warriors

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

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

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

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

<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**
- **Signature of Agency Head or Designee:** Nancy Sa
- **Supervisor’s Assistant:** Supervisor’s Assistant 03/16/16
- **Comment:**

**California Form 802**
- For Official Use Only

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

1. Agency Name
   Alameda County

   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 $800

   Event Description Warriors vs. Pelicans

   Date(s) 03/14/16

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

   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gutierrez, Sammy</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></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Nancy Sa
   Supervisor's Assistant

   Signature of Agency Head or Designee
   (Month, Day, Year)

Comment: ____________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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
- **Face Value of Each Ticket/Pass:** $800
- **Date(s):** 03/14/16
- **Event Description:** Warriors vs. Pelicans
- **Ticket(s)/Pass(es) provided by agency:** Yes [X] No [ ]
- **Was ticket distribution made at the behest of agency official:** No [ ] Yes [X]
- **If yes:** Valle, Richard- Supervisor District 2
- **Name of Source:** Golden State Warriors

### 3. Recipients

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

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

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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Mott, Gilbert</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

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

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

### 4. Verification

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

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

**Supervisor’s Assistant:** [Signature] 8/13/16

**Print Name:**

**Title:**

**(Month, Day, Year):** 8/13/16

**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 $800
   Event Description Warriors vs. Pelicans
   Date(s) 03 / 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.
   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 review the ability of a facility to participate in the County’s job creation goals.
      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, Nancy Sa, 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
   Date (Month, Day, Year)
   Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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  Bay Area Festival of Laughs
   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 $ 93
   Date(s) 03 / 05 / 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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To reward a community volunteer for his service to the public.

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

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

4. Verification
   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  Nancy Sa  Supervisor's Assistant  8/21/16
   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)
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 ☐
- **Event Description** Warriors vs. Pelicans
- **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** $800
- **Date(s)** 03 / 14 / 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.

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

| B. Name of Individual  
(Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mou, Winston</td>
<td>2</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 “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td>Nawabi, Eshaq</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ✗ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understand FPPC Regulations 18041, 1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Nancy Sa
Supervisor’s Assistant

Print Name

Title

(Month, Day, Year)

Includes 2 parking passes at the value of $30 each.

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [X]  
- **Face Value of Each Ticket/Pass** $800
- **Event Description** Warriors vs. Pelicans
- **Ticket(s)/Pass(es) provided by agency?** Yes [X] No [ ]
- **Date(s)** 03 / 14 / 16
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]
- **Name of Source** Golden State Warriors
- **Name of Official** Valle, Richard- Supervisor District 2

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

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

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

| Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:  
|--------------------|-----------------------------|----------------------------------------------------------------|
| Nate, Glenn        | 2                           | Ceremonial Role [ ] Other [X] 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**
  - **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</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
- **Signature of Agency Head or Designee** Nancy Sa  
- **Supervisor's Assistant** (Last, First)  

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

### 1. Agency Name
- **Alameda County**
- **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:** La Arrolladora Banda El Limón
- **Face Value of Each Ticket/Pass $**
  - $125
- **Date(s):**
  - 02 / 13 / 16
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?**
  - No [ ] Yes [X]
- **If no:** Golden State Warriors
  - **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
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [□] Other [□] Income [□]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [□] Other [□] Income [□]</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization
- **Include address and description:**
  - La Clinica de la Raza | 1450 Fruitvale Ave | Oakland, CA | 94601
  - Delivers health care services to a diverse population in Alameda County
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</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>To reward a... nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

### 4. Verification
- I, **Steven Jones**, Central District Director, 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):**

Comment: [Blank]

---

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 $ ☑ 30.50
   Event Description
   Disney On Ice presents FROZEN
   Date(s) 02 / 24 / 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
   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
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      Identify one of the following:
      To promote attendance at an event held at a County facility in order to maximize potential 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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   Print Name
   03.02.2016
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Disney On Ice presents 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): 02/25/16
   Name of Source: 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
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<td></td>
<td></td>
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</tbody>
</table>

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

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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature or Agency Head or Designee: Steven Jones
   Central District Director: Print Name
   Title: 03.02.2016
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Disney On Ice presents FROZEN
   Face Value of Each Ticket/Pass $ 55.50
   Date(s) 02/26/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source
   If no: Golden State Warriors
   If yes: Alameda County Supervisor Wilma Chan
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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

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

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

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Central District Director
   03.02.2016
   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)
   - 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: Disney On Ice presents 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): 02/27/16
   - 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.

   **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 ☐
   - To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
   - Ceremonial Role ☐ Other ☐ Income ☐

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

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

   - Signature of Agency Head or Designee: Steven Jones
   - Central District Director
   - Print Name: Central District Director
   - Title: 03.02.2016
   - (Month, Day, Year)

Comment:
### 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

### Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Disney On Ice presents FROZEN
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
Face Value of Each Ticket/Pass $55.50
Date(s) 02 / 28 / 16
If no: Golden State Warriors
Name of Source
If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

### Recipients
- **A.** Name of Agency, Department or Unit
- **B.** Name of Individual
- **C.** Name of Outside Organization

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identifey one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Siena</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 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 03.02.2016
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Steven Jones
Area Code/Phone Number E-mail:
(510) 272-6693 steven.jones@ac gov 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
Date(s) 02 / 14 / 16
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: Alameda County Supervisor Wilma Chan

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<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>Jones, Jennifer</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<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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<th>Name of Outside Organization (include address and description)</th>
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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 03.02.2016
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: (510) 272-6693
   E-mail: steven.jones@acgov.org

   Face Value of Each Ticket/Pass: $30.00
   Date(s): 02 / 20 / 16

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Monster Jam 2016 (with Pit Pass)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Name of Source: Golden State Warriors
   If no: Alameda County Supervisor Wiima Chan
   Official’s Name (Last, First)

3. Recipients
   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
      (Use First Name)
      Number of Ticket(s)/Pass(es)
      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
      Center for Independent Living - 3075 Adeline St #100, Berkeley, CA 94703
      3 To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled...
      enhances the rights and abilities of people with disabilities

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
   Title
   Date: 03.02.2016

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)
   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
   Face Value of Each Ticket/Pass $1,100/$30parking
   Date(s) 02 / 09 / 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

   Signature of Agency Head or Designee

   Steven Jones Central District Director 03.02.2016
   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)  
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 $ $1,100/$30 parking  
Event Description Basketball Game  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
Date(s) 02/09/16  
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>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<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+1park</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2+1park</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
<td></td>
</tr>
</tbody>
</table>

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

Steven Jones  
Central District Director 03.02.2016  
Office of the Agency Head or Designee  
Print Name  
Title  
(Month, Day, Year)

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

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

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) 02 / 09 / 16
   Name of Source Golden State Warriors
   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>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCormack, Mike</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>2+1park</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>
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<td></td>
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</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 Employee or Designee: Steven Jones
   Print Name: Central District Director
   Title: 03.02.2016
   (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) 272-6693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Basketball Game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $1,100
   Date(s) 02 / 09 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source (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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   Print Name
   Title
   Date 03.02.2016
   (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 $1,100/$30 parking
   Event Description Basketball Game
   Date(s) 02 / 09 / 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 ☒
   If yes: Alameda County Supervisor Wilma Chan
   Official's Name (Last, First)

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

   B. Name of Individual Number of Ticket(s)/Pass(es)
   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 ☐
   Zhu, Dana 2+1park
   If checking "Ceremonial Role" or "Other" describe below:

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

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

Steven Jones Central District Director 03.02.2016
Signature of Agency Head or Designee Print Name Title
(Month, Day, Year)

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

1. Agency Name  
Alameda County  
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 $ 1,100  
Date(s) 02 / 09 / 16  
Provide Title/Explanation  
Event Description  Basketball Game  
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)  
Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑  

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

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

Mardon, Dyana  
3  
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

Signature of Agency Head or Designee  
Print Name  
Central District Director  Title  03.02.2016  
(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
   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 $ 1,100
   Event Description Basketball Game
   Date(s) 02 / 09 / 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:
   Landon, Joe 2
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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

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

   Steven Jones Central District Director 03.02.2016
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

## 1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)
Steven Jones

Area Code/Phone Number (510) 272-6893
E-mail steven.jones@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>Face Value of Each Ticket/Pass $</td>
<td>1,100</td>
</tr>
<tr>
<td>Event Description</td>
<td>Basketball Game</td>
</tr>
<tr>
<td>Date(s)</td>
<td>02 / 09 / 16</td>
</tr>
</tbody>
</table>

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

| Yes ☐ No ☒ |

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

| No ☐ Yes ☒ |

**If no,** Golden State Warriors
**Name of Source**

**If yes,** Alameda County Supervisor Wilma Chan
**Official’s Name (Last, First)**

## 3. Recipients

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

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

**B.** Name of individual

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

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

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

**Central District Director**

**Date**

**Print Name**

**Title**

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $1,100
   Date(s) 02 / 09 / 16
   If no: Golden State Warriors
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   Official’s Name (Last, First)

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

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

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

4. Verification
   I have read and understand FPPC Regulations 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Steven Jones
   Central District Director
   03.02.2016
   (Month, Day, Year)

Comment:
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 [x]
   Face Value of Each Ticket/Pass $ 1100
   Event Description Warriors vs. Thunder
   Date(s) 02 / 06 / 16
   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.

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:
   Carson, Keith  2  Ceremonial Role [x] Other [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   To obtain oversight of facilities or events that have received County funding or support.
   Sanchez, Mina  2  Ceremonial Role [x] Other [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   To reward a County employee for his or her exemplary service to the public or to encourage staff development.

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

4. Verification
   I hereby certify that the information contained herein is true and correct as required by the California Fair Political Practices Act 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant  Title
   03/03/2016  (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $77.25
   Event Description Super City 50 Urban EDM Festival
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 02 / 06 / 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.

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

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carter, Shomari</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head/Designee
   Amy Shrago
   Supervisor's Assistant
   03/03/2016 (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 ☒
   
   **Event Description** La Arrolladora Banda El Limon
   
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   
   **Face Value of Each Ticket/Pass $** 125.00
   
   **Date(s)** 02/13/16
   
   **If no:**
   
   **Golden State Warriors**
   
   **Name of Source**
   
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   
   **Official's Name (Last, First)**
   
   Carson, Keith

3. **Recipients**

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

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

   **B. Name of Individual**
   
   **Last, First**
   
   Taylor, Barbara
   
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>
   
   **If checking “Ceremonial Role” or “Other” describe below:**
   
   To reward a community volunteer for his or her service to the public.
   
   **C. Name of Outside Organization**
   
   **Include address and description**
   
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

   According to 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**
   
   Amy Shrago
   
   **Supervisor's Assistant**
   
   03/03/2016
   
   **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)
   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 $ 75.00
   Event Description Legends of Love: Charlie Wilson, Chak
   Date(s) 02 / 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: Carson, Keith
   Official's Name (Last, First)

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

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

   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 ☐ Designee
   Amy Shrago
   Supervisor's Assistant ☐ Title
   03/03/2016
   (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 [x]
   Face Value of Each Ticket/Pass $ 30.00
   Event Description
   Monster Jam
   Date(s)
   02 / 20 / 16
   Ticket(s)/Pass(es) provided by agency?
   Yes [ ] No [x]
   If no:
   Golden State Warriors
   Name of Source
   Carson, Keith
   Official's Name (Last, First)

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

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

   B. Name of Individual
      (Last, First)
      Brown, James
      Number of Ticket(s)/Pass(es)
      8
      Identify one of the following:
      Ceremonial Role [ ] Other [x]
      Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a County facility in order to maximize potential County revenue.

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

4. Verification
   I have 18944.1 and 18942.1, I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head of Designee
   Amy Shrago
   Supervisor’s Assistant
   03/03/2016
   (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)
   Amy Shrago
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description Legends of Love
   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 $ 75.00
   Date(s) 02 / 14 / 16
   If no: Golden State Warriors
   Name of Source Carson, Keith
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit | 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:
   Hirota, Sherri 4 | Ceremonial Role ☐ Other ☒ Income ☐
   To promote attendance at a County facility in order to maximize potential County revenue.
   Brown, Aisha 4 | Ceremonial Role ☐ Other ☒ Income ☐
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
4. Verification
   I, Amy Shrago, Supervisor's Assistant, certify that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago Print Name
   Supervisor's Assistant Title
   03/03/2016 (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
   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

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
   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: 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.

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

   **Section B: **
   - Name of Individual
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☒ Income ☐
     - To promote attendance at a County facility in order to maximize potential County revenue.

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

   Amy Shrago
   Supervisor's Assistant
   03/03/2016
   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)  
Amy Shrago  
Area Code/Phone Number E-mail  
(510) 272-6695 amy.shrago@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☐ No ☒  
Face Value of Each Ticket/Pass $ 55.50  
Event Description Disney on Ice: Frozen  
Date(s) 02 / 26 / 16  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
If no: Golden State Warriors  
Name of Source Carson, Keith  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
Official's Name (Last, First)

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

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

| B. | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☒ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To reward County employee for his or her exemplary service to the public or to encourage staff development.  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
 |
|----|---------------------------------|-----------------------------|----------------------------------------------------------------|
|     | Shrago, Amy                     | 3                           |                                                               |

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

Amy Shrago  
Supervisor's Assistant  
03/03/2016  
(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**: (510) 272-6695
- **E-mail**: amy.shrago@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** No [ ] Yes [X]
- **Event Description**: Disney on Ice: Frozen
- **Face Value of Each Ticket/Pass**: $55.50
- **Event Date(s)**: 02/27/16
- **Ticket(s)/Pass(es) provided by agency?** No [ ] Yes [X]
- **Name of Source**:
  - If no: Golden State Warriors
  - If yes: Carson, Keith
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]

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

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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [X] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mejia, Jason</td>
<td>4</td>
<td>To promote attendance at a event held at a County facility in order to maximize potential County revenue from parking and con</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

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

- **Signature of Agency Head or Designee**: Amy Shrago
- **Supervisor's Assistant**:
  - **Print Name**:
  - **Title**:
  - **Date**: 03/03/2016

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   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 $ 55.50
   Event Description Disney on Ice: Frozen
   Date(s) 02 / 28 / 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 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

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

   Signature of Agency head or Designee
   Amy Shrago
   Supervisor's Assistant
   Print Name
   Title
   Date (Month, Day, Year)

   Comment:

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Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description  La Arrolladora/Legends of Love
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: _______________________________
   Name of Source
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   If yes: Miley, Nate
   Official's Name (Last, First)
   Face Value of Each Ticket/Pass $ 125.00/75.00
   Date(s)  2 / 13 / 16  2 / 14 / 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS district 4staff</td>
<td>1</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

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

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

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

Anna Gee
Operations Chief
March 15, 2016

Comment: district 4 staff received 2/14 tx. Rodriguez received 2/13 tx.
Agency Name
Alameda County

3. Recipients

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

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

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☒ Income ☐  
If checking “Ceremonial Role” or “Other” describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below:  |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Milby, Nate</td>
<td>1</td>
<td>□ Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
<td></td>
<td>□ Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>□ Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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

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

Date of Original Filing: ______ / ______ / ______

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 $ 30.50/55.50
Date(s) 2 / 24 / 16 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: ____________________________ Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
<tbody>
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<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>Rodriguez, Coco</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>8</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

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

4. Verification
I, ____________________________, ______________, have verified that the distribution set forth above, is in accordance with the requirements.
Anna Gee Operations Chief
Print Name Title
March 15, 2016 (Month, Day, Year)

Comment: Rodriguez received 2/25 tix.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass: $55.50
   Event Description: Disney on Ice
   Date(s): 2/26/16, 2/27/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: __________________________
   Name of Source: __________________________
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: __________________________
   Name of Source (Last, First): __________________________

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

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

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

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

4. Verification
   Regulations 1894.1 and 1894.2. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of agency head or designee: Anna Gee
   Print Name: Operations Chief: Title: March 15, 2016
   (Month, Day, Year)

Comment: Muhammad received 2/26 tix.
### Agency Name
Alameda County

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

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

**Area Code/Phone Number**
(510) 272-6694

**E-mail**
anna.gee@acgov.org

**Date of Original Filing:**

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### 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: *Monster Jam*

**Date(s):**
2 / 28 / 16
2 / 20 / 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:**
Miley, Nate
Official's Name (Last, First)

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### Recipients

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

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

**Name of Agency, Department or Unit:**
BOS district 5 staff

**Number of Ticket(s)/Pass(es):**
4

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

**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

**Name of Outside Organization (Include address and description):**
Meals on Wheels of Alameda County-80 Swan Way, Ste 120-Oakland 94621

**Number of Ticket(s)/Pass(es):**
4

**Describe the public purpose made pursuant to the agency's policy:**
To reward a nonprofit organization for its contributions to the community.

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### Verification

**Signature of Agency Head or Designee**
Anna Gee

**Print Name**

**Operations Chief**

**Title**

**March 15, 2016**

**Comment:** Meals received 2/28 6ix
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact: Anna Gee

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-6694</td>
<td><a href="mailto:anna.gee@acgov.org">anna.gee@acgov.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

**Date of Original Filing:**

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $ 47.25/55.00
   - Event Description: Professional Bull Riders/Harlem Globtrotters
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Name of Source
   - Date(s) 1/9/16 1/23/16
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   - If yes: Miley, Nate

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

<table>
<thead>
<tr>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS district 4 staff</td>
<td>2</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muhammad, Ansar Ei</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>DeVries, Joseph</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>
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<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

4. **Verification**

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

Signature of Agency Head or Designee

Anna Gee

Operations Chief

March 15, 2016

Comment: DeVries received 1/23 tix.